

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date 10/8/10

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>10/27/10</u>
Amount Paid	<u>250.00</u>

New Sign, Awning or Advertising Device

New Facing on an Existing Frame

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

Business Name: Somerville Community Access Television, Inc.
SCATV Phone: 617-628-8826

Business DBA Name (if applicable): SCATV

Address with Zip Code: 90 Union Square

Tax Identification Number: 04-2775294 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): SCATV Attn: Wendy Blom

Address with Zip Code: 90 Union sq, Somerville MA 02143

Property Owner Name: City of Somerville Phone: _____

Address with Zip Code: _____

Emergency Contact 1: Naomi Kahn-Gallagher Phone: 617-460-4640

Emergency Contact 2: Wendy Blom Phone: 617-628-8826

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other Non-profit corp.

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Richard Schieferdecker

Address with Zip Code: 25 Atherton St., Apt 32, Somerville, MA 02143

Partner's/Member's/Secretary's Name: Eta Shrestha

Address with Zip Code: 252 Mass. Ave. #10, Arlington, MA 02474
~~399 Broadway, Apt 2, Somerville, MA 02145~~

Partner's/Member's/Treasurer's Name: Matthew Landry

Address with Zip Code: 32 Beacon St. #3
~~57 Vinet Ave. #2, Somerville, MA 02143~~

2010 OCT 27 9:47
CITY CLERK'S OFFICE
SOMERVILLE MA

Name of company erecting sign: Cambridge Repro-Graphics
Phone: 617-623-2838

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. _____
Blade sign hanging over Somerville Ave.
Re-cover Awning at entrance
Replace existing Banner on brackets + add wall sign

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 permit. This permit 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.

Signature of Applicant: *Naomi Kahn* Date: 10/8/10
Print Name: Naomi Kahn-Gallagher Phone: 617-623-2838

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

✓ The Inspectional Services Department recommends: Approval Denial
This sign or awning is to be installed in a historic district: True False
Signature: *[Signature]* Date: 10-27-10

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

✓ (only required for signs or awnings in historic districts) NOT HISTORIC
The Historic Preservation Commission recommends Approval Denial
Signature: *Priscilla Chase* Date: 10/27/10

PROPOSED SIGNS

Cambridge
Repro-Graphics

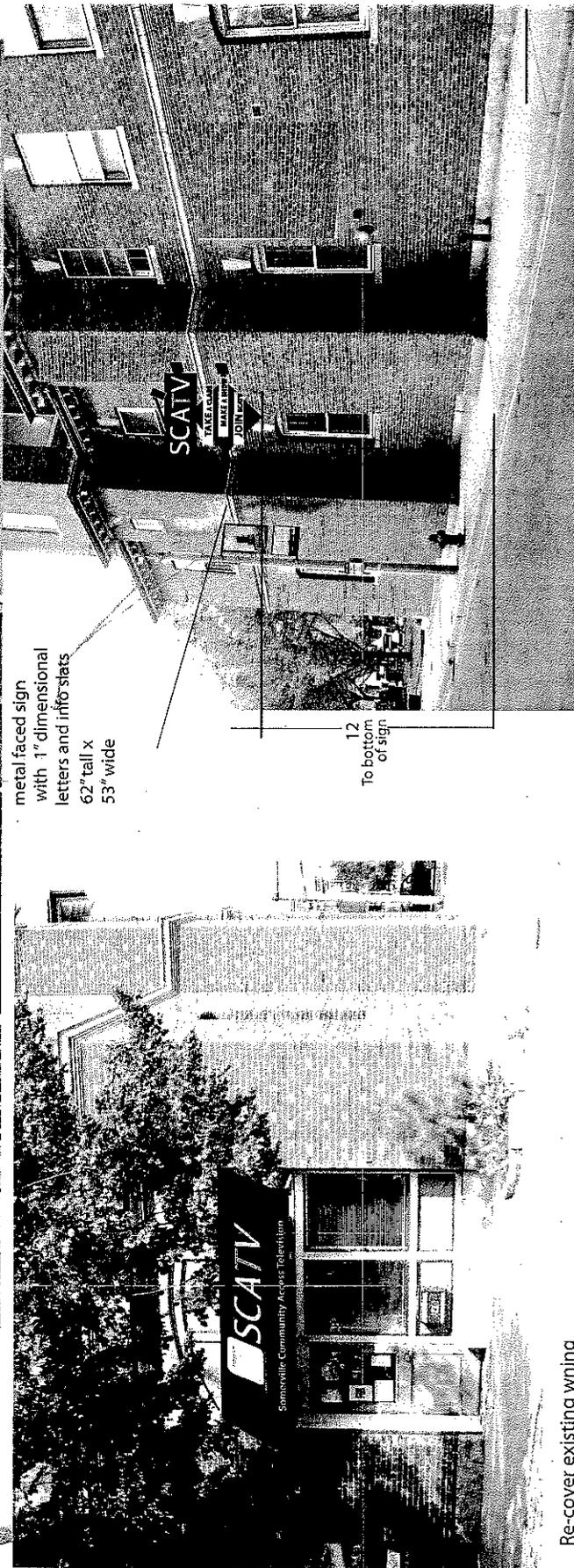
3'x10'
2 sided banner
Hanging on pre-existing brackets

12'
To bottom of
banner bracket



Pan-faced .040 black
aluminum sign
1" deep, with 1" painted
acrylic letters for logo

DRAWING TITLE: Before Page	CUSTOMER: SCATV-Wendy Blom	CONTACT PHONE : 617.628.8826
PROJECT ADDRESS: UNION SQ., SOMERVILLE		DATE: 7/13/10
JOB NUMBER:	E-MAIL: scatdit@rcn.com	
JOB DESCRIPTION: Building Identity renewal		



metal faced sign
with 1" dimensional
letters and info stats
62" tall x
53" wide

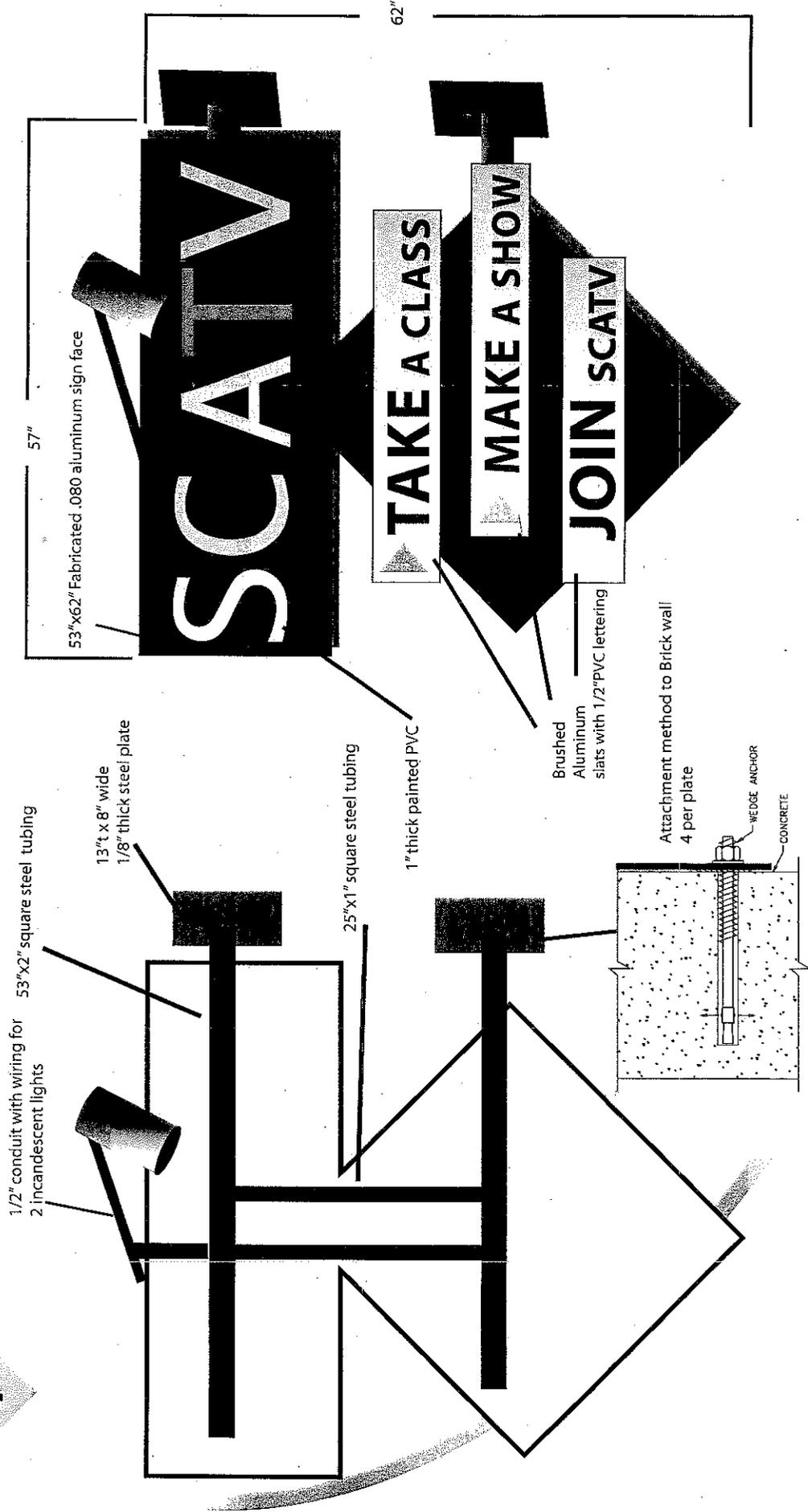
12'
To bottom
of sign

Re-cover existing wning

SALES DESIGN PERMITS FABRICATION INSTALLATION MAINTENANCE

bridge Repro Graphics / 21 McGrath Highway / Somerville MA 02143 / 617-623-2838
e-mail: Signs@CambridgeReproGraphics.com

DRAWING TITLE: Blade sign	CUSTOMER: SCATV	CONTACT PHONE:
PROJECT ADDRESS: UNION SQUARE	DATE: 7/13/10	
JOB NUMBER:	E-MAIL:	
JOB DESCRIPTION: BLADE SIGN		



SALES • DESIGN • PERMITS • FABRICATION • INSTALLATION • MAINTENANCE

Cambridge Repro Graphics / 21 McGrath Highway / Somerville, MA 02143 / 617-623-2838

e-mail: Signs@CambridgeReproGraphics.com

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

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.

Somerville Community Access Television, Inc.

*Signature of Individual or Corporate Name (Mandatory)

Wendy Blom Executive Director

By: Corporate Officer (Mandatory, if a corporation)

04-2775294

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: SCATV Somerville Community Access Television, Inc.

Address of taxpayer/applicant's business in Somerville: 90 Union Sq.

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-628-8826 evening: _____

I, (print name) Wendy Blom, 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 12 day of

October, 2010. Wendy Blom
(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: _____
99736010 # 123085001 # _____ # _____

NOTES:

CLERK'S INITIALS: U

ORIGINAL STAMP: **received**
A 10-26-10

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

Workers' Compensation Insurance Affidavit - General Businesses
Please PRINT legibly

Applicant information:

name: _____
address: _____
city: _____ state: _____ zip: _____ phone #: _____

work site location (full address):

I am a sole proprietor and have no one working in any capacity.
 I am an employer with _____ employees (full & part time).
 I am an employer providing workers' compensation for my employees working on this job.

Business Type: Retail Restaurant/Bar/Eating Establishment
 Office Sales (including Real Estate, Autos etc.)
 Other _____

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies.

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

Attach additional sheet if necessary

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: _____ Date: _____

Print name: _____ Phone #: _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license #: _____ Building Department

check if immediate response is required

contact person: _____ phone #: _____ Licensing Board

(revised Sept. 2003)

Selectmen's Office
 Health Department
 Other _____