



CITY OF SOMERVILLE
 Commonwealth of Massachusetts
 93 Highland Avenue
 Somerville, MA 02143
 (617) 625-6600

Application to Renew Drain Layer License

License #: BL15-001175
File #: 15-013621
Fee: 275

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: J. Masterson Construction Business Location: 46 Prince St. Danvers, MA 01923 Business Phone: 978-774-8782	
License Holder: Jeff Masterson	
Mailing Address: J. Masterson Construction Corp. 46 Prince Street Danvers MA 01923	
Business Type: Corporation John Masterson John Masterson Sharon Masterson	
FID: 042727060	
Emergency Contact: Jeff Masterson Phone: 978-774-8782	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)
 As you are aware, a drainlayer's license entitles an individual to make application for a permit to lay pipe and install appurtenances, with the proper approvals, in City Right-of-Ways, for the purpose of conveying sanitary waste water, surface and subsurface runoff, potable water, and to undertake other permitted and approved work within the limits of public ways and easements or which might have impact on systems that affect the public health & safety and the integrity of the City's Infrastructure.

The City of Somerville, through the DPW Engineering Department, is hereby issuing to each licensed drainlayer a new Permit Manual that explains and defines the City's standards for work in and around the City's Infrastructure. A digital copy of this manual can be found, and printed for your records, at <http://www.somervillema.gov/departments/dpw/engineering>. Each licensed Drainlayer shall be required to adhere to the rules and regulations set forth in this manual or risk losing his license as a Drainlayer in the City. **In addition, all utility work performed will require "as built" drawings (with ties) of the work, must be submitted to the Engineering Department within a week of its completion. No further permits will be issued until all "as-built" plans have been received and accepted by the Engineering Office.**

By accepting these conditions, you acknowledge receipt of this manual and agree to adhere to the rules and regulations set forth in this manual.

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true:
 -All information shown above is true and accurate.

2016 SEP 14 AM 11:58

CITY OF SOMERVILLE

SOMERVILLE • MASSACHUSETTS 02145

CITY CLERK'S OFFICE
SOMERVILLE, MA

DPW - ENGINEERING DEPARTMENT

1 FRANEY ROAD ~ 1ST FLOOR

PHONE: 617-625-6600 • FAX: 617-625-4454

Dear Licensed Drainlayers,

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By signing below, you acknowledge receipt of this manual and agree to adhere to the rules and regulations set forth in this manual. Permits will not be issued until this letter has been signed and returned to the DPW – Engineering Department.

The Engineering Department welcomes the opportunity to work with you and your company in 2015. Please feel free to contact this office if there are any questions.

Signed,

Somerville DPW – Engineering Department

I hereby certify that I am familiar with the rules and regulations set forth in the City of Somerville Permit Manual and I further attest that I will work in conformance with said rules and regulations.

Name: JEFF Masterson

Date: 9/14/16

Signature: 

Title: President

Company: J. Masterson Construction, Corp.

Continuation Certificate

The Hartford Insurance Group

Surety - License & Permit

The Hartford Fire Insurance Company, (hereinafter called the Company),
 hereby continues in force its Bond No. 08BSBGQ3873
 in the sum of Ten Thousand (\$10,000.00) Dollars
 on behalf of J. Masterson Construction Corporation
 46 Prince Street, Danvers, MA 01923
 in favor of City of Somerville
 for the (extended) term beginning on September 8, 2016 and ending on September 8, 2017.
 subject to all the covenants and conditions of said Bond, said Bond and this and all continuations thereof being one
 continuous contract.

This Continuation is executed upon the express condition that the Company's liability under said Bond
 and this and all continuations thereof shall not be cumulative and shall in no event exceed the sum of
 Ten Thousand (\$10,000.00) Dollars.

IN WITNESS THEREOF, the Company has caused this instrument to be signed by its officers proper
 for the purpose and its corporate seal to be hereto affixed on June 12, 2016.

Hartford Fire Insurance Company

By: Joelle L. LaPierre
 Joelle L LaPierre, Attorney in Fact



Attest:

Shelby Wiggins

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, Mass. 02114
www.mass.gov/dia

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: J. Masterson Construction
Address: 46 Prince Street
City: Danvers State: MA Zip: 01923 Phone #: 978-774-8782

- I am an employer with 65 employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type:** Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other Site + utility Construction

Workers' compensation insurance information (if applicable):

Insurance Company Name: Arbella Mutual Insurance Co.
Address: PO Box 55392
City: Boston State: MA Zip: 02205 Phone #: 1-800-272-3552
Policy #: 8500064510 Expiration Date: 7/1/17

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: Christine Capachietti Date: 9-13-16
Print Name: Christine Capachietti

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)

