

## APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 3/18/10

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>3-22-10</u>
Amount Paid	<u>250.00</u>

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Business Name: BA Powell Construction Phone: 978) 537-8100

Business DBA Name (if applicable): \_\_\_\_\_

Address with Zip Code: 259 Leominster Shirley Rd Lunenburg MA 01462

Tax Identification Number: 010 787 670 Check one: ☐ SSN ☒ FEIN

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

Address with Zip Code: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Emergency Contact 1: Jeff Powell Phone: 978) 537-8100

Emergency Contact 2: Steve Powell Phone: 978) 537-8100

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: Jeffrey Powell - President

Address with Zip Code: Lunenburg MA 01462

Partner's/Member's/Secretary's Name: Lynn Powell

Address with Zip Code: Lunenburg MA 01462

Partner's/Member's/Treasurer's Name: Steven Powell

Address with Zip Code: Lunenburg MA 01462

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Western Surety Company

## CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 15229402 briefly described as DRAINLAYER, CITY OF SOMERVILLE  
for R.A. POWELL CONSTRUCTION CORP.  
\_\_\_\_\_, as Principal,  
in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning December 03, 2009, and ending December 03, 2010, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 02 day of December, 2009.



WESTERN SURETY COMPANY

By

Paul T. Bruflat, Senior Vice President

**THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.**

**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.

RA Pawell Construction  
\*Signature of Individual or Corporate Name (Mandatory)

Jerry A. Pawell  
By: Corporate Officer (Mandatory, if a corporation)

010 787 670  
\*\*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: RA Powell Construction Co.  
Address: 259 Leamster Shirley Rd  
City: Wrenburg State: MA Zip: 01462 Phone #: 978)537-8100

- |  |  |
|--|--|
| <input type="checkbox"/> I am an employer with <u>30</u> employees (full and/or part time).                                    | <b>Business Type:</b> <input type="checkbox"/> Retail                  |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          | <input type="checkbox"/> Nonprofit                                     |
|  | <input type="checkbox"/> Entertainment                                 |
|  | <input type="checkbox"/> Manufacturing                                 |
|  | <input type="checkbox"/> Health Care                                   |
|  | <input type="checkbox"/> Other _____                                   |

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: The Getchell Companies  
Address: 183 Great Rd. Unit 15  
City: Stow State: MA Zip: 01775 Phone #: 978)897-7773  
Policy #: WC9886021 Expiration Date: 8/12/10

**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: Jeffrey A Powell Date: 3/18/10  
Print Name: Jeffrey Powell

*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 #: \_\_\_\_\_

<input type="checkbox"/> Board of Health
<input type="checkbox"/> Building Department
<input type="checkbox"/> City/Town Clerk
<input type="checkbox"/> Licensing Board
<input type="checkbox"/> Selectmen's Office
<input type="checkbox"/> Other _____