

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date _____

2013 JUL 11 11:12 AM	FOR CITY CLERK'S OFFICE ONLY
	Date Recorded _____
	Amount Paid _____
CITY CLERK'S OFFICE SOMERVILLE, MA	

☒ 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 Name: Merry Inc. Phone: _____

Business DBA Name (if applicable): Sarma Restaurant

Address with Zip Code: 249 Pearl Street 02145

Tax Identification Number: 35-245-7562 Check one: ☐ SSN ☒ FEIN

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

Address with Zip Code: (P+R TRUST)

Property Owner Name: Richard Digiralamo Phone: 617 633 5231

Address with Zip Code: 424 Broadway Somerville MA 02145 or.
(247 Pearl reality, Somerville)

Emergency Contact 1: Gary Griffin Phone: 617 840 8093

Emergency Contact 2: Ana Sorun Phone: 617 281 7549

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: Ana Sorun (president) Cassandra Pivna (vp) Gary Griffin (treasurer)
Nat Pivna (secretary)

Address with Zip Code: 4 Puffer Lane Sudbury, MA 01776

Partner's/Member's/Secretary's Name: Cassie Pivna

Address with Zip Code: 356 Windsor St #1 Cambridge 02141

Partner's/Member's/Treasurer's Name: Gary Griffin

Address with Zip Code: 120 Winthrop Drive, Winthrop 02152

Name of company erecting sign: SRP Sign Corp.
Phone: 617-623-6222

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. _____
Sarma Restaurant
249 Pearl Street

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: 7/1/13
Print Name: Stuart Pitchel Phone: 617-623-6222

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Services Department recommends: X Approval Denial
This sign or awning is to be installed in a historic district: True X False
Signature: James Avello PSC Date: 7/11/13

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

(only required for signs or awnings in historic districts)

The Historic Preservation Commission recommends Approval Denial
Signature: _____ Date: _____

proposed signage

Client

Sarma

Project Name
pearl st, somerville

Revisions	Date

Drawn By
srp

Date
7/10/13

File Name

Work Order 71013

SRFSIGN
CORPORATION

73 Pleasant Street
Somerville, MA 02145
T 617 425-5222
F 617 425-5278
www.srfsign.com

1

All drawings are to be used for informational purposes only. The drawings are not to be used for construction purposes. The drawings are not to be used for construction purposes. The drawings are not to be used for construction purposes.



proposed signage

Client

Sarma

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pearl st, somerville

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srp

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File Name

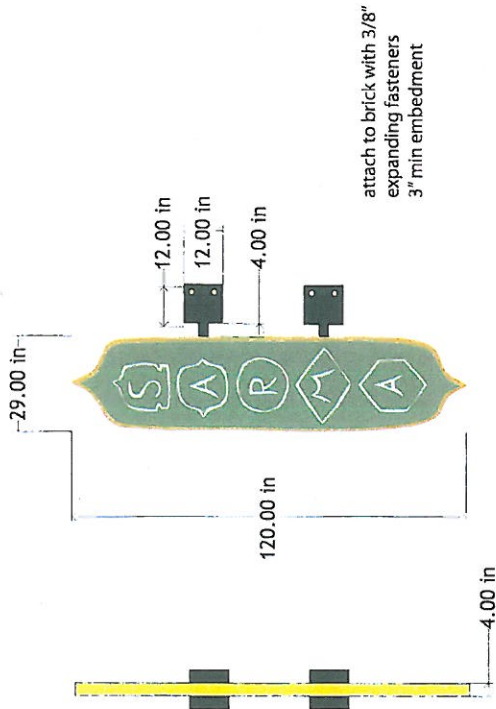
Work Order
71013

SRPSIGN
CORPORATION

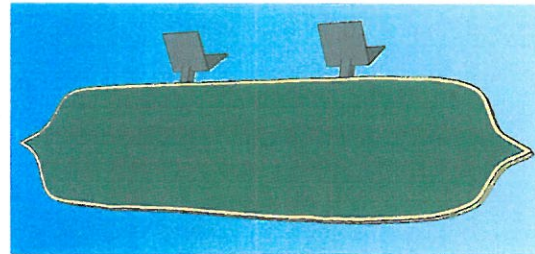
231 West Street, Suite 200
Somerville, MA 02144
Tel: 617.625.1000
Fax: 617.625.1001
www.srp-sign.com

2

All drawings are to be used as a guide only. The manufacturer of the sign is not responsible for the accuracy of the information provided. The sign is to be installed in accordance with the manufacturer's instructions.



attach to brick with 3/8"
expanding fasteners
3" min embedment



description:
fabricated aluminum sign
double-sided
painted finish
flat (surface) graphics

154.00 in



SARMA-1

OP ID: DD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/10/13

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).

PRODUCER Commercial Ins. Agency, Inc. 385 Concord Ave Suite 101 Belmont, MA 02478 Dorothy Fernsler daCruz		617-489-1700 617-484-1599	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):
INSURED Sarma C/O Oleana 134 Hampshire St Cambridge, MA 02139 Dorothy		INSURER(S) AFFORDING COVERAGE INSURER A: Hermitage Insurance Co. 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		HGL 569991-13	06/13/13	12/13/13	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$						
	MED EXP (Any one person) \$						
	PERSONAL & ADV INJURY \$						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ excluded
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

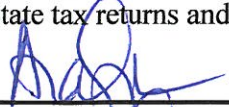
Restaurant located at 249 Pearl St. Somerville, MA 02145
City of Somerville is listed as additional insured.**CERTIFICATE HOLDER****CANCELLATION**

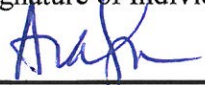
SOMERVI City Of Somerville City Hall 93 Highland Ave Somerville, MA 02143	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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**MASSACHUSETTS 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.

 - Memy Inc dba/SAFMA
*Signature of Individual or Corporate Name (Mandatory)

 president Memy Inc dba/SAFMA
By: Corporate Officer (Mandatory, if a corporation)

539 881915 / 35 245 7562
**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
Treasury Department
JOSEPH A. CURTATONE
MAYOR
CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: MERRY INC. ANA SORTUN / GARY GRIFFIN

BUSINESS LOCATION: Sarma restaurant - 249 Pearl Street Somerville AND/OR

TAXPAYER'S HOME ADDRESS: Ana Sortun - 4 Puffer Lane Sudbury, MA 01776

TAXPAYER/APPLICANT PHONE: DAY: 617 201 7549 EVENING: 617 661 0505

BUSINESS NAME: Sarma restaurant

BUSINESS ID NUMBER: 35-2457562 BUSINESS PHONE: none yet - cell # 617 201 7549

I (print name) Merry Inc (Ana Sortun), the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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 1st day of July,

20 13. [Signature] (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 7/10/13

TAXES AND ACCOUNT NUMBER(S)

**REAL ESTATE ID **WATER/SEWER ID **PERSONAL PROPERTY **OTHER

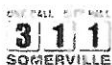
08319056 20600341 _____ _____

NOTES: 11892

CLERKS INITIALS: [Signature]

BUSINESS or BUILDING
PERMIT

ORIGINAL STAMP



RECEIVED

7/10/13

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: SRP Sign Corp.
Address: 236 Pearl Street
City: Somerville State: MA Zip: 02145 Phone #: 617-623-6222
☒ I am an employer with 5 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

Workers' compensation insurance information (if applicable):

Insurance Company Name: The Hartford
Address: 1 Hartford Plaza
City: Hartford State: CT Zip: 06155 Phone #: 866-467-8730
Policy #: 08WECNN4347 Expiration Date: 1/20/14

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: 2/1/13
Print Name: 617-623-6222

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



CERTIFICATE OF LIABILITY INSURANCE

OLEAN-1

OP ID: DD

DATE (MM/DD/YYYY)

07/11/13

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PRODUCER Commercial Ins. Agency, Inc. 385 Concord Ave Suite 101 Belmont, MA 02478 Dorothy Fernsler daCruz	617-489-1700	CONTACT NAME:	
	617-484-1599	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Zurich Insurance Company	
		INSURER B: PSM Insurance Companies	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

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

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			PPS 04982916	12/26/12	12/26/13	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Liquor			PPS 04982916	12/26/12	12/26/13	PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 1,000,000
							Liquor \$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			PPS 04982916	12/26/12	12/26/13	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 023797 12	12/26/12	12/26/13	WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

RE: Merry, Inc. d/b/a Sarma located at 249 Pearl St. Somerville, MA .
Attn: John Long jlong@somervillema.gov

CERTIFICATE HOLDER**CANCELLATION**

SOMERVI City Of Somerville Somerville, MA 02145	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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