

2013 JUN 21 A 10:02

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date 5/30/13

CITY CLERK'S OFFICE	
FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>6/21/13</u>
Amount Paid	<u>\$250</u>

CK-17986
\$250

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: Dental Arts Associates Phone: (617) 776-2323

Business Location (with Zip Code): 396 Highland Ave. Somerville, MA 02144

Applicant's Legal Name: Dental Arts Associates, Somerville, pc.

Applicant's Address (with Zip Code): 396 Highland Ave Somerville, MA 02144

Applicant's Email Address: dental-arts@comcast.net

Applicant's Federal Employer Identification Number: 043410222

Mailing Name (where we should send correspondence to): Ramesh Izedian

Mailing Address (with Zip Code): 396 Highland Ave. Somerville, MA 02144

Emergency Contact: Ramesh Izedian Phone: 617 953 9647

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: Paul Dobrin

Address with Zip Code: 396 Highland Ave Somerville MA 02144

Partner's/Member's/Secretary's Name: Paul Dobrin

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: Ramesh Izedian

Address with Zip Code: 396 Highland Ave Somerville MA 02144

Name of company erecting sign: SIGN DESIGN

Phone: 508-580-0094

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. _____

4" DEEP X 22 5/16" HIGH CHANNEL LETTERS, INTERNALLY LIT ON TWO BUILDING FACADES

16" HIGH X 144" WIDE INTERNALLY LIT SQ. TUBES ALUM. FRAME SIGNS ON TWO BUILDING FACADES

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.

Signature of Applicant: [Signature] Date: 5/30/13

Print Name: Ramesh Izedian Phone: 6177762323

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: 6/21/13

Print Name: F. Al. Baryoot Title: LBI (ISD)

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

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

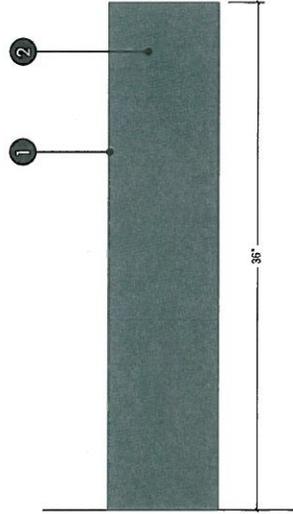
The Historic Preservation Commission recommends Approval Denial

Signature: n/a Date: _____

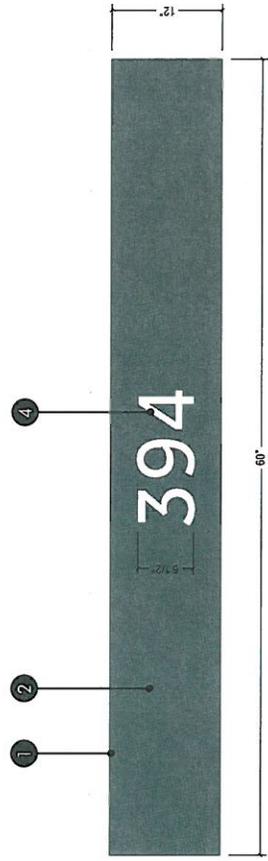
Print Name: _____ Title: _____



- Notes**
- 1 Metal Awning (Internally Illuminated)
 - 2 1 1/2" Square Tube Frame
 - 3 .080 Stencil Cut Aluminum Face / Returns painted to match: Cool Gray 9C
 - 4 .040 Aluminum Top / Bottom Panels painted to match: Cool Gray 9C
 - 5 3/16" White Acrylic Flush-Thru Graphics
 - 6 Illuminated with TetraMAX LED's (Small Power Supply 12-20 mounted inside canopy)
 - 7 Mounted to building with Std Aluminum Clips and Masonry Fasteners



2 End View
Scale: 1/4
Fabrication



1 Elevation
Scale: 1/4
Fabrication

KS SIGNDISIGN
sign and graphic solutions
170 Liberty Street - Brockton, MA 02301

No.	Description	Date
01	Fabrication	04-15-13

Client: Dental Arts - Somerville

Steel Title: Awning

Project Number: 71031
Scale: 25%

Project Developer: G. Ferrigno
Designer: BM

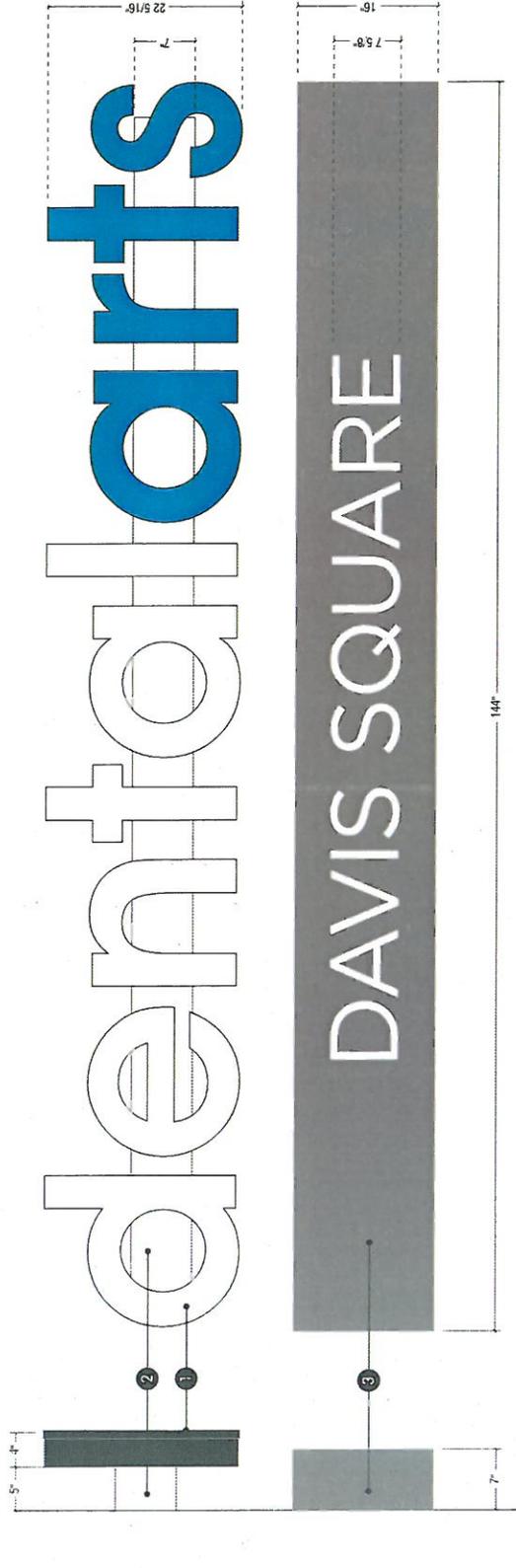
Sheet Number: G01.00

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- Notes**
- Channel Letters**
- ① 4" Deep Channel Letters with Surface Applied Trans Vinyl Graphics (See G03.00 for Specs)
 - ② 5" Deep Aluminum Raceway painted: White
 - ③ Square Tube Aluminum Frame with .080 Stencil Cut Aluminum Faces painted: PMS Cool Gray 9C with Flush Push Thru White Acrylic Graphics
 - ④ Clean / Service / Paint Cornice: White



② Elevation
Scale: 1:1
Fabrication

① Elevation
Scale: 1:1
Fabrication

KS
SIGNDESIGN
Digital Sign Solutions
170 Long Street - Brandon, VA 22801

No. _____ Date _____
01 Fabrication 01/14/13

Client: Dental Arts - Somerville

Sheet Title:
Channel Letters

Project Number: 70349
Scale: 10%

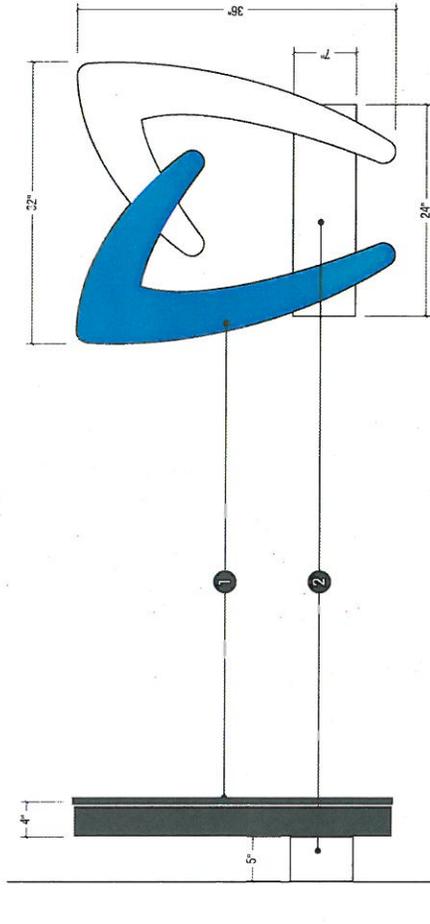
Project Designer: G. Ferrigno
Designer: BM

Sheet Number: **G01.00**

The client is responsible for the accuracy of the information provided. The client is responsible for the accuracy of the information provided. The client is responsible for the accuracy of the information provided. The client is responsible for the accuracy of the information provided. The client is responsible for the accuracy of the information provided.



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① Elevation
Scale: 1:1
Fabrication

② End View
Scale: 1:1
Fabrication

KS
SIGNDESIGN
Sign and Graphics Solutions
170 Liberty Street - Bristol, MA 02801

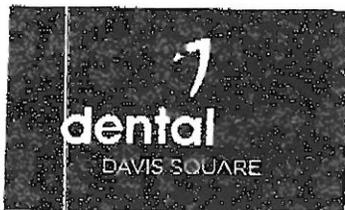
Details		Units
Material	Aluminum	mm
Color	Blue	mm
Finish	Paint	mm
Mounting	Bracket	mm
Hardware	Bracket	mm
Lead Time	4 Weeks	mm

Client: Dental Arts - Somerville
Sheet Title: Channel Letters

Project Number:	70349	Scale:	10%
Project Location:	G. Ferrigno	Designer:	BM
Sheet Number:	G02.00		

This drawing is the property of KS Sign Design and is to be used only for the project and location specified. It is not to be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or by any information storage and retrieval system, without the prior written consent of KS Sign Design.

to Kelly Kistuccia, (508) 580-0096



April 25, 2013

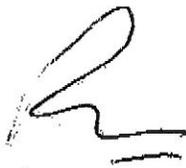
City of Somerville
Inspectional Services, DPW
1 Franey Road, 1st Floor
Somerville, MA 02143

To Whom It May Concern:

I authorize Sign Design, Inc. to act as our agent for the enclosed sign permit application.

Business Name:	Dental Arts
Property Location:	396 Highland Ave / Davis Square
Building Owner:	Izedian Ramesh, Trustee / RPS Realty Trust
Building Owner Address:	396 Highland Ave

Sincerely,

x 
Signature

Trustee & Owner April 25, 2013
Title Date

A.A. DORITY COMPANY, INC.



**SURETY BONDS
& INSURANCE**
Instant Service and Delivery

262 WASHINGTON ST. SUITE 99
www.aadorty.com

BOSTON MA 02108
Tax ID#: 04-2006385

TELEPHONE (617) 523-2935
FAX (617) 523-1707

BONDS - (everything except criminal)
 Probate Contract
 Court Fidelity
 License Public Official
 Permit Misc. Bonds

6/7/2013

Dental Arts Associates
396 Highland Ave.
Somerville, MA 02144

PHIL CRAWFORD
DICK CRAWFORD

phil@aadorty.com
dick@aadorty.com

When paying, please put
Invoice Number on your check

Returned Check will incur a \$30 Fee.

All Invoices are due and payable as of the date of charge unless satisfactory cancellation evidence has been furnished.

DATE OF CHARGE	Invoice No.	DESCRIPTION	
6/7/2013	510083	Sign Permit Bond (\$5,000.00) 6/7/2013 - 6/7/2016 City of Somerville NGM Bond No. 561187 Original	\$250.00
			Less Commission: \$37.50
			Amount Due: \$212.50

Genesis Insurance Group, LLC
Mike Sokolowski, Jr.
599 North Ave; Door 6
Wakefield, MA 01880

ISSUED THROUGH

A. A. DORITY COMPANY

BOSTON

LICENSE OR PERMIT BOND

KNOW ALL MEN BY THESE PRESENTS, That we Dental Arts Associates

of 396 Highland Ave. , Somerville, MA 02144,

hereinafter referred to as Principal, and NGM Insurance Company

a corporation organized and existing under the laws of the State of Florida

and authorized to do business in the Commonwealth of Massachusetts as Surety, are held

and firmly bound unto City of Somerville , hereinafter referred to as Obligee,

in the sum of Five Thousand dollars (\$5,000.00)

lawful money of the United States of America, to the payment of which sum, well and truly to be made, we bind ourselves, our executors, administrators, successors and assigns, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas, the Principal has made application for a license or permit to the Obligee for the following purpose:

Sign Permit

NOW, THEREFORE, if the Principal shall faithfully comply with all ordinances, rules and regulations which have been or may hereafter be in force concerning said License or Permit, and shall save and keep harmless the Obligee from all loss or damage which it may sustain or for which it may become liable on account of the issuance of said license or permit to the Principal, then this obligation shall be null and void; otherwise, to remain in full force and effect.

THIS BOND WILL CONTINUE IN FULL FORCE UNTIL CANCELLED BY THE SURETY. The Surety may at any time terminate its liability by giving thirty (30) days written notice to the Obligee, and the Surety shall not be liable for any default after such thirty day notice period, except for defaults occurring prior thereto.

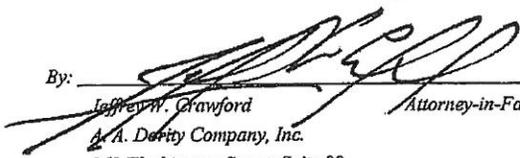
SIGNED, SEALED AND DATED June 7th, 2013.

Dental Arts Associates

By: _____

NGM Insurance Company

Bond No. 561187

By:  _____

Jeffrey W. Crawford

Attorney-in-Fact

A. A. DORITY Company, Inc.

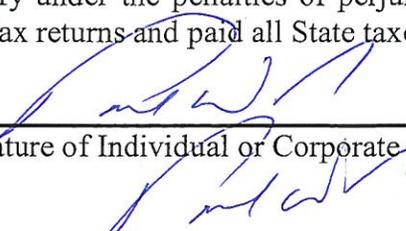
262 Washington Street, Suite 99

Boston, MA 02108

(617) 523-2935 Fax: 617-523-1707

**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.

 - Dental Arts Associates - Somerville, PC - Inc.

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

043 410 222

**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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Dental Arts Associates Somerville, PC
Address of taxpayer/applicant's business in Somerville: 396 Highland Ave. Somerville, MA 02129
Address of taxpayer/applicant's home in Somerville: 396 Highland Ave. Somerville, MA 02129
Taxpayer/applicant's phone: day: 617 776 2323 evening: 617 953 9647

I, (print name) Ramesh Izedian, 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 30 day of May, 2013.
[Signature]
(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: _____
7247 # 316082001 # 625 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
UBank
6-20-13

**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: Dental Art Associates Ramesh Izedian
 Address: 396 Highland Ave.
 City: Somerville State: MA Zip: 02144 Phone #: 617 776 2323

- | | |
|--|--|
| <input checked="" type="checkbox"/> I am an employer with <u>9</u> employees (full and/or part time). | Business Type: <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: CNA Insurance
 Address: Lockbox Number 790094 1005 Convention Plaza
 City: St. Louis State: MO Zip: 63101 Phone #: 1-877-276-7507
 Policy #: 2099984416 Expiration Date: 3/17/2014

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: 5/30/13
 Print Name: Ramesh Izedian

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

City or Town: _____	Permit/License #: _____	<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
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____