

APPLICATION FOR DRAIN LAYING

2014 JUN 20 P 4: 32

Application Fee \$250.00

Date 6/16/14 CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Business Name: TRI CONSTRUCTION Co. Inc. Phone: 617-288-1255

Business DBA Name (if applicable): _____

Address with Zip Code: 320 Adams St. Dorchester, Ma 02122

Tax Identification Number: 04-2786413 Check one: ☐ SSN ☒ FEIN

Mailing Name (where we should send correspondence to): TRI construction Co Inc.

Address with Zip Code: P.O. Box 220607 Dorchester, Ma 02122

Property Owner Name: _____ Phone: _____

Address with Zip Code: _____

Emergency Contact 1: FRANK FASOLI Sr. Phone: 617-212-3283

Emergency Contact 2: PAUL FASOLI Sr. Phone: 617-212-4396

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: _____

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. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

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: Francis A. Fasoli Date: 6/16/14

Print Name: FRANCIS A. FASOLI Sr Phone: 617-288-1255

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: X Approved Denied

Signature PIERRE BELIZAIRE/SEE ATTACHED Date 7/2/14

JSL

John Long

From: Pierre Belizaire
Sent: Wednesday, July 02, 2014 3:13 PM
To: John Long
Cc: Melissa Miguel
Subject: Drain Layer Applicant - TriConstruction

Tri Construction

Contact: City of Boston DPW
Mark Cardarelli (Construction Manager)
Bob Astrella

Collectively expressed their satisfaction with the quality of work, organization and communication in their dealings with Tri Construction and they would highly recommend them.

Contact: Boston Water and Sewer
Frank McLaughlin (Engineering Customer Services)

Has had no issues with Tri Construction and would without hesitation, recommend Tri Construction to be added to the City of Somerville's drain layers list.

Tri Construction have provided the required references, etc and have satisfied the requests of the Engineering Department.

Thanks

Pierre Belizaire

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

LICENSE AND PERMIT BOND
North American Specialty Insurance Company
Manchester, New Hampshire 03101

KNOW ALL MEN BY THESE PRESENTS, That We Tri Construction Co., Inc.

of Dorchester, MA (hereinafter called the "Principal"), as Principal, and North American Specialty Insurance Company, of Manchester, New Hampshire, as Surety, a New Hampshire corporation duly licensed to transact the business of Suretyship in the State of Massachusetts, are held and firmly bound unto City of Somerville, MA as Obligee

in the penal sum of Ten Ten Thousand Dollars (\$ 10,000.00) DOLLARS for the payment of which well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals and dated this 31st day of January 20 14

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the above Principal has or is about to apply to said Obligee for a license as Drainlayers for the term commencing this date and ending January 31 20 15

NOW THEREFORE, if said Principal shall well and truly, comply with and faithfully discharge his duties according to the terms of the ordinances, rules and regulations relating to the issuance of said license, and fully indemnify and save harmless the said Obligee, then this obligation shall be void, otherwise to be and remain in full force and effect; Provided However that the Surety may (1) cancel this bond at any time by giving Fifteen (15) days' notice in writing by registered mail to the Obligee, but such cancellation or termination shall not affect any liability incurred or accrued prior to the effective date of such written notice, and (2) this bond may be extended or continued for annual periods of one year by issuance of a continuation certificate as evidence thereof of such continuation by the Surety.

Tri Construction Co., Inc.

By: 

Principal

North American Specialty Insurance Company

By: 

Gail M Paling, Attorney-in-Fact

NAS SURETY GROUP

NORTH AMERICAN SPECIALTY INSURANCE COMPANY
WASHINGTON INTERNATIONAL INSURANCE COMPANY

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT North American Specialty Insurance Company, a corporation duly organized and existing under laws of the State of New Hampshire, and having its principal office in the City of Manchester, New Hampshire, and Washington International Insurance Company, a corporation organized and existing under the laws of the State of New Hampshire and having its principal office in the City of Schaumburg, Illinois, each does hereby make, constitute and appoint:

JOSEPH J. LANE, MICHELLE K. BOUCHER,
GAIL M. PALING and JUSTIN J. SILVA

JOINTLY OR SEVERALLY

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:


FIFTY MILLION (\$50,000,000.00) DOLLARS

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both North American Specialty Insurance Company and Washington International Insurance Company at meetings duly called and held on the 9th of May, 2012:

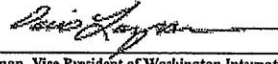
"RESOLVED, that any two of the Presidents, any Managing Director, any Senior Vice President, any Vice President, any Assistant Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Company when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."



By 
Steven P. Anderson, Senior Vice President of Washington International Insurance Company
& Senior Vice President of North American Specialty Insurance Company



By 
David M. Layman, Vice President of Washington International Insurance Company
& Vice President of North American Specialty Insurance Company

IN WITNESS WHEREOF, North American Specialty Insurance Company and Washington International Insurance Company have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers this 20th day of June, 2012.


North American Specialty Insurance Company
Washington International Insurance Company

State of Illinois
County of Cook

ss:

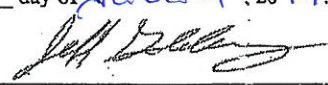
On this 20th day of June, 2012, before me, a Notary Public personally appeared Steven P. Anderson, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company and David M. Layman, Vice President of Washington International Insurance Company and Vice President of North American Specialty Insurance Company, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies.




Donna D. Sklens, Notary Public

I, Jeffrey Goldberg, the duly elected Assistant Secretary of North American Specialty Insurance Company and Washington International Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said North American Specialty Insurance Company and Washington International Insurance Company, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 21st day of January, 2014.


Jeffrey Goldberg, Vice President & Assistant Secretary of
Washington International Insurance Company & North American Specialty Insurance Company

CERTIFICATE OF CORPORATE AUTHORITY

I, PAUL E. Fasoli Sr., Clerk of
Name of Clerk or Secretary
TRI CONSTRUCTION Company Inc. hereby certify that,
Name of Corporation
at a meeting of the Board of Directors of said Corporation duly held on the 15th day of
Date
June, 2014, at which a quorum was present and voting throughout, the following
Month Year
vote was duly passed and is now in full force and effect:

VOTED: That Francis A. Fasoli Sr. be and
Name of Officer authorized to sign for the Corporation
hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to
sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and
other obligations of the Corporation, the execution of any such contract, bond or obligation by
such Francis A. Fasoli Sr. to be valid
Name of Officer authorized to sign for the Corporation
and binding upon this Corporation for all purposes. This vote remains in full force and effect,
and

has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that Francis A. Fasoli Sr.
Name of Officer authorized to sign for the Corporation
is the duly elected President of said Corporation.
Title

Signed Paul E. Fasoli
Clerk or Secretary

Place of Business 320 Adams St. Dorchester, Ma

Date 6/16/14

AFFIX CORPORATE SEAL HERE

In the event that the Clerk or Secretary is the same person as the Officer authorized to
sign that contract, bond or other instrument for the Corporation, this certificate must be counter-
signed by another Officer of the Corporation.

Countersigned _____

Name & Title of Countersigning Officer _____

CITY OF SOMERVILLE

SOMERVILLE • MASSACHUSETTS 02145

DPW - ENGINEERING DEPARTMENT

1 FRANEY ROAD ~ 1ST FLOOR

PHONE: 617-625-6600 • FAX: 617-625-4454

January 2014

Dear Licensed Drainlayers,

As you are aware, a drainlayer's license entitles an individual to make application for a permit to lay pipe and install appurtenances, with the proper approvals, in City Right-of-Ways, for the purpose of conveying sanitary waste water, surface and subsurface runoff, potable water, and to undertake other permitted and approved work within the limits of public ways and easements or which might have impact on systems that affect the public health & safety and the integrity of the City's Infrastructure.

The City of Somerville, through the DPW – Engineering Department, is hereby issuing to each licensed drainlayer a new Permit Manual that explains and defines the City's standards for work in and around the City's Infrastructure. A digital copy of this manual can be found, and printed for your records, at <http://www.somervillema.gov/departments/dpw/engineering>.

Each licensed Drainlayer shall be required to adhere to the rules and regulations set forth in this manual or risk losing his license as a Drainlayer in the City. *In addition, all utility work performed will require "as built" drawings (with ties) of the work, must be submitted to the Engineering Department within a week of its completion. No further permits will be issued until all "as-built" plans have been received and accepted by the Engineering Office.*

By signing below, you acknowledge receipt of this manual and agree to adhere to the rules and regulations set forth in this manual. Permits will not be issued until this letter has been signed and returned to the DPW – Engineering Department.


The Engineering Department welcomes the opportunity to work with you and your company in 2014. Please feel free to contact this office if there are any questions.

Signed,

Somerville DPW – Engineering Department

I hereby certify that I am familiar with the rules and regulations set forth in the City of Somerville Permit Manual and I further attest that I will work in conformance with said rules and regulations.

Name: Francis A. Fasoli Sr. Date: June 16, 2014

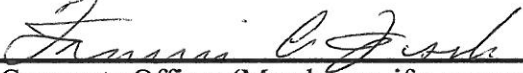
Signature:  Title: President

Company: TRI CONSTRUCTION Company, Inc.

**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.

TRI CONSTRUCTION Co. Inc.
*Signature of Individual or Corporate Name (Mandatory)


By: Corporate Officer (Mandatory, if a corporation)

04-2786413
**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: TRI Construction Co., Inc
Address: 320 Adams Street
City: Dorchester State: MA Zip: 02122 Phone #: 617-288-1255
☐ I am an employer with 14 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 Construction

Workers' compensation insurance information (if applicable):

Insurance Company Name: Amguard Insurance Company
Address: 16 S River Street
City: Wilkes-Barre State: PA Zip: 18703 Phone #: _____
Policy #: R2WC507845 Expiration Date: 6/15/15

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: Francis A. Fasoli Date: 6/16/14
Print Name: Francis A. Fasoli Sr.

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 _____