



CITY OF SOMERVILLE, MASSACHUSETTS
CITY CLERK'S OFFICE
JOSEPH A. CURTATONE
MAYOR

JOHN J. LONG
City Clerk

January 17, 2012

To Whom It May Concern:

J. P. Vara Company Inc. has requested a Drainlayer's License in the City of Somerville. Their services are required for work at the Maxwell's Green project.

The appropriate documents are at City Hall awaiting approval by the Board of Aldermen at a future date. The Signatures below will indicate interim approval by the Board of Aldermen.

Sincerely,

John J. Long
City Clerk

Approved by President:

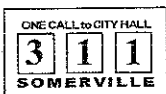
President Thomas F. Taylor

Approved by Committee on Licenses and Permits:

Chairman Dennis M. Sullivan

Approved by Ward Alderman:

Alderman Sean T. O'Donovan



John Long

From: Sean O'Donovan [sean@odolaw.com]
Sent: Friday, January 13, 2012 8:52 PM
To: John Long
Subject: Re: Interim approval for a drain layer

Thx John,

Kindly be sure they know of the covenant w the city. Ty

Sent from my iPhone

On Jan 13, 2012, at 1:24 PM, "John Long" <JLong@somervillema.gov> wrote:

I have had a request to renew a Drain Layer's License, submitted by J. P. Vara Company Inc. They have submitted all of the appropriate paperwork. I will submit this application at the BOA's next meeting (on January 26).

The Drain Layer would like to start work before then. The work is for the Maxwell's Green project. If you as Ward Alderman, L&P Chairman, and BOA President, all give your interim approval, I will issue an Interim Approval so they can get started.

Please let me know if you have any questions. Thanks for getting back to me.

-John

=====
John J. Long, City Clerk
City of Somerville
93 Highland Avenue
Somerville, MA 02143
617 625-6600 x4110
FAX 617 625-4239
www.somervillema.gov
jlong@somervillema.gov

John Long

From: John Long
Sent: Friday, January 13, 2012 1:24 PM
To: Sean T. O'Donovan (sodonovan@somervillema.gov); AldermanSullivan@aol.com; Thomas Taylor
Subject: Interim approval for a drain layer

I have had a request to renew a Drain Layer's License, submitted by J. P. Vara Company Inc. They have submitted all of the appropriate paperwork. I will submit this application at the BOA's next meeting (on January 26).

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John J. Long, City Clerk
City of Somerville
93 Highland Avenue
Somerville, MA 02143
617 625-6600 x4110
FAX 617 625-4239
www.somervillema.gov
jlong@somervillema.gov

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00 _____

Date 1/9/12 _____

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

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Applicant's Legal Name: Joseph A. Vara Phone: 781-249-1959

Applicant's Address (with Zip Code): 33 Longwood Ave. - Scituate, MA 01906

Applicant's Email Address: J.P. Vara Co., Inc. @ Comcast.net

Applicant's Federal Employer Identification Number: _____

Business DBA Name (if applicable): N/A

Business Location (with Zip Code): same

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

Mailing Address (with Zip Code): _____

Emergency Contact: _____ Phone: _____

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: JOSEPH A. VARA

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

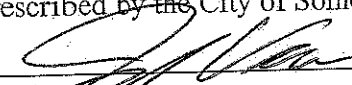
Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

Attach a Drain Layers Bond in the amount of \$10,000.

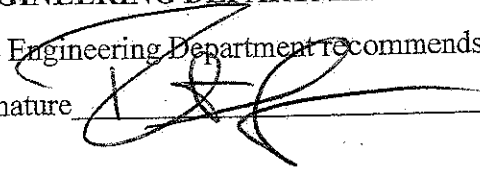
ACKNOWLEDGEMENT

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.

Signature of Applicant:  Date: 1/9/12
Print Name: Joseph Varga Phone: 781-249-1959

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied
Signature  Date 01.09.12

LICENSE OR PERMIT BOND

Bond Number 0571379

KNOW ALL MEN BY THESE PRESENTS, THAT WE

J.P. Vara Company, Inc. 33 Longwood Ave. Saugus, MA, 01906 as Principal, and International Fidelity Insurance Company as Surety, and having its principal office in Rockland, MA as Surety, are held firmly bound unto **City of Somerville, MA.** hereinafter called the Obligee in the penal sum of \$10,000 **TEN THOUSAND AND NO/100THS** Dollars lawful money of the United States of America to be paid to the said Obligee, for Which payment well and truly to be made we bind ourselves, our heirs, executors administrators and assigns, jointly and severally, firmly by these presents.

SIGNED WITH OUR HANDS AND SEALED WITH OUR SEALS this **6th** day of **January, 2012.**

WHEREAS a license or permit has been granted by the Obligee's to the above bounden Principal authorizing him to: Drainlayers Permit Bond

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH that the Principal shall faithfully observe the provisions of the laws, ordinances, and resolutions, governing the issuance of this license permit, then this obligation shall be null and void, otherwise to remain in full force and effect

This bond shall become effective the **January 6, 2012.**

The Surety may cancel this bond at any time by filing with the Obligee 30 days notice of Its desire to be relieved of liability. The Surety shall not be discharged from any liability already accrued under this bond, or which shall accrue hereunder before the expiration of the 30 day period.

J.P. Vara Company, Inc.

Principal

BY:

International Fidelity Insurance Company

Surety

BY:

Wilder Parks, Jr., Attorney-in-Fact

POWER OF ATTORNEY INTERNATIONAL FIDELITY INSURANCE COMPANY

HOME OFFICE: ONE NEWARK CENTER, 20TH FLOOR
NEWARK, NEW JERSEY 07102-5207

KNOW ALL MEN BY THESE PRESENTS: That INTERNATIONAL FIDELITY INSURANCE COMPANY, a corporation organized and existing laws of the State of New Jersey, and having its principal office in the City of Newark, New Jersey, does hereby constitute and appoint

GREGORY D. JUWA, ADAM W. DESANCTIS, MICHAEL T. GILBERT, WILDER PARKS, JR.,
JAMES J. AXON, MICHAEL F. CARNEY, BRYAN F. JUWA, DAVID A. BOUTIETTE, PAUL A. PATALANO,
CHRISTINE B. GALLAGHER, REBECCA SHANLEY, RICHARD F. CARUSO

Woburn, MA

its true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said INTERNATIONAL FIDELITY INSURANCE COMPANY, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal office.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of Article 3-Section 3, of the By-Laws adopted by the Board of Directors of INTERNATIONAL FIDELITY INSURANCE COMPANY at a meeting called and held on the 7th day of February, 1974.

The President or any Vice President, Executive Vice President, Secretary or Assistant Secretary, shall have power and authority

- (1) To appoint Attorneys-in-fact, and to authorize them to execute on behalf of the Company, and attach the Seal of the Company thereto, bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and,
- (2) To remove, at any time, any such attorney-in-fact and revoke the authority given.

Further, this Power of Attorney is signed and sealed by facsimile pursuant to resolution of the Board of Directors of said Company adopted at a meeting duly called and held on the 29th day of April, 1982 of which the following is a true excerpt:

Now therefore the signatures of such officers and the seal of the Company may be affixed to any such power of attorney or any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.



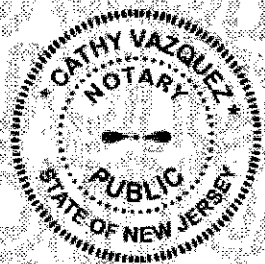
IN TESTIMONY WHEREOF, INTERNATIONAL FIDELITY INSURANCE COMPANY has caused this instrument to be signed and its corporate seal to be affixed by its authorized officer, this 16th day of October, A.D. 2007

INTERNATIONAL FIDELITY INSURANCE COMPANY

STATE OF NEW JERSEY
County of Essex

Secretary

On this 16th day of October 2007, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of the INTERNATIONAL FIDELITY INSURANCE COMPANY; that the seal affixed to said instrument is the Corporate Seal of said Company, that the said Corporate Seal and his signature were duly affixed by order of the Board of Directors of said Company.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

A NOTARY PUBLIC OF NEW JERSEY
My Commission Expires March, 27, 2014

CERTIFICATION


I, the undersigned officer of INTERNATIONAL FIDELITY INSURANCE COMPANY do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Section of the By-Laws of said Company as set forth in said Power of Attorney, with the ORIGINALS ON IN THE HOME OFFICE OF SAID COMPANY, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand this 6th day of January, 2012

Assistant Secretary

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.

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: J.P. Vana Co., Inc.
 Address: 33 Longwood Ave.
 City: Saugus, Ma. State: _____ Zip: 01906 Phone #: 781-244-1959

- 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: De Santis Ins. Co.
 Address: W
 City: Woburn State: Ma. Zip: _____ Phone #: 781-935-0866
 Policy #: _____ Expiration Date: _____

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: 1/9/12
 Print Name: Joseph Vana

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
 Other _____

Contact Person: _____ Phone #: _____

(revised Jan. 2008)



CERTIFICATE OF LIABILITY INSURANCE

OP ID: MS

DATE (MM/DD/YYYY)

12/28/11

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 DeSanctis Insurance Agcy, Inc. 100 Unicorn Park Drive Woburn, MA 01801	781-935-8480 781-933-5645
INSURED J.P. Vara Company Inc. 33 Longwood Ave. Saugus, MA 01906	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: VARAC-1 INSURER(S) AFFORDING COVERAGE INSURER A : Selective Insurance Company 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 SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSR	WVD					
A	GENERAL LIABILITY			S1995806	12/27/11	12/27/12	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			S1995806	12/27/11	12/27/12	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE							\$
	<input type="checkbox"/> RETENTION \$							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			TBA	12/27/11	12/27/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) -
PROJECT: Foundations and Retaining Wall at 56 Clyde St, Somerville, MA
"ADDITIONAL INSURED LIMITS ARE NO GREATER THAN REQUIRED BY WRITTEN CONTRACT"
 GFC Development, Inc. is an Additional Insured with regards to General Liability to include Completed Operations. A Waiver of Subrogation is in favor of GFC Development, Inc. and The Residence at Max Pak Square, LLC (cont.)

CERTIFICATE HOLDER GFCDE-2 GFC Development, Inc. The Residence at Max Pak Square, LLC 47 Deer Path Lane Weston, MA 02493	CANCELLATION 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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