

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

14 JAN -8 A 10:10

Nonrefundable Application Fee \$250.00

FOR CITY CLERK'S OFFICE ONLY

Date 1/5/2015

CITY CLERK'S OFFICE SOMERVILLE, MA Date Recorded 1/8/15 Amount Paid \$250

X New Sign, Awning or Advertising Device

New Facing on an Existing Frame

Renewing Existing Sign, Awning or Advertising Device Permit for a New Owner

Business (DBA) Name: Perfect Dental Phone: 617.633.7121

Applicant's Federal Employer Identification Number: 27-0515197

Applicant's Legal Name: Perfect Dental Management, LLC

Applicant's Address (with Zip Code): 118 Broadway Somerville 02145

Mailing Name (where we should send correspondence to): Perfect Dental Management

Mailing Address (with Zip Code): 85 Franklin Street Needham MA 02494

Emergency Contact: Dmitry Burshteyn Phone: 617.633.7121

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:

Name of President:

Name of Secretary: Name of Treasurer:

X LLC: Name of LLC: Perfect Dental Management, LLC

Names of All Managers Who Own More Than 10%:

Dmitry Burshteyn

Other (Attach a Description of the Form of Ownership and the Names of Owners)

Name of company erecting sign: JAD Inc dba Signs By Tomorrow  
Phone: 508-222-1900

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. \_\_\_\_\_  
Reverse halo illuminated, LED channel letters, mounted  
on an aluminium raceway, install on the storefront.

**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. 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: [Signature] Date: 1.8.2014  
Print Name: Dmitry Burshleyn Phone: 617.633.7121

**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: 11/9/13  
Print Name: Al Bargoot Title: Local Building Inspector

**HISTORIC PRESERVATION COMMISSION RECOMMENDATION:**

(only required for signs or awnings in a historic district)

The Historic Preservation Commission recommends  Approval  Denial

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_



Individual channel letters with halo lighting mounted on light blue aluminum,  
Each word mounted on aluminum raceway.

PERFECT = 1'-2" Tall x 6' Long and DENTAL = 1'-2" Tall x 5'-5" Long. Total Signage = 13.22 s/f



# 130 Broadway LLC

171 Newbury Street □ Boston, MA 02116 □ T: 617.267.9473 □ F: 617.424.9759

Mr. Goran Smiljic

November 4, 2013

Director of Inspectional Services Division

City of Somerville

1 Franey Road

Somerville MA 02145

Dear Director Smiljic,

This note serves to inform you that that 130 Broadway LLC has reviewed and approved the building plans as created and stamped by Antatoly Altshul an engineer at RAV Associates Inc. Needham MA 02494 dated 29 August 2013. The building plans are for **Perfect Dental** to construct a dental office at **128 Broadway Somerville MA 02145**. Perfect Dental has worked directly with Lora Massa in the City of Somerville Planning Department regarding the proposed signage for this location.

Please let me know if you require any additional information.



Jon Pucker

Director 130 Broadway LLC

CC: Paul Nonni Senior Building Inspector, Lori Massa Planning Department



# CERTIFICATE OF LIABILITY INSURANCE

ELW  
R054DATE (MM/DD/YYYY)  
1/7/2014

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).

<b>PRODUCER</b> BOSTON INSURANCE BROKERAGE INC/PHS 088453 P:(866) 467-8730 F:(888) 443-6112 301 WOODS PARK DRIVE CLINTON NY 13323	CONTACT NAME: PHONE (A/C, No, Ext): (866) 467-8730	FAX (A/C, No): (888) 443-6112
	E-MAIL ADDRESS:	
<b>INSURED</b> PERFECT DENTAL LLC 85 FRANKLIN ST NEEDHAM HEIGHTS MA 02494		INSURER(S) AFFORDING COVERAGE INSURER A: Sentinel Ins Co LTD
		NAIC# 11000
		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

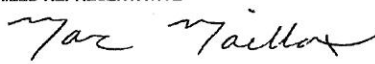
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSR	SUBR HYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <b>General Liab</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			08 SBA PU5891	10/17/2013	10/17/2014	EACH OCCURRENCE \$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000
							MED EXP (Any one person) \$10,000
							PERSONAL & ADV INJURY \$2,000,000
							GENERAL AGGREGATE \$4,000,000
							PRODUCTS - COMP/OP AGG \$4,000,000
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			08 SBA PU5891	10/17/2013	10/17/2014	EACH OCCURRENCE \$1,000,000
							AGGREGATE \$1,000,000
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE- EA EMPLOYEE \$
							E.L. DISEASE- EA POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations. THE CITY OF SOMERVILLE is an Additional Insured per the Business Liability Coverage Form SS0008 attached to this policy.

**CERTIFICATE HOLDER****CANCELLATION**

THE CITY OF SOMERVILLE 93 HIGHLAND AVE SOMERVILLE, MA 02143	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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City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Jon ~~Park~~ Puckren

Address of taxpayer/applicant's business in Somerville: 130 BROADWAY

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: \_\_\_\_\_ 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

**DATE OF ISSUANCE:** 12-2013 **INCLUDES RELEVANT POSTINGS THROUGH:** \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

<input checked="" type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input checked="" type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>1997</u>	# <u>101056001</u>	# <u>135</u>	# _____

**NOTES:**

**CLERK'S INITIALS:** yo

**ORIGINAL STAMP:** 

**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: JAD Inc. dba Signs By Tomorrow  
 Address: 400 Old Colony Rd  
 City: Norton State: MA Zip: 02766 Phone #: 978-222-1950

- I am an employer with 8 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 Sign

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

Insurance Company Name: The Hartford  
 Address: One Hartford Plaza  
 City: Hartford State: CT Zip: 06155 Phone #: 877-287-1312  
 Policy #: 76 WEG LQ 7618 Expiration Date: 8/11/14

**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: 10/20/13  
 Print Name: David Quinn

*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)