

# APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Nonrefundable Application Fee \$275.00

Date NOVEMBER 5, 2015

2015 DEC 29 12:56  
FOR CITY CLERK'S OFFICE ONLY  
Date Recorded \_\_\_\_\_  
Amount Paid \_\_\_\_\_  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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: UNION SQUARE STATION ASSOCIATES LLC Phone: (857) 523-5060

Location of Sign/Awning/Device (with Zip Code): 31 UNION SQUARE, SOMERVILLE, MA 02143

Applicant's Federal Employer Identification Number: 47-1507271

Applicant's Legal Name: UNION SQUARE STATION ASSOCIATES LLC

Mailing Name (where we should send correspondence to): UNION SQUARE STATION ASSOCIATES LLC

Mailing Address (with Zip Code): 31 UNION SQUARE, SOMERVILLE, MA 02143

Emergency Contact: GREG KARCIJEWSKI Phone: (857) 523-5060

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: UNION SQUARE STATION ASSOCIATES LLC

Names of All Managers Who Own More Than 10%: \_\_\_\_\_

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

Name of company erecting sign: SRP SIGN CORPORATION, 236 PEARL ST.  
Phone: (617) 623-6222 SOMERVILLE, MA  
02145

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. \_\_\_\_\_  
INSTALL A BLADE SIGN FOR WORKBAR UNION IN  
ACCORDANCE WITH PLANS APPROVED BY SOMERVILLE  
PLANNING BOARD. SEE ATTACHED.

**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: 11/5/2015  
Print Name: GREGORY M. KALCZEWSKI Phone: \_\_\_\_\_

**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: 12-21-15  
Print Name: Al Bergoot Title: Building Inspector

**HISTORIC PRESERVATION COMMISSION RECOMMENDATION:**  
**(only required for signs or awnings in a historic district)**

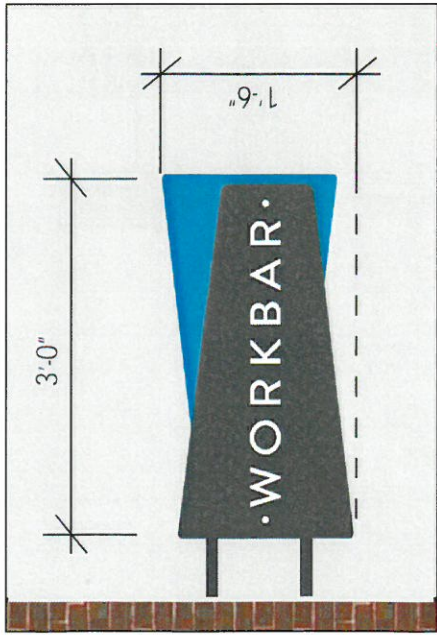
The Historic Preservation Commission recommends \_\_\_\_\_ Approval \_\_\_\_\_ Denial

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_





PROPOSED SIGNAGE



BLADE SIGNAGE  
LETTER HEIGHT - 6" MAX.  
BACKLIT TEXT ONLY

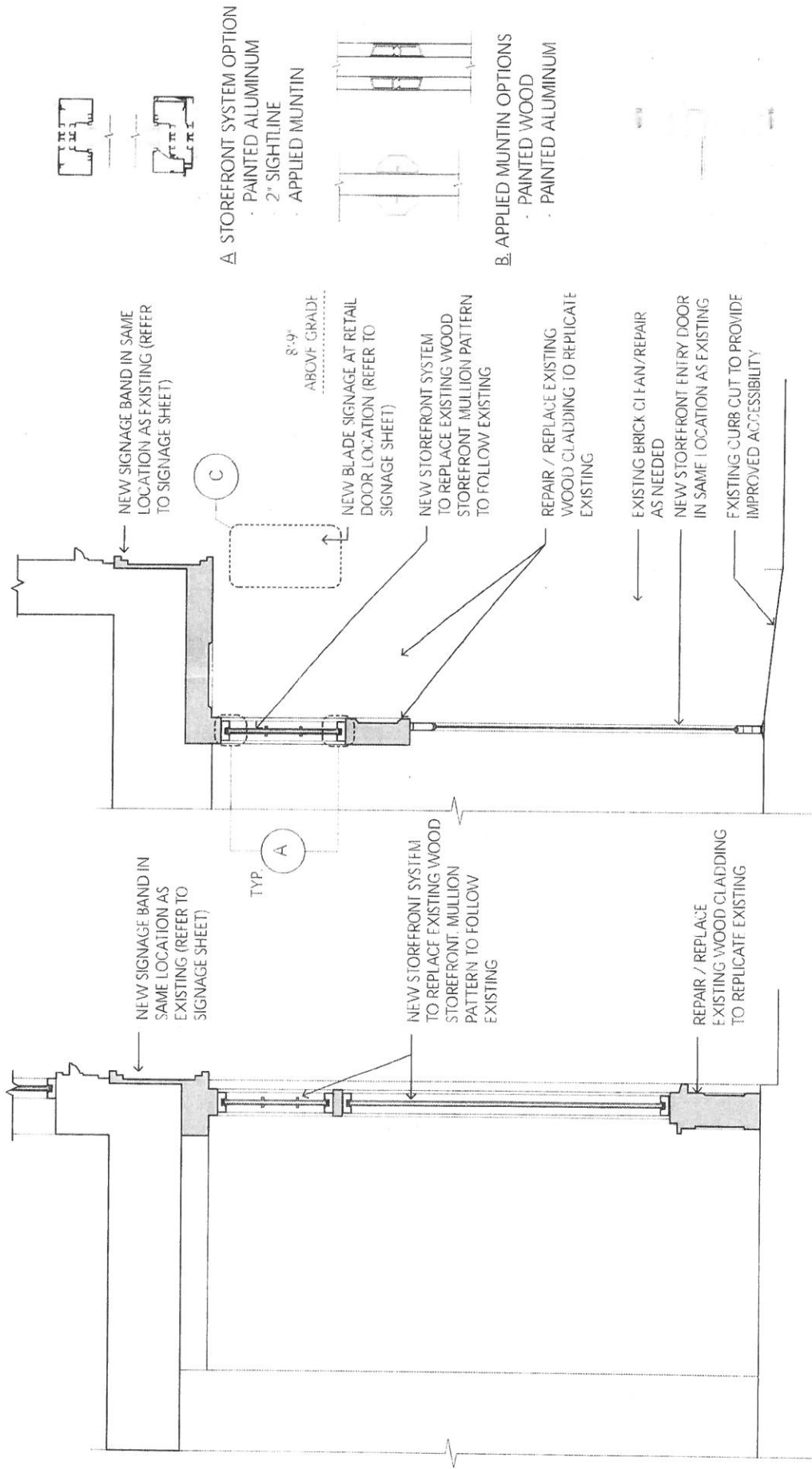


LENGTH OF STOREFRONT



BANNER SIGNAGE  
LETTER HEIGHT - 12" MAX.  
EXTERNALLY LIT SIGNAGE BAND

DETAILS



- A. STOREFRONT SYSTEM OPTION
- PAINTED ALUMINUM
  - 2" SIGHTLINE
  - APPLIED MUNTIN

- B. APPLIED MUNTIN OPTIONS
- PAINTED WOOD
  - PAINTED ALUMINUM

- C. STOREFRONT SIGNAGE CONNECTION DETAIL

SECTION AT PROPOSED ENTRY

SECTION AT PROPOSED WINDOW





City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: UNION SQUARE STATION ASSOCIATES LLC

Address of taxpayer/applicant's business in Somerville: 31 UNION SQUARE, SOMERVILLE, MA 02143

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617 804 1000 evening: SAME

I, (print name) GREGORY M. KARLDEWIKI, 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 5<sup>th</sup> day of November, 20 15. [Signature]  
(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: \_\_\_\_\_

# 02028157      # 12308001      # \_\_\_\_\_      # \_\_\_\_\_

NOTES: 74-D-4

CLERK'S INITIALS: UB

ORIGINAL STAMP: UBS/OWS  
11-9-15

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: UNION SQUARE STATION ASSOCIATES LLC  
Address: 31 UNION SQUARE  
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617.804.1000

- I am an employer with 2 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: ZURICH AMERICAN INSURANCE COMPANY  
Address: 1400 AMERICAN LANE, TOWER 2, FLOOR #9  
City: SCHAUMBURG State: IL Zip: 60196 Phone #: \_\_\_\_\_  
Policy #: WC 0119073-00 Expiration Date: 5/27/2016

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: G M K Date: 11/5/2015  
Print Name: GRZORY M. KARZEWSKI

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

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