

AWNING

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00 2011 OCT 12 P 1. 10

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>10/12/11</u>
Amount Paid	<u>\$250</u>

Date _____
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 Permit for a New Owner

Applicant's Legal Name: SALLY O'BRIENS LLC Phone: 617 666-3589

Applicant's Address (with Zip Code): 335 SOMERVILLE AVE SOM. 02143

Applicant's Email Address: MANNIONLIAM@yahoo.com

Applicant's Federal Employer Identification Number: 30-0004809

Business DBA Name (if applicable): SALLY O'BRIEN'S

Business Location (with Zip Code): 335 SOMERVILLE AVE SOM. 02143

Mailing Name (where we should send correspondence to): SAME

Mailing Address (with Zip Code): SAME

Emergency Contact: LIAM MANNION Phone: 617 460-3767

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

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: LIAM MANNION

Address with Zip Code: 34 BOW ST SOM. 02143

Partner's/Member's/Secretary's Name: ADELEINE MANNION

Address with Zip Code: 34 BOW ST SOM. 02143

Partner's/Member's/Treasurer's Name: -

Address with Zip Code: -

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.
Installation of 30' Awning that projects
8-10'

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: [Signature] Date: 10/10/11

Print Name: Lisa Murphy Phone: 617-623-2835

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: 10-16-11

Print Name: Leo J. Karapetian Title: Bldg. Insp

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

(only required for signs or awnings in a historic district) not historic

The Historic Preservation Commission recommends Approval Denial

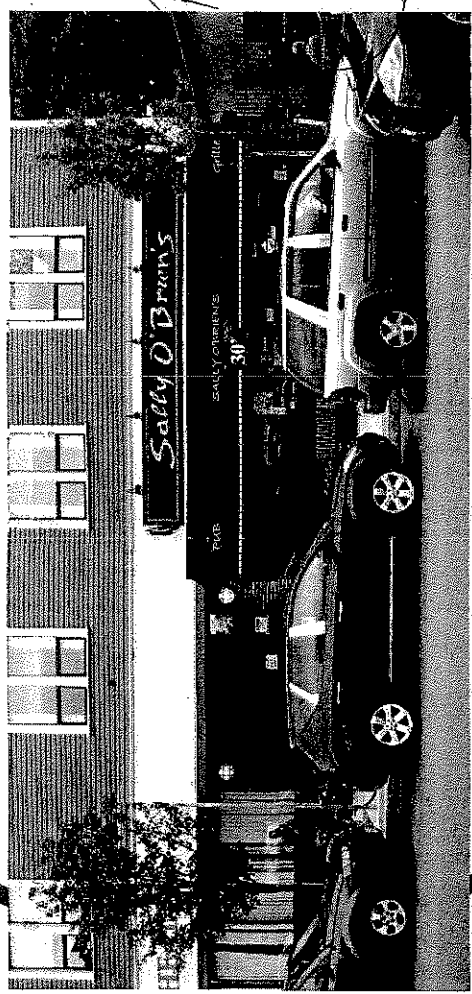
Signature: Kristen Chase Date: 9/30/2011

Print Name: KRISTENNA P. CHASE Title: Kristen Chase



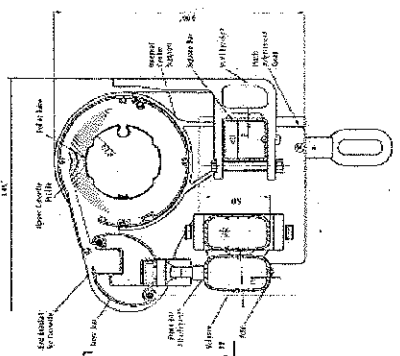
DRAWING TITLE: Sally O'Briens	CUSTOMER:	CONTACT PHONE : 617-666-3589
PROJECT ADDRESS: 335 Somerville Ave		DATE: 07 / 08 / 2010
JOB NUMBER: 297485	E-MAIL:	
JOB DESCRIPTION: New Retractable Awning		

PROPOSED VIEW OF PROPERTY



*Retractable
Awnings
Projection
15' 10"*

RETRACTABLE AWNING



Custom Black Sunbrella retractable awning
The awning will span 29' 8". Max. Projection
of the awning = 96" from face of building.

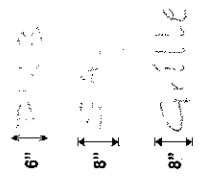
FABRIC DETAILS

Sunbrella Plus Black 4608-0000
Lettering Color- Aqua Leaf " RICH GOLD "

EXISTING VIEW OF PROPERTY

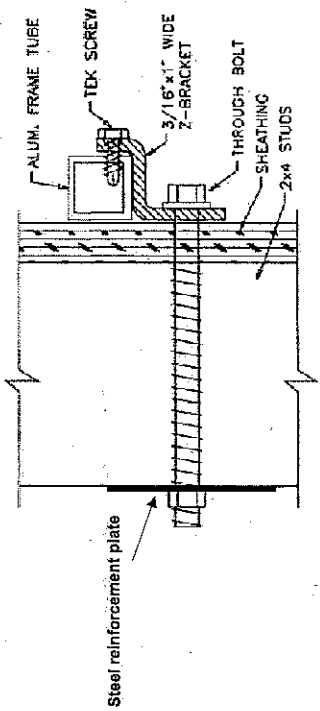


Lettering



Lettering will painted on valance section only
Paint Type: Robin Aqua Leaf " Rich Gold "

INSTALLATION METHOD



SALES • DESIGN • PERMITS • FABRICATION • INSTALLATION • MAINTENANCE

Cambridge Repro Graphics / 21 McGrath Highway / Somerville, MA 02145 / 617-777-7241 / e-mail: jobs@cambridgereprographics.com



Effective Date: October 5th, 2011

Western Surety Company

LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 61172279

That we, Sally O'Brien's LLC

of the City of Somerville, State of Massachusetts, as Principal, and WESTERN SURETY COMPANY, a corporation duly licensed to do surety business in the State of

Massachusetts, as Surety, are held and firmly bound unto the

City of Somerville, State of Massachusetts, as Obligee, in the penal

sum of Five Thousand and 00/100 DOLLARS (\$5,000.00),

lawful money of the United States, to be paid to the Obligee, for which payment well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the Principal has been licensed Sign Installer

by the Obligee.

NOW THEREFORE, if the Principal shall faithfully perform the duties and in all things comply with the laws and ordinances, including all amendments thereto, pertaining to the license or permit applied for, then this obligation to be void, otherwise to remain in full force and effect until October 5th, 2012, unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing, by First Class U.S. Mail, to the Obligee and to the Principal at the address last known to the Surety, and at the expiration of thirty (30) days from the mailing of said notice, this bond shall ipso facto terminate and the Surety shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said date. Regardless of the number of years this bond shall continue in force, the number of claims made against this bond, and the number of premiums which shall be payable or paid, the Surety's total limit of liability shall not be cumulative from year to year or period to period, and in no event shall the Surety's total liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be cumulative.

Dated this 6th day of October, 2011

Sally O'Brien's LLC
Principal

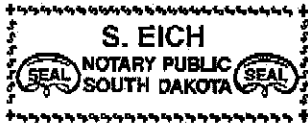
Principal
WESTERN SURETY COMPANY
By Paul T. Brufat
Paul T. Brufat, Senior Vice President

ACKNOWLEDGMENT OF SURETY
(Corporate Officer)

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

On this 6th day of October, 2011, before me, the undersigned officer, personally appeared Paul T. Bruflat, who acknowledged himself to be the aforesaid officer of WESTERN SURETY COMPANY, a corporation, and that he as such officer, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as such officer.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.



S. EICH
Notary Public — South Dakota

My Commission Expires February 12, 2015

ACKNOWLEDGMENT OF PRINCIPAL
(Individual or Partners)

STATE OF _____ }
COUNTY OF _____ } ss

On this _____ day of _____, before me personally appeared _____ known to me to be the individual described in and who executed the foregoing instrument and acknowledged to me that he executed the same.

My commission expires _____

Notary Public

ACKNOWLEDGMENT OF PRINCIPAL
(Corporate Officer)

STATE OF _____ }
COUNTY OF _____ } ss

On this _____ day of _____, before me personally appeared _____ who acknowledged himself/herself to be the _____ of _____, a corporation, and that he/she as such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself/herself as such officer.

My commission expires _____

Notary Public



License or Permit No. _____

LICENSE AND PERMIT
BOND
As

of _____

State of _____

Name of Applicant _____

Address _____

Filed _____

Approved this _____

day of _____

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruflat of Sioux Falls,
State of South Dakota, its regularly elected Senior Vice President,
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One Sign Installer, City of Somerville

bond with bond number 61172279

for Sally O'Brien's LLC

as Principal in the penalty amount not to exceed: \$ 5,000.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Senior Vice President with the corporate seal affixed this 6th day of October, 2011.

ATTEST

L. Nelson

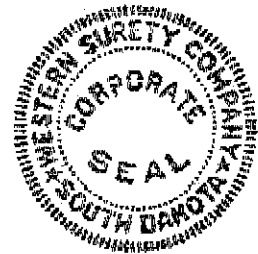
L. Nelson, Assistant Secretary

WESTERN SURETY COMPANY

By *Paul T. Bruflat*

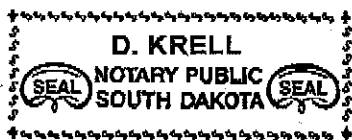
Paul T. Bruflat, Senior Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss



On this 6th day of October, 2011, before me, a Notary Public, personally appeared Paul T. Bruflat and L. Nelson

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Senior Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



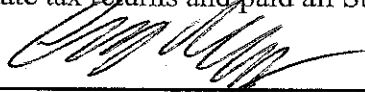
My Commission Expires November 30, 2012

D. Krell

Notary Public

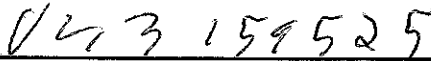
**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

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.



*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)



**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: Spillz O'Brien's

Address of taxpayer/applicant's business in Somerville: 335 Somerville Ave

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

Taxpayer/applicant's phone: day: 617-666-3589 evening: _____

I, (print name) _____, 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 30th day of September, 2011.

(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: _____

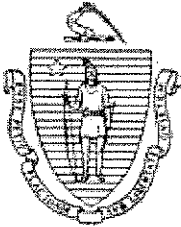
05223195 # 242009001 # _____

NOTES: 1116

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: _____

received
9-30-11



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Print Form

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): Cambridge Repro-Graphics

Address: 21 McGrath Highway

City/State/Zip: Somerville, MA 02143 Phone #: 617-623-2838

Are you an employer? Check the appropriate box:		Type of project (required):
1. <input checked="" type="checkbox"/> I am a employer with <u>11</u> employees (full and/or part-time).* 2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †	4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡ 5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]	6. <input type="checkbox"/> New construction 7. <input type="checkbox"/> Remodeling 8. <input type="checkbox"/> Demolition 9. <input type="checkbox"/> Building addition 10. <input type="checkbox"/> Electrical repairs or additions 11. <input type="checkbox"/> Plumbing repairs or additions 12. <input type="checkbox"/> Roof repairs 13. <input checked="" type="checkbox"/> Other <u>Signs/Awnings</u>

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
 † Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
 ‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: Paychex Insurance Agency, Inc.
 Policy # or Self-ins. Lic. #: UB-4A23368A-11 Expiration Date: 07/31/12
 Job Site Address: 335 Somerville Avenue City/State/Zip: Quincy, MA

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

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

Signature: _____ Date: 09/30/11
 Phone #: 617-623-2838

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):
 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
 6. Other _____

Contact Person: _____ Phone #: _____