

# APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Nonrefundable Application Fee \$275.00

Date 6/30/16

FOR CITY CLERK'S OFFICE ONLY

Date Recorded SOMERVILLE, MA

Amount Paid \_\_\_\_\_

New Sign, Awning or Advertising Device

New Facing on an Existing Frame

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

Business (DBA) Name: EXTRA SPACE STORAGE Phone: \_\_\_\_\_

Location of Sign/Awning/Device (with Zip Code): 460 SOMERVILLE AVE + DANE ST 02143

\* Applicant's Federal Employer Identification Number: 26 - 2719869 (26-2719869)

\* Applicant's Legal Name: Extra Space Properties twenty eight LLC.

\* Mailing Name (where we should send correspondence to): Suite 1107 Somerville Ave.

\* Mailing Address (with Zip Code): 460 Somerville Ave. Somerville, MA. 02143

\* Emergency Contact: (857) 523-0180 Vivian Gatti Phone: (857) 523-0180

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: \_\_\_\_\_

**LLC:** Name of LLC: Extra Space Properties twenty eight LLC.

Names of All Managers Who Own More Than 10%: Extra Space Management inc.

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


*Attached* →

Name of company erecting sign: DIVINE SIGN INC 6 NORMAN ST  
Phone: 617 387 2100 EVERETT, MA 02149

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. \_\_\_\_\_  
4'-6" X 4'-6" X 15" DEEP DOUBLE SIDED PROTECTIVE SIGNS  
1 - ENTER ONLY 1 - EXIT ONLY

### 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:  Date: 6/30/14  
Print Name: PAUL M COOK Phone: 857 399 3586

### 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:  Date: 8-8-16  
Print Name: Floyd Richardson Title: LBI

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



**ELEVATIONS**

**SCOPE OF WORK:**

INSTALL NEW CHANNEL LETTERS ON A RACEWAY.

**NOTE: BACKER PANEL TO BE PROVIDED AND INSTALLED BY OTHERS. SHOP DRAWINGS OF BACKING WILL BE NEEDED FROM ESS FOR MANUFACTURING OF SIGN**

SQUARE FEET CALCULATIONS		
Allowable	Existing	Proposed
568sf		43sf



**ELEVATION 2**

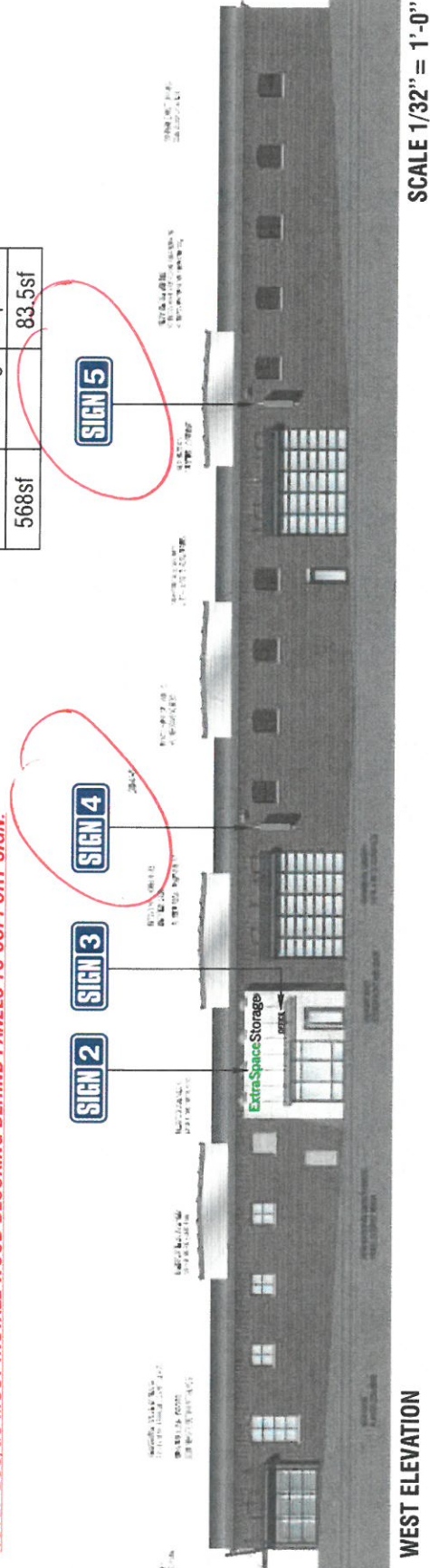
**SCOPE OF WORK:**

INSTALL NEW CHANNEL LETTERS ON A RACEWAY.

**NOTE: ESS/GC MUST INSTALL WOOD BLOCKING BEHIND PANELS TO SUPPORT SIGN.**

*SIGNS 4+5*

SQUARE FEET CALCULATIONS		
Allowable	Existing	Proposed
568sf		83.5sf



**Houston  
Dallas**

**Houston Corporate Office**  
5225 Katy Freeway, Suite 350  
Houston, Texas 77007  
713-977-7900  
Fax 713-977-7903

**Dallas Regional Office**  
2220 San Jacinto Blvd.  
Suite 365  
Denton, Texas 76205  
940-380-9153  
FAX: 940-380-9395



Address: #1107  
460 SOMERVILLE AVE  
City: SOMERVILLE  
State: MA 02143  
Account Rep: K. BLINKA

APPROVALS  
CLIENT  
DESIGN  
PROD.

Designer: A.P. / J. WOMACK

Design No. Us170345-R2

DATE 11-06-15

Rev. Date: 04-08-16



**LIGHTING WARRANTY**  
Signs = 6 years on parts and labor

**4:8**

The purchaser agrees to hold the seller harmless against any cause for action for damage which may occur as a result of drilling for piers and foundations, including but not limited to sewer, gas lines or any underground obstacles which the purchaser or others may deem valuable.

THIS DESIGN AND ENGINEERING IS SUBMITTED AS OUR PROPOSAL, AND THE RIGHT TO USE OR EXHIBIT IN ANY FORM, IS NOT AUTHORIZED WITHOUT WRITTEN PERMISSION BY US SIGNS.



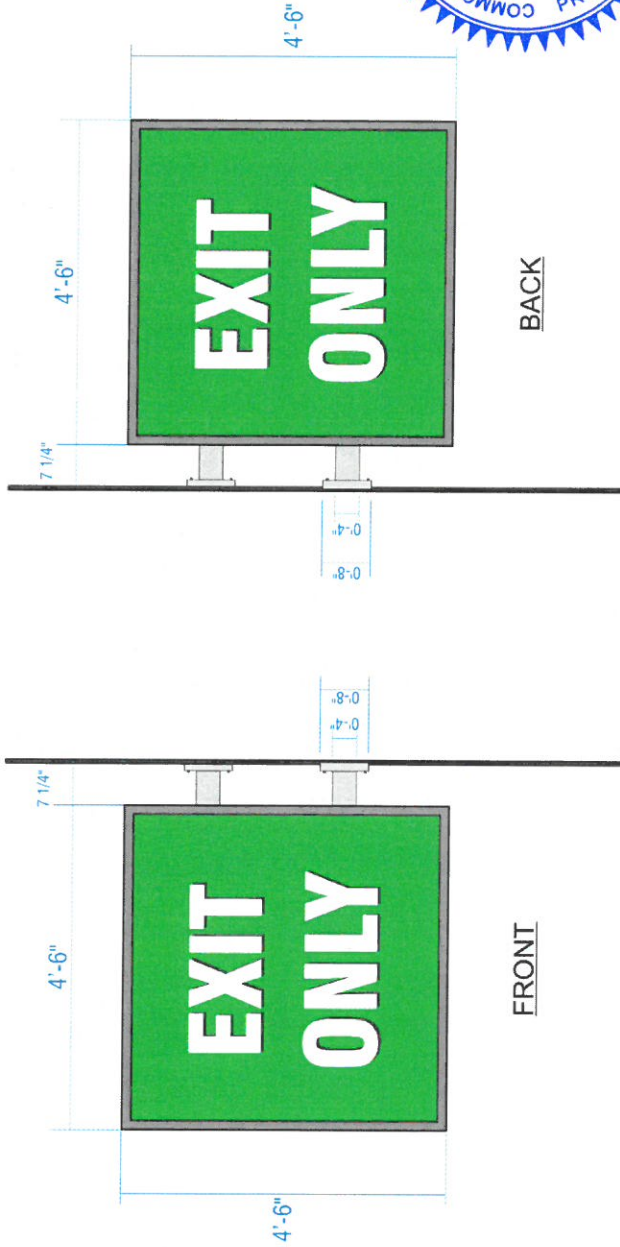
# DOUBLE FACE BLADE SIGN

## LAYOUT



SCALE: 3/8" = 1'-0"

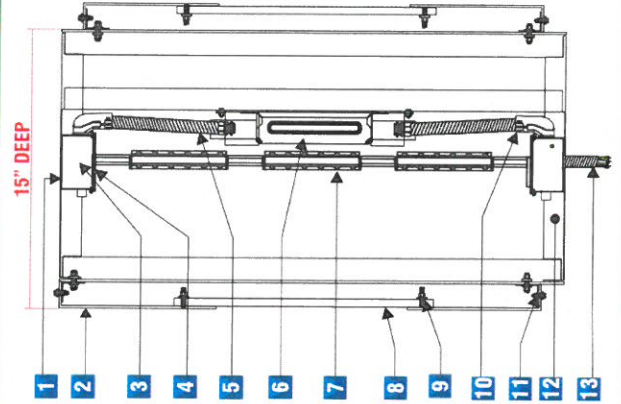
SQUARE FEET  
20.25



## SPECIFICATIONS

- 1 .063" ALUMINUM FILLER
- 2 PANTED SW 7067 CITY SCAPE
- 3 PANTED .125" ALUMINUM FACES
- 4 PANTED BRILLIANT GREEN
- 5 WATER TIGHT WIREWAYS
- 6 MOUNTING FLANGE
- 7 FLEXIBLE CONDUIT
- 8 POWER SUPPLY (SIZE & LOCATION WILL VARY)
- 9 USLED LIGHTING SYSTEM
- 10 3/16" ACRYLIC BACKING
- 11 WELDED STUDS
- 12 FLEX CONNECTORS
- 13 90° CLIPS
- 14 2" x 2" x 3/16" ANGLE FRAME
- 15 ELECTRICAL TO BE PROVIDED BY GC

## SIDE SECTION VIEW



## COLOR SCHEDULE

**GREEN**

#2500-106  
BRILLIANT

**GREY**

SW 7067  
CITY SCAPE

**WHITE**

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Houston  
Dallas

**Houston Corporate Office**  
5225 Katy Freeway, Suite 350  
Houston, Texas 77007  
713-977-7900  
Fax 713-977-7903

**Dallas Regional Office**  
2220 San Jacinto Blvd,  
Suite 365  
Denton, Texas 76205  
940-380-9153  
FAX: 940-380-9395



Address: #1107  
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City: SOMERVILLE  
State: MA 02143  
Account Rep: K. BLINKA

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CLIENT  
DESIGN  
PROD.  
Designer: A.P./J. WOMACK

Design No. Us170345-R2

DATE 11-06-15

Rev. Date: 04-08-16



LIGHTING WARRANTY

Sloan = 6 years on parts and labor

7:8

The purchaser agrees to hold the seller harmless for any damage which may occur as a result of drilling for conduits, including but not limited to sewer, gas lines or any underground obstacles which the purchaser or others may deem valuable.



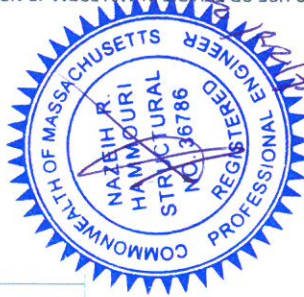
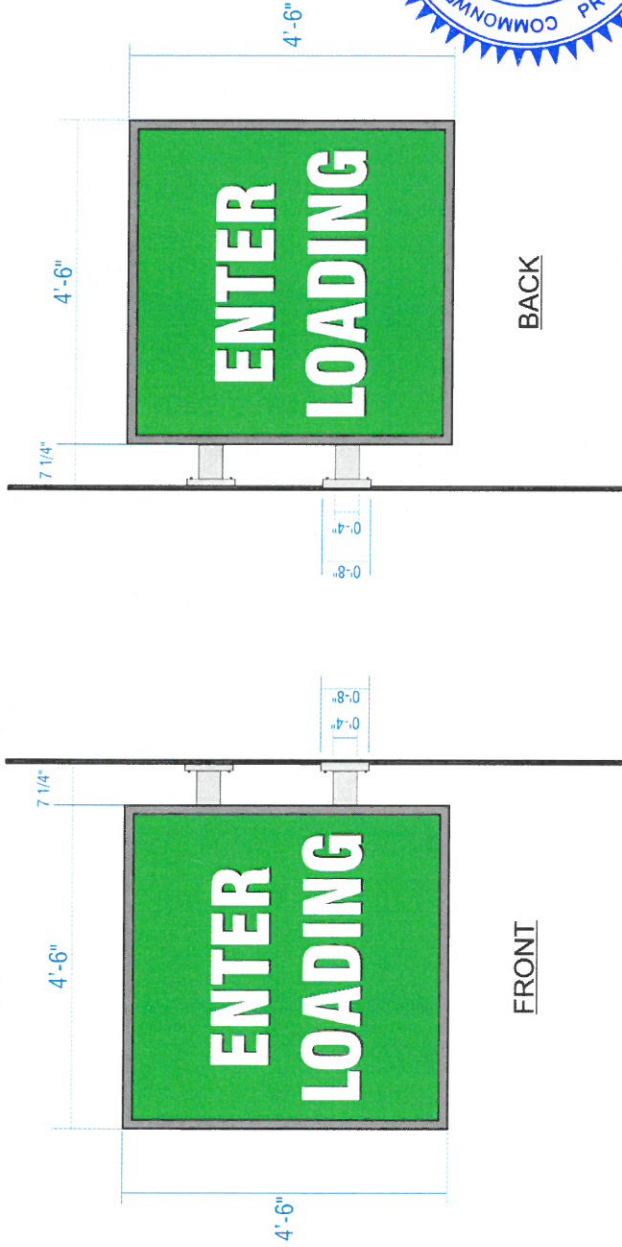
# DOUBLE FACE BLADE SIGN

## LAYOUT



SCALE: 3/8" = 1'-0"

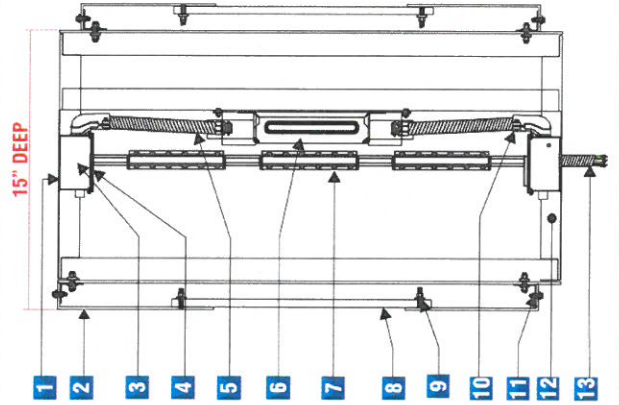
SQUARE FEET  
20.25



## SPECIFICATIONS

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(SIZE & LOCATION WILL VARY)
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## COLOR SCHEDULE

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#2500-106  
BRILLIANT

**GREY**  
SW 7067  
CITY SCAPE

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City: SOMERVILLE  
State: MA 02143  
Account Rep: K. BLINKA

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CLIENT  
DESIGN  
PROD.

Designer: A.P./J. WOMACK

Design No. Ust70345-R2

DATE 11-06-15

Rev. Date: 04-08-16



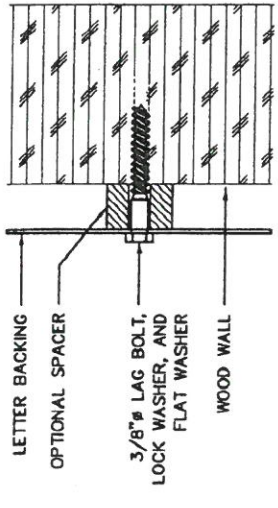
LIGHTING WARRANTY

Stoa = 5 years on parts and labor

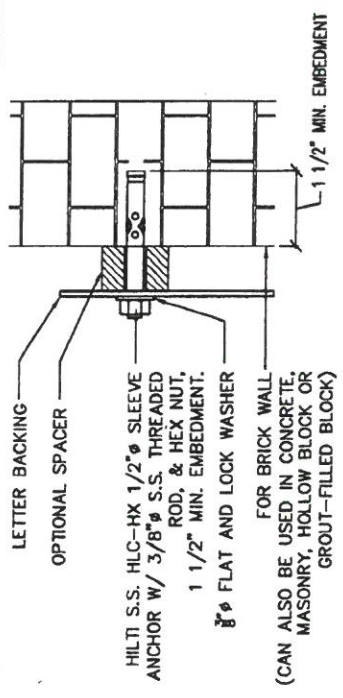
8:8

The purchaser agrees to hold the seller harmless against any cause for action for damage which may occur as a result of drilling for parts and foundations, including but not limited to sewer, gas lines or any underground obstacles which the purchaser or others may deem valuable.

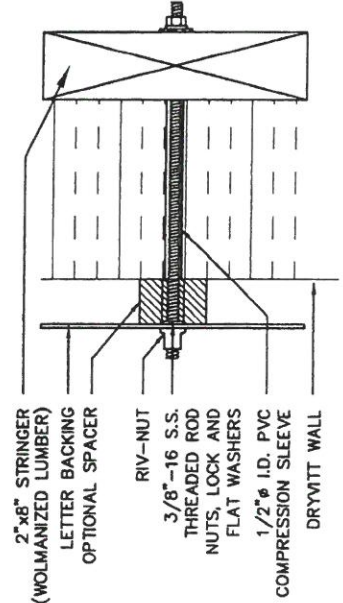
ESS  
460 SOMERVILLE AVE.  
SOMERVILLE MA  
SIGN ATACHEMENT



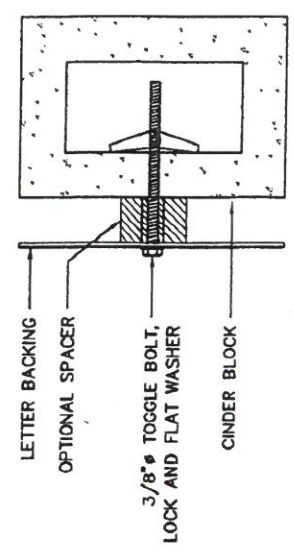
LAG BOLT  
SCALE: N.T.S.



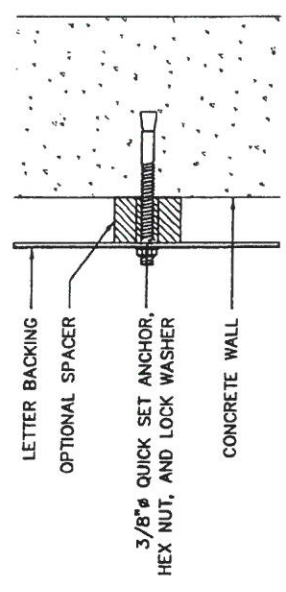
HILTI SLEEVE ANCHOR BOLT  
SCALE: N.T.S.



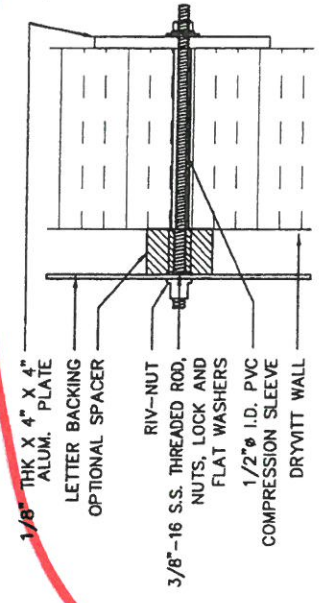
THREADED ROD W/ STRINGER  
SCALE: N.T.S.



TOGGLE BOLT  
SCALE: N.T.S.



QUICK SET ANCHOR BOLT  
SCALE: N.T.S.



THREADED ROD W/ ALUM. PLATE  
SCALE: N.T.S.

**MOUNTING**

FOR SIGNS 4 + 5 ON DANE ST  
NEAR GARAGE ENTER + EXIT  
EXTRA SPACE STORAGE @ 460  
SOMERVILLE AVE. SOMERVILLE MA

**DIVINE SIGNS INC**

6 Norman St. Everett, Ma 02149  
800-821-6949 or 617-387-2100 Fax 617-387-3334  
www.divine-signs.com email: divine@divine-signs.com





# CERTIFICATE OF LIABILITY INSURANCE

5/31/2017

DATE (MM/DD/YYYY)

8/4/2016

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 have ADDITIONAL INSURED provisions or 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> Lockton Companies 8110 E. Union Avenue Suite 700 Denver CO 80237 (303) 414-6000	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No. Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td>INSURER B :</td> <td>North American Elite Insurance Company</td> <td>29700</td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Federal Insurance Company	20281	INSURER B :	North American Elite Insurance Company	29700	INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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INSURER C :																					
INSURER D :																					
INSURER E :																					
INSURER F :																					
<b>INSURED</b> 1328500 Extra Space Storage, LLC et al 2795 E. Cottonwood Parkway, Suite 400 Salt Lake City, UT 84121																					

**COVERAGES** EXTSP01 **CERTIFICATE NUMBER:** 14202825 **REVISION NUMBER:** XXXXXXXX

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	Y	N	99476083	5/31/2016	5/31/2017	EACH OCCURRENCE \$ 1,000,000
A	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			99476084 - No SIR	5/31/2016	5/31/2017	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
A	<input checked="" type="checkbox"/> Policy Agg. \$20M			or Ded. Applies			MED EXP (Any one person) \$ 1,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b>			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$ XXXXXXXX
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$ XXXXXXXX
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
							\$ XXXXXXXX
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR	N	N	200054200	5/31/2016	5/31/2017	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	DED RETENTION S						\$ XXXXXXXX
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			NOT APPLICABLE			PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ XXXXXXXX
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX
							E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER. APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.  
 RE: Extra Space Storage signage located at 460 Somerville Avenue, Somerville, MA 02143.

**CERTIFICATE HOLDER**

**14202825**  
 City of Somerville  
 93 Highland Avenue  
 Somerville MA 02143

**CANCELLATION** See Attachment

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

*Charles M. McDaniel*



City of Somerville, Massachusetts  
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

✓ Exact name of taxpayer/applicant's business: EXTRA SPACE STORAGE  
Address of taxpayer/applicant's business in Somerville: 460 Somerville Ave  
Address of taxpayer/applicant's home in Somerville: N/A  
Taxpayer/applicant's phone: day: 857 523 0180 evening: 857 523 0180

X I, (print name) Attached, 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.

X SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_  
# 14056      # 242072001      # 1090      # ✓

NOTES:  
CLERK'S INITIALS: SH

ORIGINAL STAMP: **received**  
6-30-16





The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** Please Print Legibly

Name (Business/Organization/Individual): EXTRA SPACE STORAGE  
 Address: 460 SOMERVILLE AVE  
 City/State/Zip: SOMERVILLE MA Phone #: 857 523 0180

**Are you an employer? Check the appropriate box:**

1.  I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3.  I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4.  I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have workers' comp. insurance.
5.  We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

**Type of project (required):**

6.  New construction  
 7.  Remodeling  
 8.  Demolition  
 9.  Building addition  
 10.  Electrical repairs or additions  
 11.  Plumbing repairs or additions  
 12.  Roof repairs  
 13.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

*I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.*

Insurance Company Name: See Attached

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: DC

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

*I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.*

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

Phone #: \_\_\_\_\_

*Official use only. Do not write in this area, to be completed by city or town official.*

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector  
 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_





## CHUBB

### *Liability Insurance*

#### *Endorsement*

<i>Policy Period</i>	MAY 31, 2016 TO MAY 31, 2017
<i>Effective Date</i>	MAY 31, 2016
<i>Policy Number</i>	99476083 and 99476084
<i>Insured</i>	EXTRA SPACE STORAGE LLC
<i>Name of Company</i>	FEDERAL INSURANCE COMPANY

This Endorsement applies to the following forms:  
GENERAL LIABILITY

#### *Who In An Insured*

Scheduled Person Or Organization

Under Who Is An Insured, the following provision is added:

Subject to all of the terms and conditions of this insurance, any person or organization shown in the Schedule, acting pursuant to a written contract or agreement between you and such person or organization, is an insured; but they are insureds only with respect to liability arising out of your operations, or your premises, if you are obligated, pursuant to such contract or agreement, to provide them with such insurance as is afforded by this policy.

However, no such person or organization is an insured with respect to any:

assumption of liability by them in a contract or agreement. This limitation does not apply to the liability for damages for injury or damage, to which this insurance applies, that the person or organization would have in the absence of such contract or agreement.

damages arising out of their sole negligence.

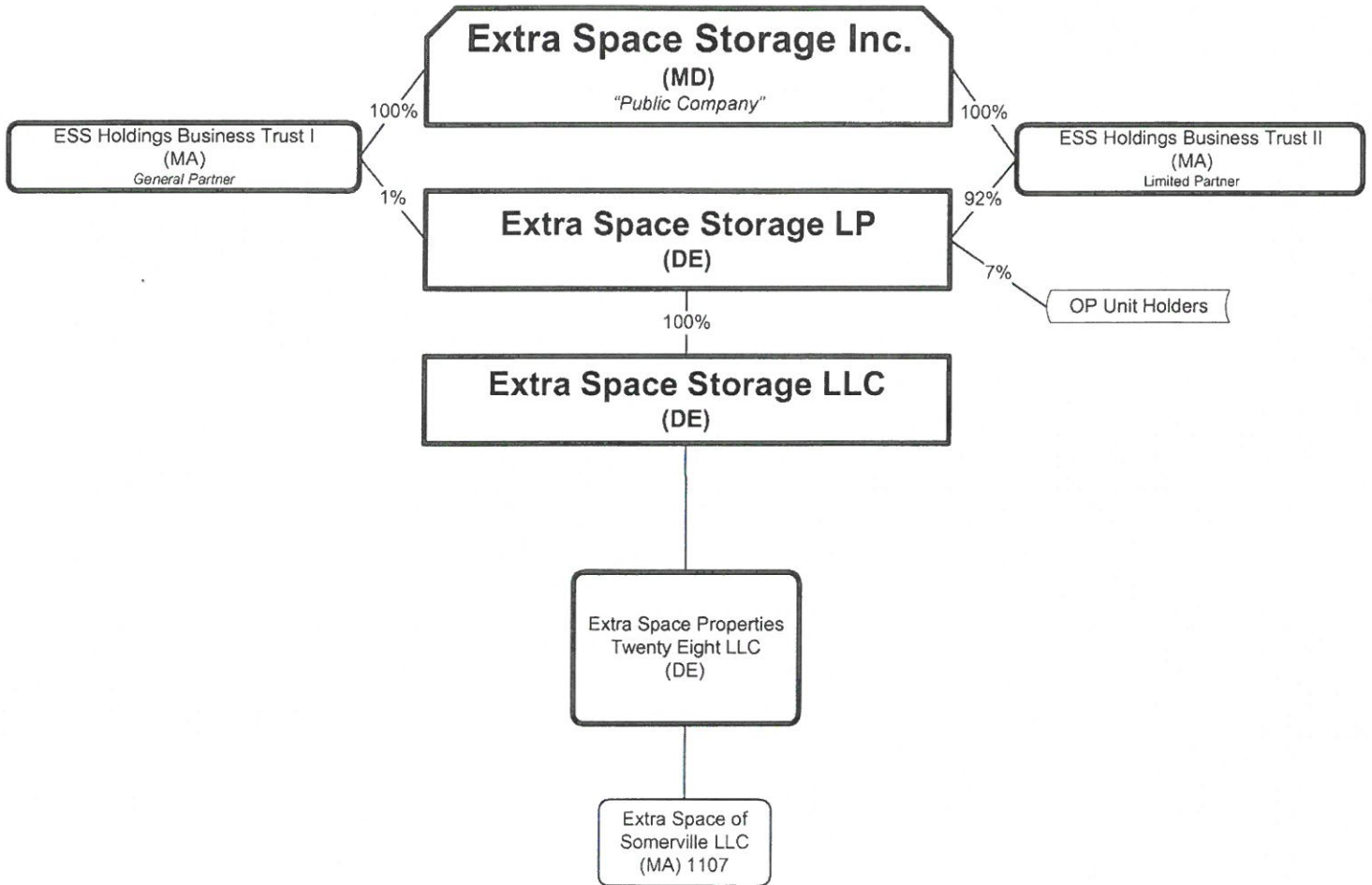
structural alteration, new construction or demolition operations performed by or on behalf of them.

#### Schedule:

Persons or organizations that you are obligated, pursuant to written contract or agreement between you and such person or organization, to provide with such insurance as is afforded by this policy; but they are insureds only if and to the minimum extent that such contract or agreement requires the person or organization to be afforded status as an insured.

However, no person or organization is an insured under this provision who is more specifically described under any other provision of the Who Is An Insured section of this policy (regardless of any limitation applicable thereto).

All other terms and conditions remain unchanged.





# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXTRA SPACE PROPERTIES TWENTY EIGHT LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



4555719 8300

SR# 20164714499

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202583385

Date: 06-29-16