



## CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2016 JUN 16 P 3:05

### Application to Renew Drain Layer License

**D. MUZZIOLI ASSOCIATES INC**  
**22 HOUGH RD**  
**BELMONT MA 02478**

**License #:** BL15-000687  
**File #:** 15-570  
**Fee:** 275

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

| INFORMATION ON FILE:   | CHANGES: (Note below or explain on a separate sheet) |
|--|--|
| <b>Business/DBA Name:</b> D. MUZZIOLI ASSOCIATES INC<br><b>Business Location:</b> 0 OUT OF AREA<br><b>Business Phone:</b> 617-489-5332 |  |
| <b>License Holder:</b> D. MUZZIOLI ASSOCIATES INC<br>22 HOUGH RD<br>BELMONT MA 02478   |  |
| <b>Mailing Address:</b> D. MUZZIOLI ASSOCIATES INC<br>22 HOUGH RD<br>BELMONT MA 02478  |  |
| <b>Business Type:</b> Corporation<br>DANTE MUZZIOLI<br>DANTE MUZZIOLI<br>DANTE MUZZIOLI  |  |
| <b>FID:</b> 043443140  |  |
| <b>Emergency Contact:</b> DANTE MUZZIOLI<br><b>Phone:</b> 617-489-5332   |  |

**Conditions:** (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

As you are aware, a drainlayer's license entitles an individual to make application for a permit to lay pipe and install appurtenances, with the proper approvals, in City Right-of-Ways, for the purpose of conveying sanitary waste water, surface and subsurface runoff, potable water, and to undertake other permitted and approved work within the limits of public ways and easements or which might have impact on systems that affect the public health & safety and the integrity of the City's Infrastructure.

The City of Somerville, through the DPW Engineering Department, is hereby issuing to each licensed drainlayer a new Permit Manual that explains and defines the City's standards for work in and around the City's Infrastructure. A digital copy of this manual can be found, and printed for your records, at <http://www.somervillema.gov/departments/dpw/engineering>. Each licensed Drainlayer shall be required to adhere to the rules and regulations set forth in this manual or risk losing his license as a Drainlayer in the City. **In addition, all utility work performed will require "as built" drawings (with ties) of the work, must be submitted to the Engineering Department within a week of its completion. No further permits will be issued until all "as-built" plans have been received and accepted by the Engineering Office.**

By accepting these conditions, you acknowledge receipt of this manual and agree to adhere to the rules and



# Western Surety Company

## CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 24873000 briefly described as DRAIN LAYING CITY OF SOMERVILLE,  
for D. MUZZIOLI ASSOCIATES, INC., as Principal,  
in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning January 04, 2016, and ending January 04, 2017, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 06 day of January, 2016.



WESTERN SURETY COMPANY

By

*Paul T. Bruhat*

Paul T. Bruhat, Vice President

**THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.**

**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Business**

**Applicant information:**

Name: D. Muzzioli, Ass.  
Address: 22 Hough Rd  
City: Belmont State: MA Zip: 02478 Phone #: 617-489-5332  
☒ I am an employer with 25 employees (full and/or part time). Business Type: ☐ Retail  
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment  
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)  
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit  
☐ Entertainment  
☐ Manufacturing  
☐ Health Care  
☒ Other Construction/Landscaping

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Liberty Mutual  
Address: P.O. Box 9502  
City: Rough State: N.H. Zip: 03821 Phone #: 1-800-653-7893  
Policy #: WC5319-383153-015 Expiration Date: 1/11/16

**Applicant certification:**

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Dante S. Muzzioli Date: 2/22/16

Print Name: Dante S. Muzzioli

**Official use only. Do not write in this area. To be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
☐ Board of Health  
☐ Building Department  
☐ City/Town Clerk  
☐ Licensing Board  
☐ Selectmen's Office  
☐ Other \_\_\_\_\_