

APPLICATION FOR DRAIN LAYING

Nonrefundable Application Fee \$250.00

Date 5/21/14

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 5-27-14
Amount Paid 250.00

- New Application
Renewing Application with Additions or Changes
Renewing Application with NO Additions or Changes

Business (DBA) Name: Lederman Engineering, Inc Phone: 617-889-2079

Applicant's Federal Employer Identification Number: 27-038-7672

Applicant's Legal Name: Marc Lederman

Applicant's Address (with Zip Code): 29 Fremont Ave Chelsea, MA 02150

Mailing Name (where we should send correspondence to): Lederman Engineering, Inc.

Mailing Address (with Zip Code): 29 Fremont Ave. Chelsea, MA 02150

Emergency Contact: Sarra Lederman Phone: 617-293-4689

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: Lederman Engineering, Inc.
Name of President: Richard Lederman
Name of Secretary: Sarra Lederman Name of Treasurer: Marc Lederman
LLC: Name of LLC:
Names of All Managers Who Own More Than 10%:
Other (Attach a Description of the Form of Ownership and the Names of Owners)

2014 MAY 27 11:10:39
CITY CLERK'S OFFICE
SOMERVILLE, MA

Business (DBA) Name: LEDERMAN ENGINEERING

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. 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: Marc Leder Date: 5/21/14

Print Name: Marc Lederman Phone: 617-719-9111

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied

Signature PIERRE BELIZAIRE / JSL PER 6/9/14 EMAIL Date 6/9/14

John Long

From: Pierre Belizaire
Sent: Monday, June 09, 2014 10:49 AM
To: John Long
Cc: Melissa Miguel
Subject: Drain Layer Reference Check - Lederman Engineering

John

I have called and checked/verified the required 3 references for Lederman Engineering and based on their responses, Lederman Engineering is a pleasure to work with, (strengths: communication, level of experience, organization) they have successfully completed several utility jobs for Chelsea, Boston Water and Sewer, Brookline and Cambridge.

Thanks

Pierre Belizaire

Jr Civil Engineer
City of Somerville
1 Franey Road
(o) 617-625-6600 x 5418
(f) 617-625-4454

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: Lederman Engineering, Inc.

Address: 29 Fremont Ave.

City: Chelsea State: MA Zip: 02150 Phone #: 617-889-2079

- I am an employer with 5 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: Starkweather & Shepley Insurance Corp. of MA

Address: PO Box 549

City: Providence, State: RI Zip: 02901 Phone #: 781-320-9660

Policy #: 5J10337 Expiration Date: 4/4/2015

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: Marc Lederman Date: 5/21/14

Print Name: Marc Lederman

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)