

2016 JUL 26 P 12:32

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Nonrefundable Application Fee \$275.00

Date 7/21/16

CITY CLERK'S OFFICE	
FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	_____
Amount Paid	_____

New Sign, Awning or Advertising Device

New Facing on an Existing Frame

Renewing Existing Sign, Awning or Advertising Device License for a New Owner

Business (DBA) Name: Column Health LLC Phone: 339-368-7696

Location of Sign/Awning/Device (with Zip Code): 401 Highland Ave 02144

Applicant's Federal Employer Identification Number: 47-2232954

Applicant's Legal Name: Colin Beatty

Mailing Name (where we should send correspondence to): Column Health

Mailing Address (with Zip Code): 339 Massachusetts Ave, Arlington MA 02474

Emergency Contact: Gurtej Singh Phone: 201-675-3195

Type of Business (Check Only One and Provide the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Name of Partnership: _____
 Names of All Partners Who Own More Than 10%: _____

Trust: Name of Trust: _____
 Names of All Trustees Who Own More Than 10%: _____

Corporation: Name of Corporation: _____
 Name of President: _____
 Name of Secretary: _____ Name of Treasurer: _____

LLC: Name of LLC: Column Health LLC
 Names of All Managers Who Own More Than 10%: Colin Beatty, Daniel Kartiano

Other (Attach a Description of the Form of Ownership and the Names of Owners)

Name of company erecting sign: Back Bay Sign
 Phone: 617.230.4434

Detailed description and location of the sign, awning, or advertising device. Attach a sketch.
Wall sign on parapet tab - lit channel letters 20" high x
49" wide and re-skue existing awning 57 1/2" high x
226" wide

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: [Signature] Date: 7/21/16
 Print Name: Colin Beatty Phone: 617-710-6488

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

This sign or awning is located in a historic district: True False

Based on a review of the attached plans, I reasonably expect that this sign, awning, or advertising device will conform to all ordinances and the State Building Code. (NOTE: This statement does NOT constitute permission to install the sign, awning, or advertising device.)

Signature: [Signature] Date: 7/25/16
 Print Name: Al Bergoot Title: Local Building Insp.

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

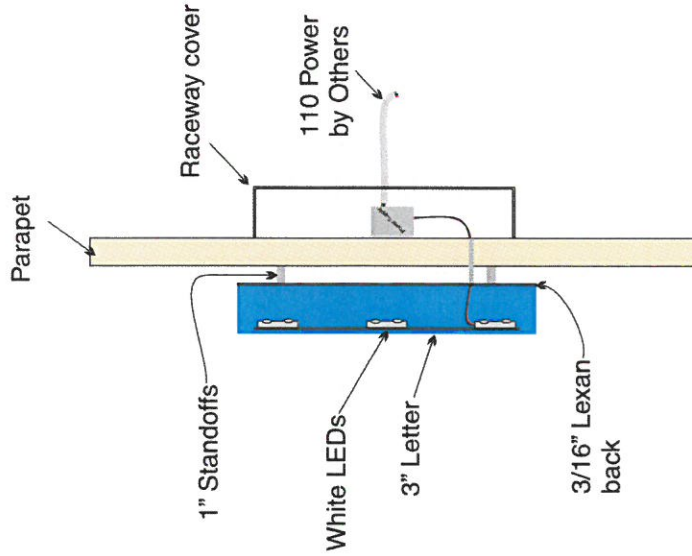
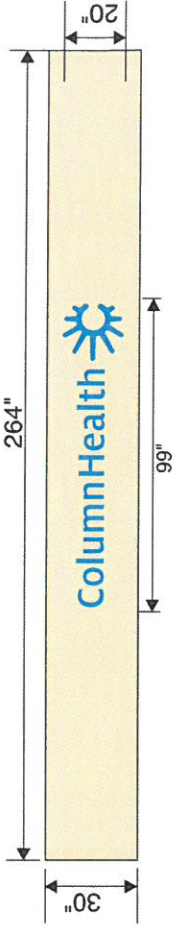
(only required for signs or awnings in a historic district)

The Historic Preservation Commission recommends Approval Denial

Signature: _____ Date: _____
 Print Name: _____ Title: _____

MAIN ID: Option A

Backlit Channel Letters
Raceway Mounted



COLOR DETAILS



PMS 3005 C

BBS BACK BAY SIGN
65 Industrial Way, Wilmington, MA
tel. 978.203.0570 • fax. 978.203.0573
www.backbaysign.com

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Rev# 1 Initial sketch.
2 Raceway removal/Awning change
3 Raceway Cap/ Raceway/ Awning Changes
4 Raceway to Back Set of Channel letters

Customer Approval Date _____

Rev#	Revision Notes	DATE	BY
1	Initial sketch.	4/25/16	MB
2	Raceway removal/Awning change	6/6/16	MB
3	Raceway Cap/ Raceway/ Awning Changes	6/10/16	MB
4	Raceway to Back Set of Channel letters	6/16/16	JT

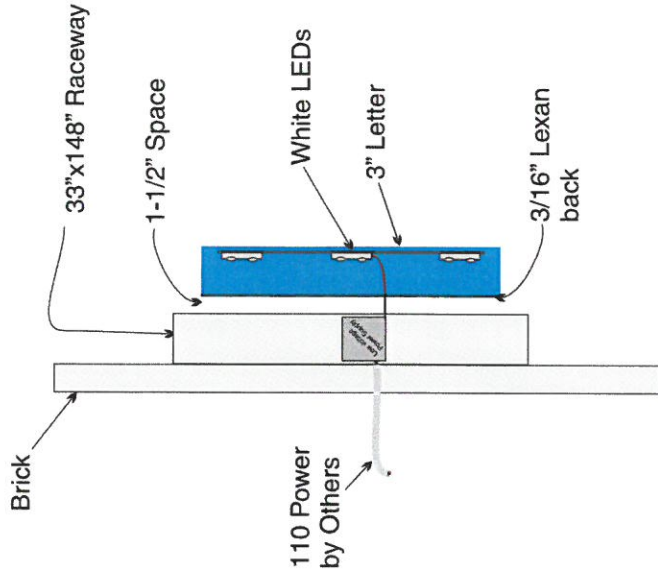
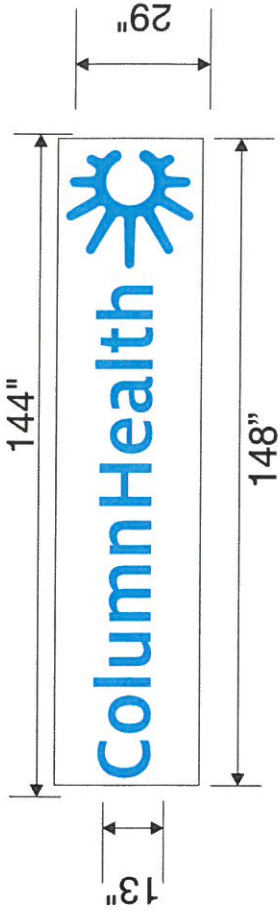
Customer: Column Health
Contact Name: Jim McIntyre
Contact Tel: 847.414.3081
Site Address: 401 Highland Ave.
Somerville, MA

Job#: -----
Project Mgr: JT
Account Rep: JT
Date: 4/25/2016
Page: 2 of 4

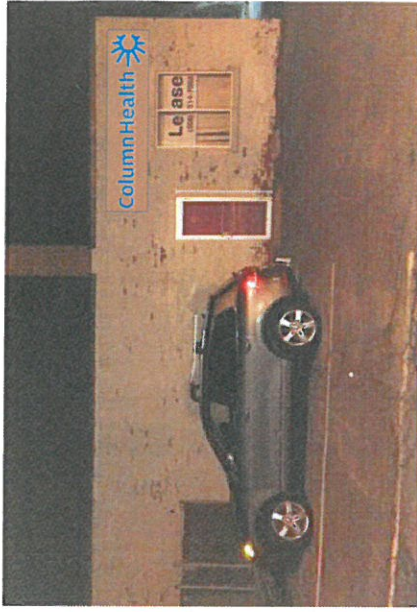
PROPOSED SIGN SIGN AREA: 16.29 SQ.FT. DRAWING SCALE: 1" = 5'-0"

3" deep Halo lit aluminum channel letters painted blue. Letters mounted to parapet with 1" standoffs. Raceway cap behind parapet to cover electrical. If rubber roof, sealing by others. All electrical power, feeds and final connections by others.

REAR ID:
Halo Illuminated
Channel Letters



Day View



Night View

COLOR DETAILS

PMS 3005 C

BBS BACK BAY SIGN
65 Industrial Way Wilmington, MA
tel: 978.203.0570 • fax: 978.203.0573
www.backbaysign.com

PROPOSED SIGN		SIGN AREA: 29 SQ. FT.		DRAWING SCALE: 1" = 5'-0"	
3" deep aluminum, backlit channel letters painted blue on 4" Deep x 33"h x 148" raceway painted white. Mounted to brick with masonry screws. Final electrical by others.					
Rev#	Revision Notes	DATE	BY	Customer: Column Health	Job#: -----
1	Initial sketch.	4/25/16	MB	Contact Name: Jim McIntyre	Project Mgr: JT
2	Raceway removal/awning change	6/6/16	MB	Contact Tel: 847.414.3081	Account Rep: JT
3	Raceway Cap/ Raceway/ Awning Changes	6/10/16	MB	Site Address: 401 Highland Ave.	Date: 4/25/2016
4	Raceway to Back Set of Channel letters	6/16/16	JT	Somerville, MA	Page: 3 of 4
Customer Approval _____				Date _____	

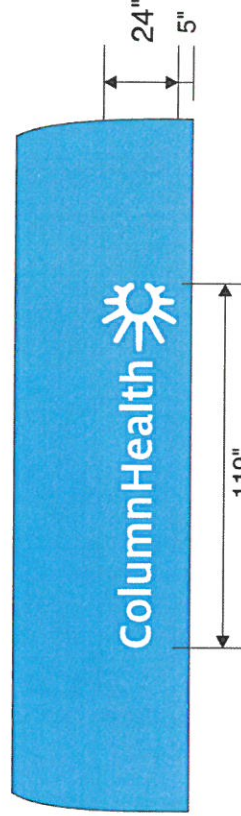
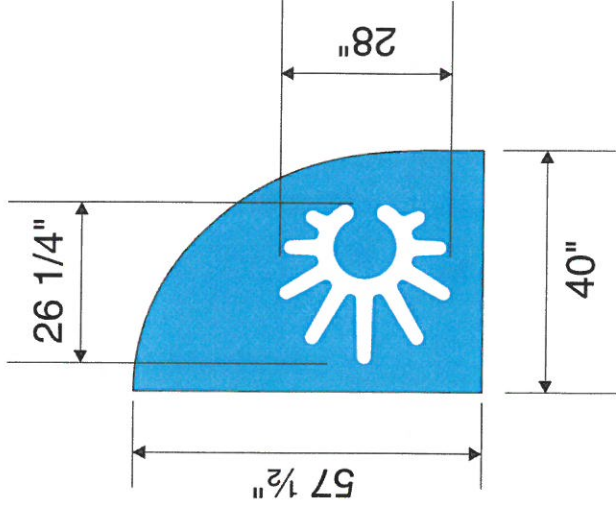
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AWNING

Existing



Proposed



COLOR DETAILS

Sumbrella #6075-0000 Capri

BBS BACK BAY SIGN
 65 Industrial Way Wilmington, MA
 tel.978.203.0570 • fax.978.203.0573
www.backbaysign.com

PROPOSED SIGN		SIGN AREA: XX SQ. FT.		DRAWING SCALE: 1" = 5'-0"	
Re-skin existing awning 226"W x 57 1/2" H x 40"Deep with black Sumbrella. Eradicated Logo on Front and side.					
Rev#	Initial sketch.	DATE	BY	Customer: Column Health	Job#: -----
1	Initial sketch.	4/25/16	MB	Contact Name: Jim McIntyre	Project Mgr: JT
2	Raceway removal/Awning change	6/6/16	MB	Contact Tel: 847.414.3081	Account Rep: JT
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Customer Approval X _____			Date _____		

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CERTIFICATE OF LIABILITY INSURANCE

COLUMN-1 OP ID: MY

DATE (MM/DD/YYYY)
07/21/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Sullivan, Garrity & Donnelly 508-754-1767 10 Institute Rd Worcester, MA 01609	CONTACT NAME: Kerry O'Keefe	
	PHONE (A/C, No, Ext): 508-754-1767	FAX (A/C, No): 508-754-1885
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Hanover Insurance Co		22292
INSURED Column Health LLC Colin Beatty & Daniel Karlin 339 Mass Ave Arlington, MA 02474		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		OBNA620526	05/01/2016	05/01/2017	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			OBNA620526	05/01/2016	05/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Operations of the insured:Physicians office located at 401 Highland Ave., Somerville, MA 02114

CERTIFICATE HOLDER		CANCELLATION
SOMERVI City of Somerville 93 Highland Ave Somerville, MA 02143		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
		AUTHORIZED REPRESENTATIVE

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City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

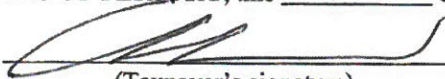
Exact name of taxpayer/applicant's business: Column Health, LLC

Address of taxpayer/applicant's business in Somerville: 401 Highland Ave, Somerville 02144

Address of taxpayer/applicant's home in Somerville: 32 Elmwood St, Somerville 02144

Taxpayer/applicant's phone: day: 339-368-7696 evening: 617-710-6488

I, (print name) Colin Beatty, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 21st day of July, 2016. 
(Taxpayer's signature)


CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____
7489 # 31B 036011 # _____ # ✓

NOTES:

CLERK'S INITIALS: 

ORIGINAL STAMP:

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682
WWW.SOMERVILLEMA.GOV



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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Column Health, LLC
 Address: 339 Massachusetts Ave
 City: Arlington State: MA Zip: 02474 Phone #: 339-368-7696

- I am an employer with 40 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

Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers Indemnity Co of America
 Address: Travelers CL Remittance Center - PO Box 660317
 City: Dallas State: TX Zip: 75266 Phone #: 1-800-252-2268
 Policy #: 6HU30G20721316 Expiration Date: 8/4/17

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: 7/21/16
 Print Name: Colin Beatty

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 _____

(revised Jan. 2008)