



**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

2016 MAR 14 P 12:57

**Application to Renew Drain Layer License**

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**JASON ANTHONY CORP**  
**PO BOX 460**  
**BELMONT MA 02478**

**License #:** BL15-000684  
**File #:** 15-567  
**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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES:</b> (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> JASON ANTHONY CORP <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 617-868-7204	
<b>License Holder:</b> JASON ANTHONY CORP PO BOX 460 BELMONT MA 02478	
<b>Mailing Address:</b> JASON ANTHONY CORP PO BOX 460 BELMONT MA 02478	
<b>Business Type:</b> Corporation JOHN PERINO JOHN PERINO CAROL PERINO	
<b>FID:</b> 043352554	
<b>Emergency Contact:</b> JOHN PERINO <b>Phone:</b> 617-438-7234	

**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

ISSUED THROUGH

# A. A. DORITY COMPANY

BOSTON

## CONTINUATION CERTIFICATE

The **NGM Insurance Company**, hereinafter called the Company, hereby continues in force its **Drainlayers Permit** Bond Number **562239**

in the sum of **Ten Thousand dollars (\$10,000.00)**

on behalf of

**Jason Anthony Corporation**

located at

P.O. Box 460  
Belmont, MA 02478

in favor of **City of Somerville, MA**

for the term beginning **November 19th, 2015** and ending on **November 19th, 2016**, subject to all covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, October 30, 2015

NGM Insurance Company

By: 

Katie E. Ford

Attorney-in-Fact

A. A. DORITY Company, Inc.

262 Washington Street, Suite 99

Boston, MA 02108

(617) 523-2935 Fax: 617-523-1707

**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: Jason Anthony Corp  
 Address: Po Box 460  
 City: Belmont State: MA Zip: 02478 Phone #: 617 868 7204

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> I am an employer with <u>15</u> employees (full and/or part time).<br><input type="checkbox"/> I am a sole proprietor or partnership and have no employees.<br><input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.<br><input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <b>Business Type:</b><br><input type="checkbox"/> Retail<br><input type="checkbox"/> Restaurant/Bar/Eating Establishment<br><input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)<br><input type="checkbox"/> Nonprofit<br><input type="checkbox"/> Entertainment<br><input type="checkbox"/> Manufacturing<br><input type="checkbox"/> Health Care<br><input checked="" type="checkbox"/> Other <u>General Contractor</u> |
|--|---|

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

Insurance Company Name: AIG / Grande State  
 Address: 175 Water St 15th Fl  
 City: New York State: NY Zip: 10038 Phone #: 800 266 7780  
 Policy #: WC 006-57-5756 Expiration Date: 4/13/16

**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: [Signature] Date: 3/1/16  
 Print Name: John Perino II

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

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health <input type="checkbox"/> Building Department <input type="checkbox"/> City/Town Clerk <input type="checkbox"/> Licensing Board <input type="checkbox"/> Selectmen's Office <input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	