



CITY OF SOMERVILLE, MASSACHUSETTS

CITY CLERK'S OFFICE

JOSEPH A. CURTATONE

MAYOR

JOHN J. LONG

City Clerk

August 2, 2011

To Whom It May Concern:

Aguacate Verde has requested a Sign/Awning Permit, for a sign and awning at 13 Elm Street.

The appropriate documents are at City Hall awaiting approval by the Board of Aldermen at a future date. The Signatures below will indicate interim approval by the Board of Aldermen.

Sincerely,

John J. Long
City Clerk

Approved by President:

President Rebekah L. Gewirtz

Approved by Committee on Licenses and Permits:

Chairman Dennis M. Sullivan

Approved by Ward Alderman:

Alderman Sean T. O'Donovan



APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date 6/7/11

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 7/25/11Amount Paid 250-CITY CLERK'S OFFICE
SOMERVILLE, MA

2011 JUL 25 P 3

☒ New Sign, Awning or Advertising Device☐ New Facing on an Existing Frame☐ Renewing Existing Sign, Awning or Advertising Device Permit for a New OwnerBusiness Name: AWACATE VERDE Phone: 617-233-1372

Business DBA Name (if applicable): _____

Address with Zip Code: 13 ELM ST SOMERVILLE MA 02143Tax Identification Number: 27-4347871 Check one: ☐ SSN ☒ FEINMailing Name (where we should send correspondence to): 419 NORFOLK ST 1BAddress with Zip Code: SOMERVILLE MA 02143Property Owner Name: KOSTAS KARAGATZ Phone: 781-983-6398Address with Zip Code: 54 BROMFIELD RD SOMERVILLE MA 02144Emergency Contact 1: SILVIA DE LA SOTA Phone: 617-233-1372

Emergency Contact 2: _____ Phone: _____

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: SILVIA DE LA SOTAAddress with Zip Code: 419 NORFOLK ST 1B SOMERVILLE MA 02144

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

Name of company erecting sign: Cambridge Repro-Graphics
Phone: 617-623-2838

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

Awning

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: 6/7/11
Print Name: SILVIA De LA SOTA Phone: 617 233 1372

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Services Department recommends: ☒ Approval ☐ Denial

This sign or awning is to be installed in a historic district: ☐ True ☒ False

Signature: Albert Bagnard Date: 7-25-11

☒ HISTORIC PRESERVATION COMMISSION RECOMMENDATION: (only required for signs or awnings in historic districts)

The Historic Preservation Commission recommends

Signature: Theresa Chase ☐ Approval ☐ Denial
Date: 7/25/11

Not Historic



CERTIFICATE OF LIABILITY INSURANCE

AGUAC-1

OP ID: JD

DATE (MM/DD/YYYY)

07/14/11

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
Savage Insurance Agency
1305 Cambridge Street
Cambridge, MA 02139

617-868-8780
617-868-3062

CONTACT NAME:

PHONE (A/C, No, Ext):

E-MAIL ADDRESS:

FAX (A/C, No):

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Norfolk & Dedham Group

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Aguacate Verde LLC
13 Elm Street
Somerville, MA 02143

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	ADDITIONAL INSURER	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		R1168029A	05/17/11	05/17/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	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 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WE114257A	05/17/11	05/17/12	WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
							PROPERTY 10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The certificate holder is listed as additional insured for the general liability.

CERTIFICATE HOLDER

CANCELLATION

CITYS-1

City of Somerville
City Clerk
Attn: John Long
93 Highland Ave
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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Aguacate Verde

13 Elm St., Somerville

Awnings & Signage Renovation

June 21, 2011 Bid Set



Drawing List

Sheet Number	Sheet Name
A0	Cover
A0.1	Project Directory and Schedules
A1	Storefront Plan
A2.1	South Elevation
A2.2	Corner Elevation
A2.3	East Elevation
A3.1	Awning AW-1 Section
A3.2	Awning AW-3 Section
A3.3	Awning AW-1 Section
A4.1	Graphics

LOCATION MAP



Cover

AGUACATE VERDE

13 ELM ST.
SOMERVILLE MA

JOB #: 1112
SCALE: 1/4" = 1'-0"
DATE: 06-21-11
DWN BY: Author
CROSS REF:

A0

DEREK RUBINOFF ARCHITECT
11 Westwood Avenue, Somerville, MA 02145
617.625.1112
d.rubinoff@rubinoffarchitect.com

PROJECT DIRECTORY

ARCHITECT:

Derek Rubinoff, Architect
11 Sherwood St. #2
Roslindale, MA 02131-3729
CONTACT: Derek Rubinoff, AIA, LEED AP
MOBILE: (617) 504-2599
EMAIL: drubinoff@derek Rubinoff.com

FACILITATOR:

Mayor's Office of Strategic Planning
& Community Development
City of Somerville
93 Highland Avenue
Somerville, MA 02143
CONTACT: David Guzman
PHONE: (617) 625-6600 x.2546
EMAIL: DGuzman@somervillema.gov

TENANT:

AQUACATE VERDE, LLC
13 Elm St.
Somerville, MA, 02143
CONTACT: Silvia Angelica De La Sota
PHONE: (617) 233-1372
EMAIL: asilviadelasota@hotmail.com

CODE SUMMARY

APPLICABLE CODES

BOSTON, MASSACHUSETTS

1. BUILDING

780 CMR: MASSACHUSETTS STATE
BUILDING CODE, 8TH EDITION

DESCRIPTION

CODE REFERENCE

REQUIREMENT

PROPOSED

GENERAL

CONSTRUCTION TYPE

TABLE 601

TYPE 5A

NO. STORIES

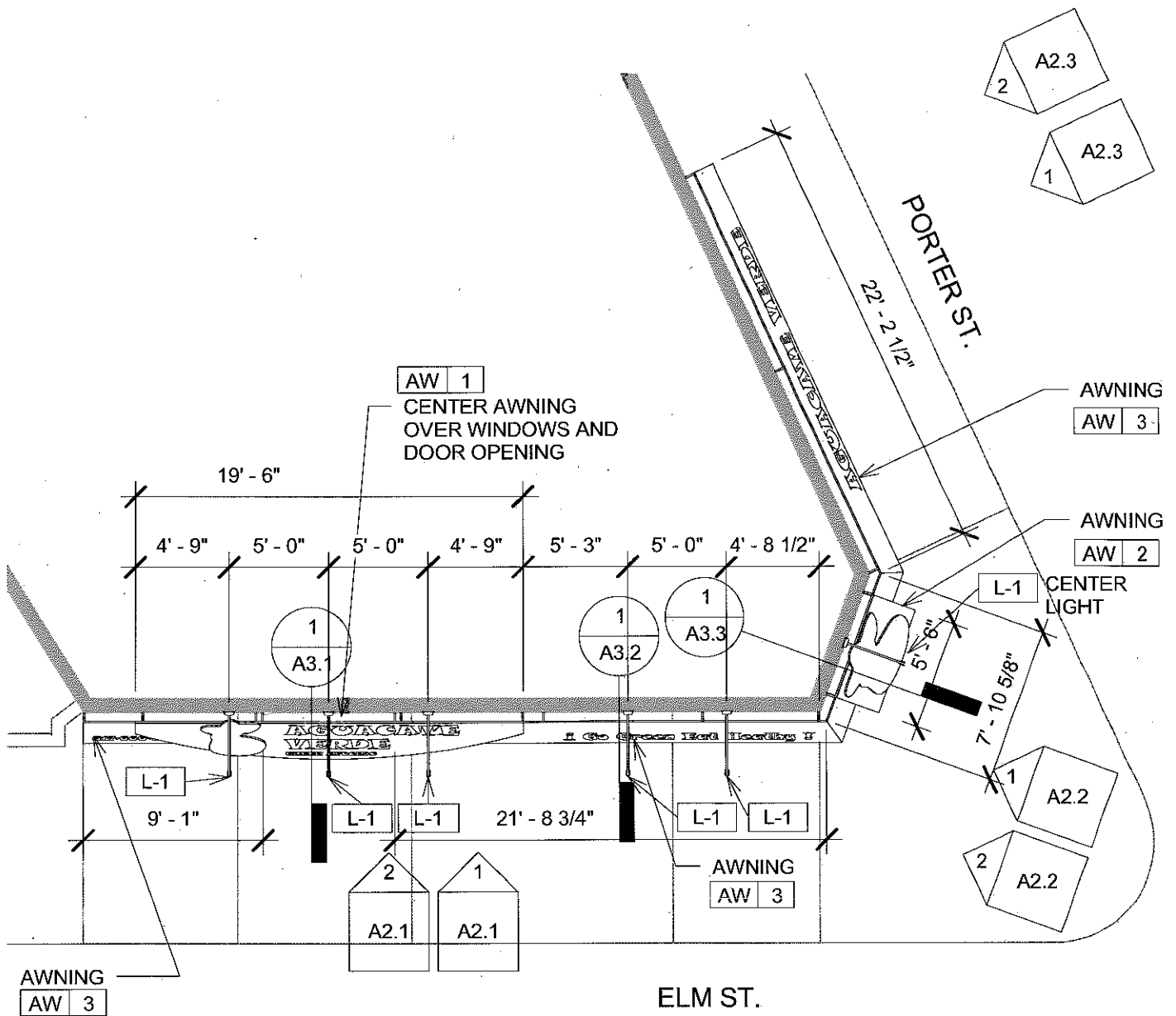
1 (EXISTING)

Finish Schedule

Key Name	Description	Manufacturer	Color	Finish	Comments
AW-1	Awning	Sunbrella	Terracotta 4622		
AW-2	Awning	Sunbrella	Terracotta 4622		
AW-3	Awning	Sunbrella	Ginko 4685		
PT-1	Paint	Benjamin Moore	124 Orange Appeal		Exterior Grade Latex
PT-2	Paint	Benjamin Moore	077 Fiery Opal		Exterior Grade Latex

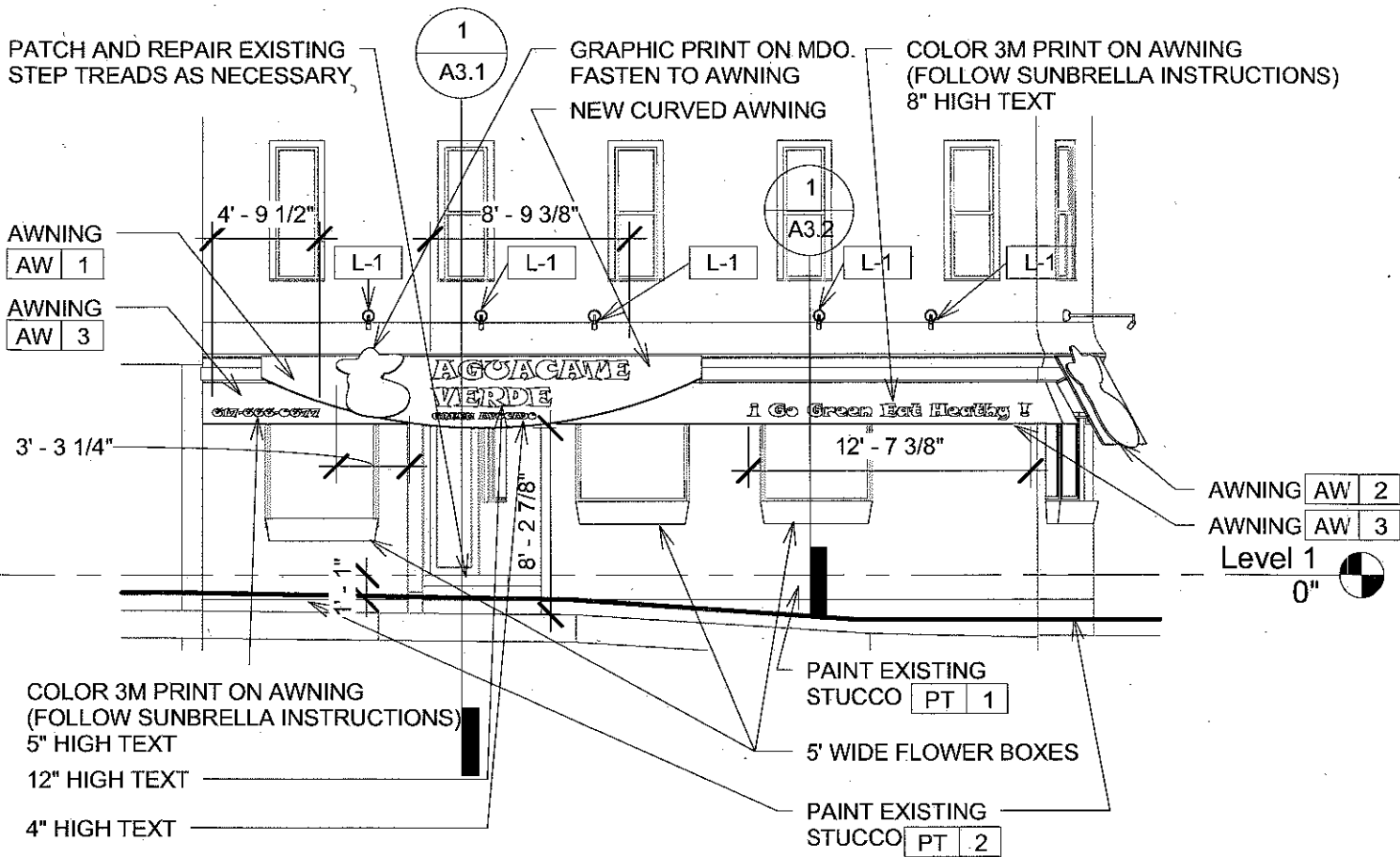
Lighting Fixture Schedule

Type Mark	Count	Description	Manufacturer	Model	Lamp	Wattage	Type Comments
L-1	6	Sign Light	Alfa or equal	S413M-WHT	12V MR16		Include timer, conceal conduit, provide power from panel

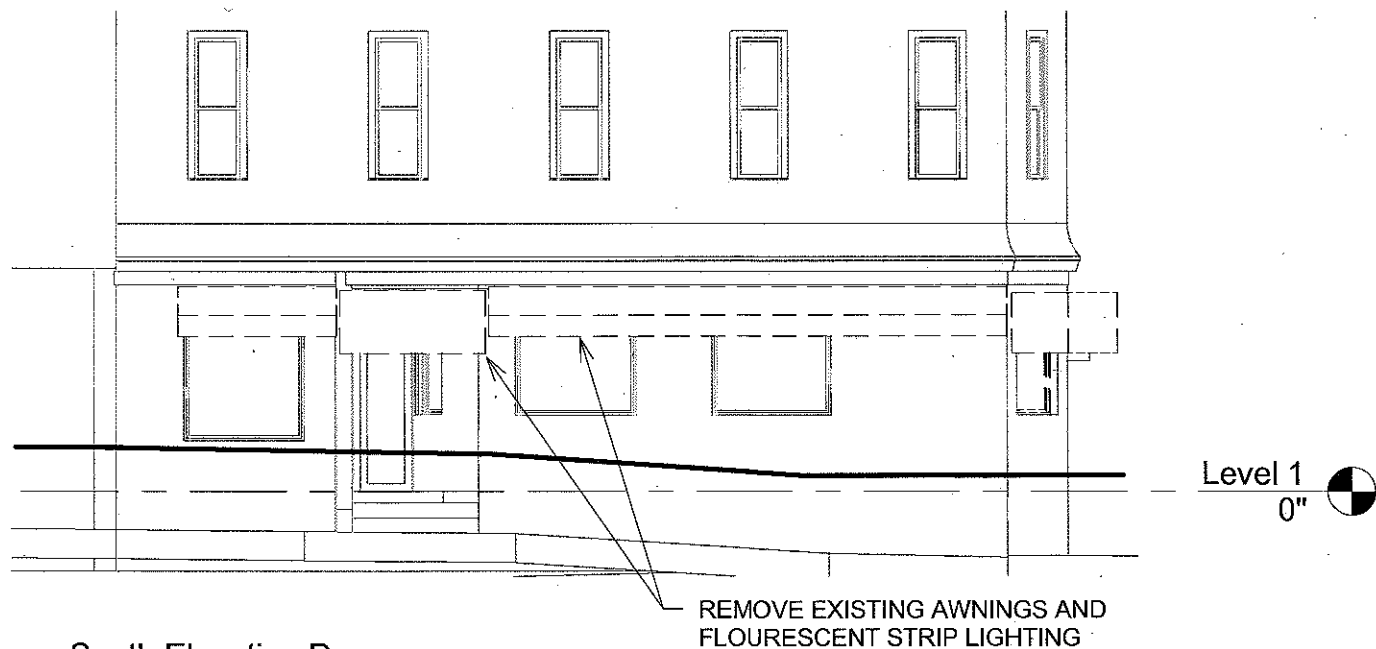


① Plan
1/8" = 1'-0"

<div>DEREK RUBINOFF ARCHITECT</div> <div>11 BROAD ST., 3RD FLOOR</div> <div>BOSTON, MA 02108</div> <div>TEL: 617.552.1112</div> <div>FAX: 617.552.1113</div> <div>WWW.DRARCHITECT.COM</div>	<div>Storefront Plan</div> <div>AGUACATE VERDE</div> <div>13 ELM ST.</div> <div>SOMERVILLE MA</div>	<div>JOB #:</div> <div>1112</div>	<div>A1</div>
		<div>SCALE:</div> <div>1/8" = 1'-0"</div>	
		<div>DATE:</div> <div>06-21-11</div>	
		<div>DWN BY:</div> <div>Author</div>	
		<div>CROSS REF:</div> <div></div>	

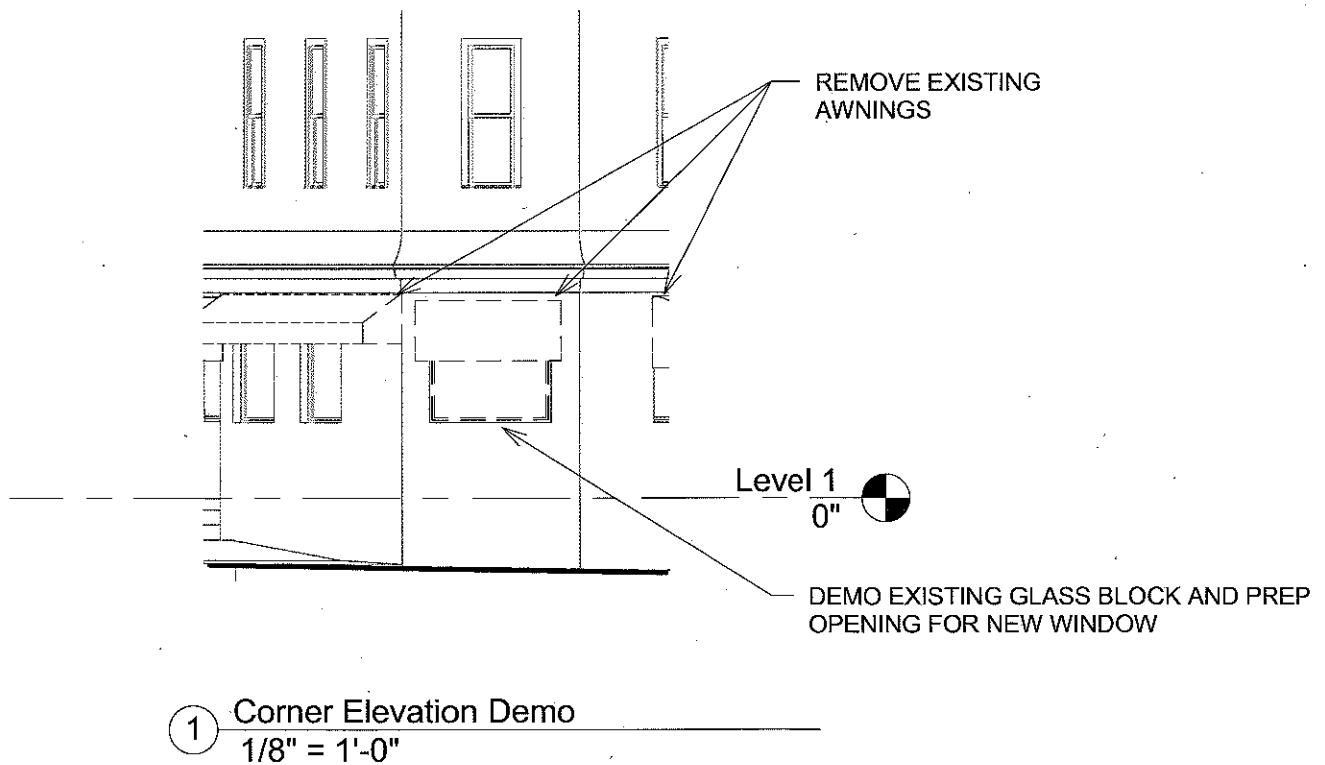
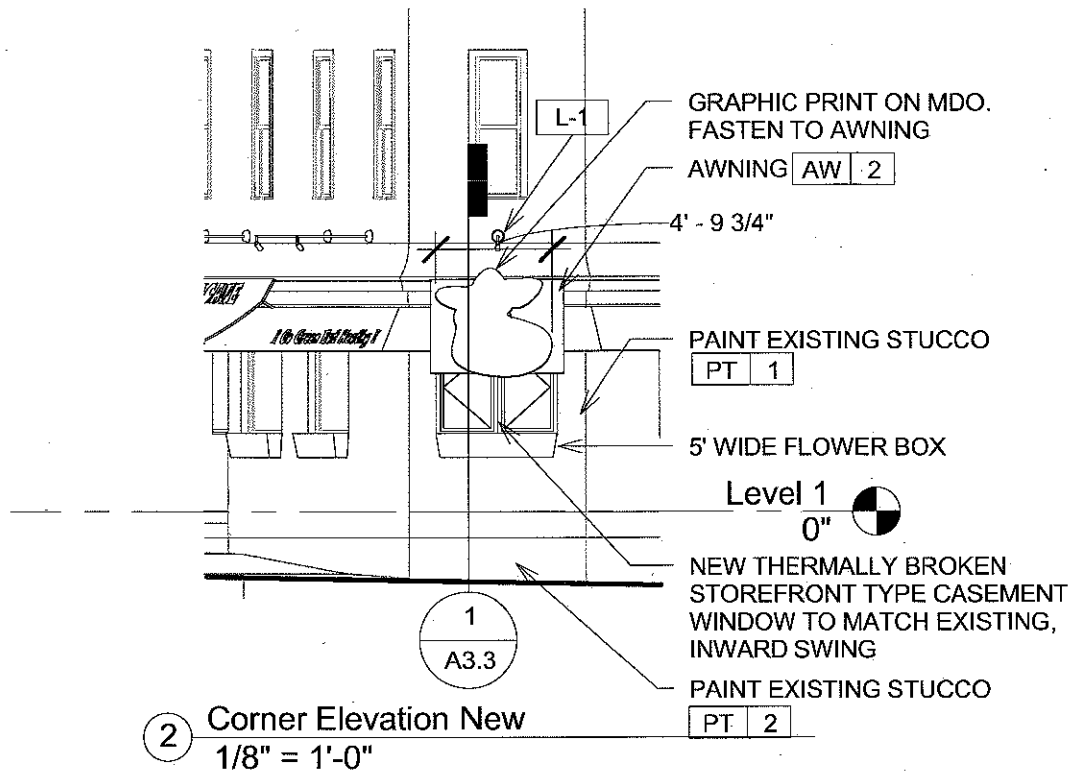


② South Elevation New
1/8" = 1'-0"

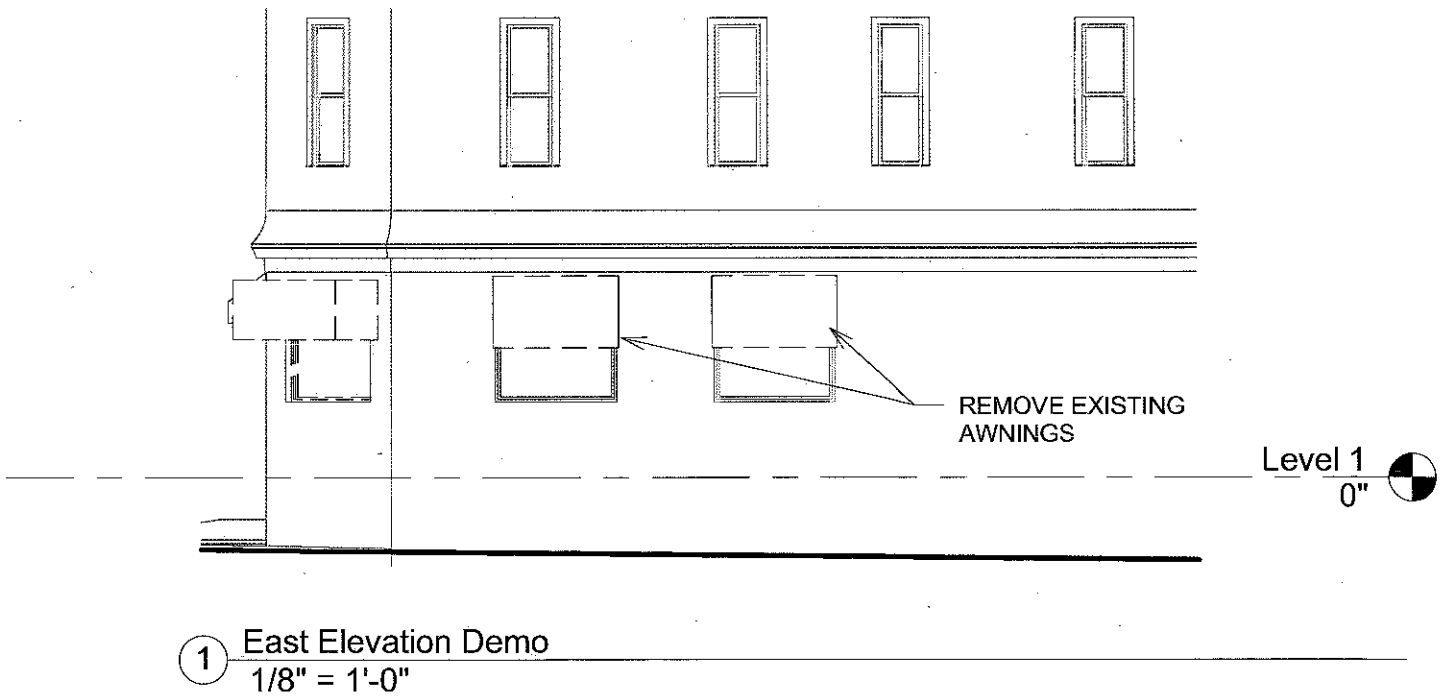
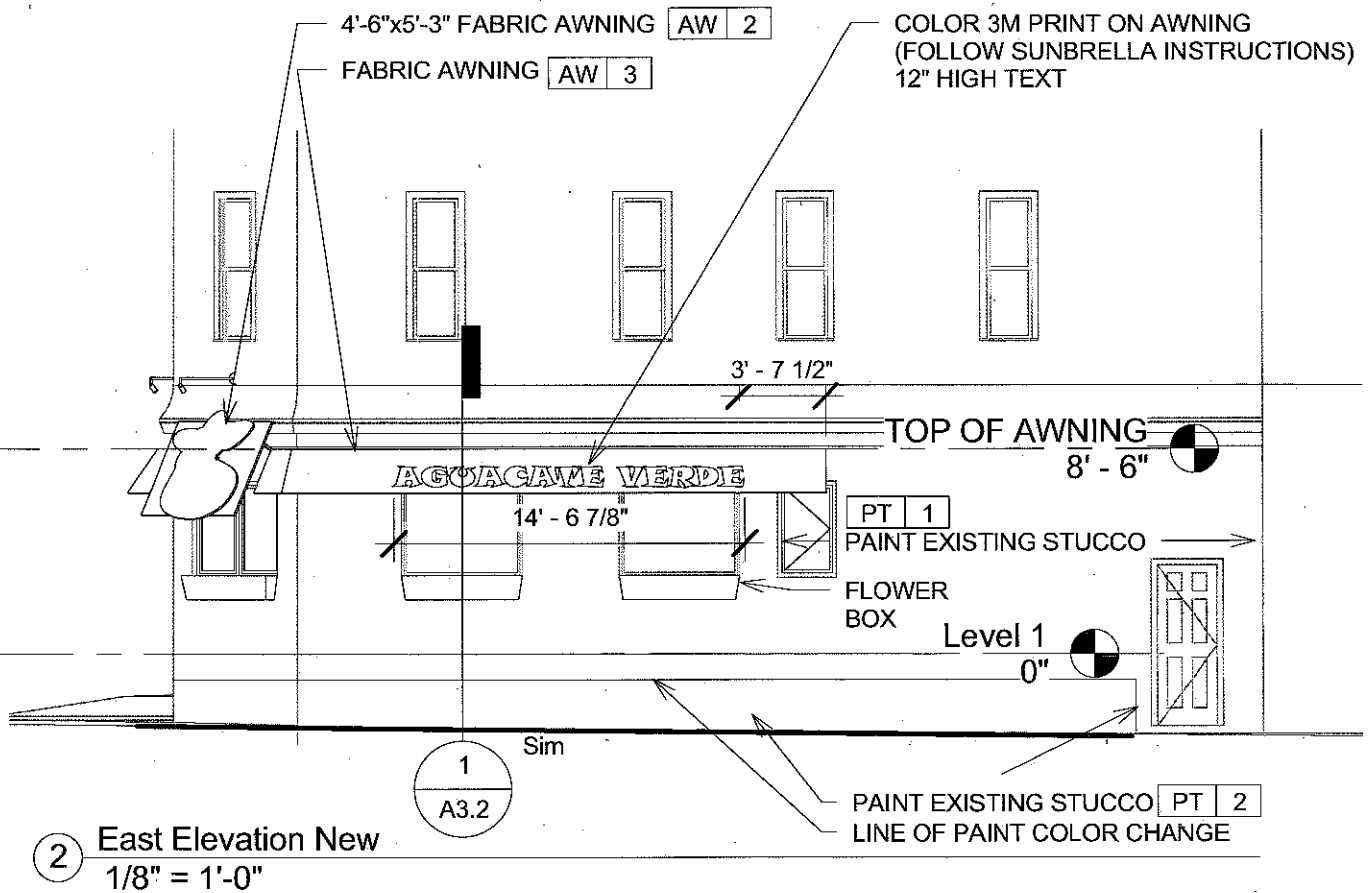


① South Elevation Demo
1/8" = 1'-0"

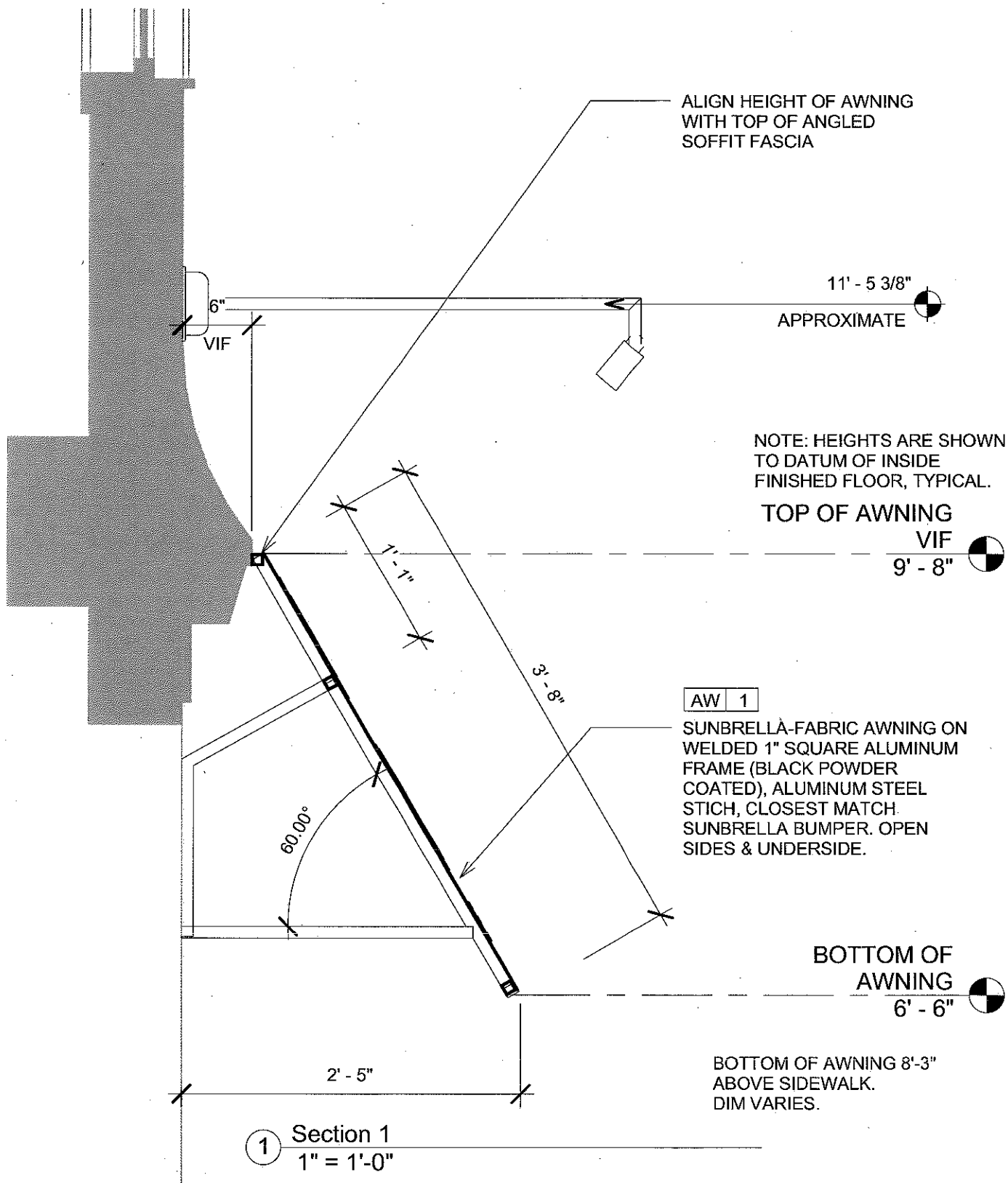
DEREK RUBINOFF ARCHITECT 11 Elm St., Somerville, MA 02143 617.625.1111 www.derek-rubinoff.com	South Elevation AGUACATE VERDE 13 ELM ST. SOMERVILLE MA	JOB #: 1112 SCALE: 1/8" = 1'-0" DATE: 06-21-11 DWN BY: Author CROSS REF:	A2.1
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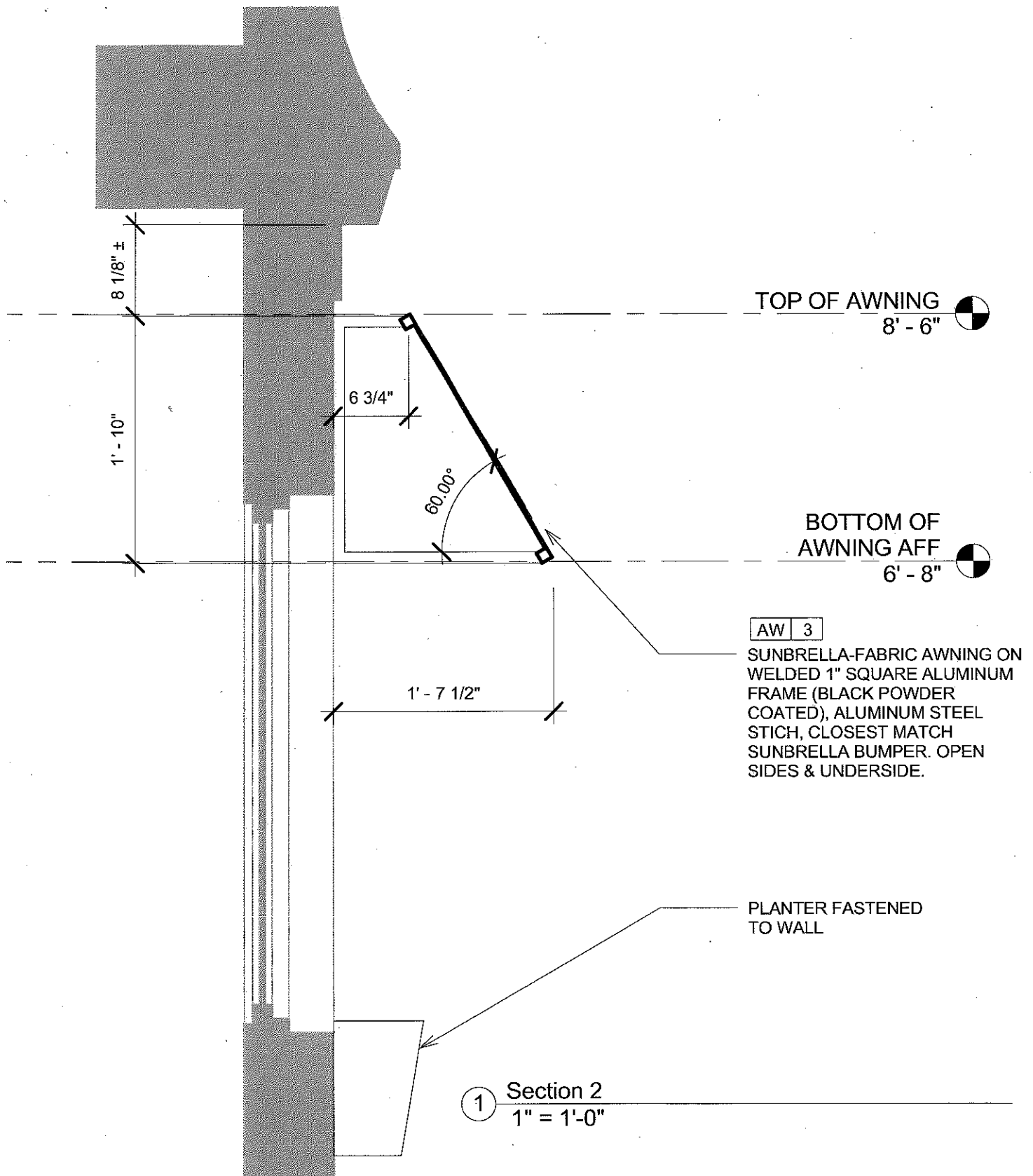
<div>DEREK RUBINOFF ARCHITECT</div> <div>112 REVIT CENTRAL 424-441-1000 d.rubinoff@rubinoffarchitect.com</div>	Corner Elevation		<div>A2.2</div>	
	AGUACATE VERDE	JOB #:		1112
	13 ELM ST.	SCALE:		1/8" = 1'-0"
	SOMERVILLE MA	DATE:		06-21-11
		DWN BY:		-
		CROSS REF:		-



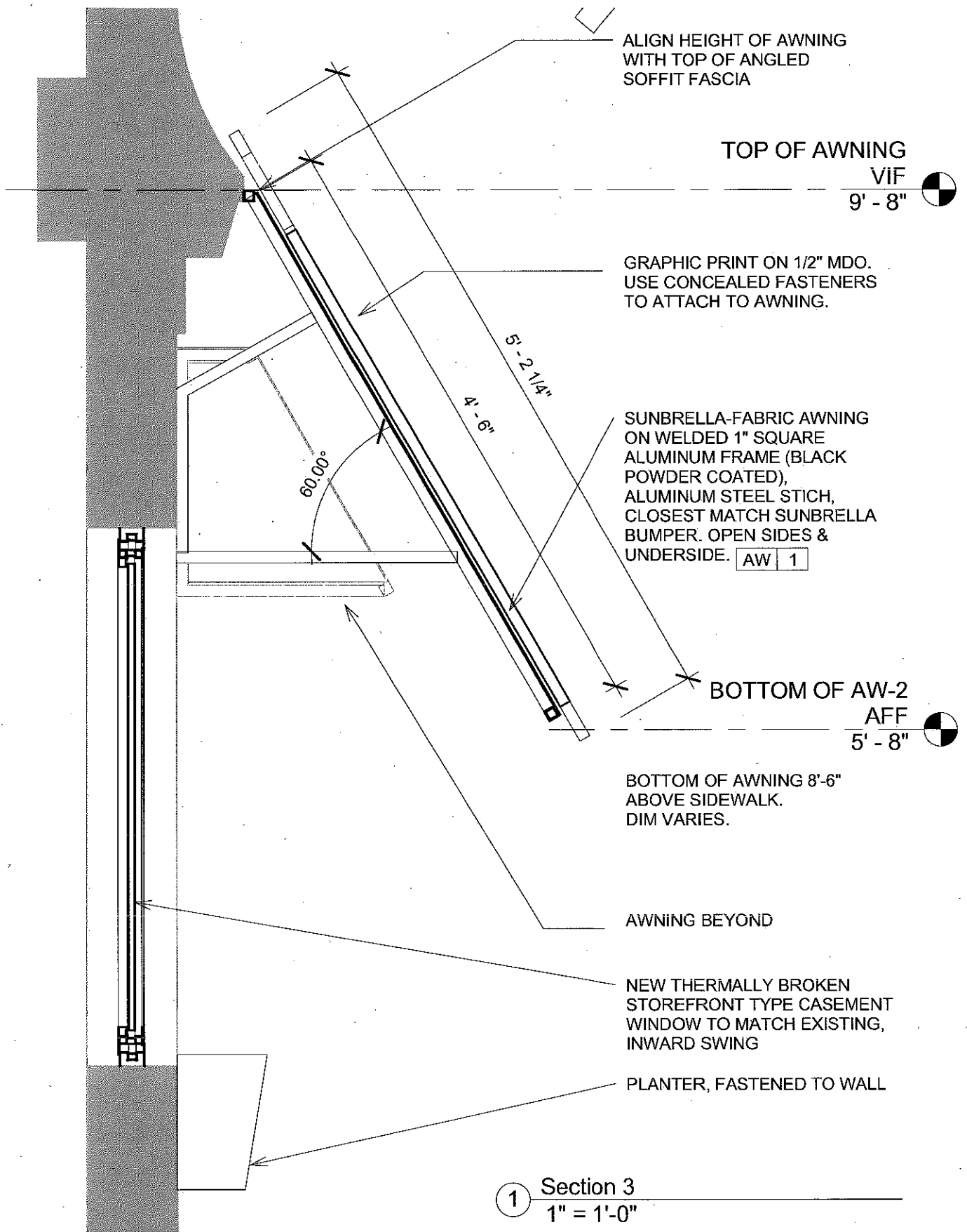
DEREK RUBINOFF ARCHITECT <small>111 Elm St., Somerville, MA 02143-2020 617.625.0000 d@drubioff.com</small>	East Elevation AGUCATE VERDE 13 ELM ST. SOMERVILLE MA	JOB #: 1112 SCALE: 1/8" = 1'-0" DATE: 06-21-11 DWN BY: Author CROSS REF:	A2.3
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DEREK RUBINOFF ARCHITECT <small>1112 Elm St., Somerville, MA 02145 617.625.1234 d.rubinoff@rubinoffarchitect.com</small>	Awning AW-1 Section AGUACATE VERDE 13 ELM ST. SOMERVILLE MA	JOB #: 1112 SCALE: 1" = 1'-0" DATE: 06-21-11 DWN BY: Author CROSS REF:	A3.1
--	--	--	-------------



<div>DEREK RUBINOFF ARCHITECT</div> <div>11 Elm St. Somerville, MA 02144</div> <div>617-625-1100</div> <div>d.rubinoff@rubinoffarchitect.com</div>	Awning AW-3 Section		A3.2
	AGUACATE VERDE	JOB #: 1112	
	13 ELM ST.	SCALE: 1" = 1'-0"	
	SOMERVILLE MA	DATE: 08-21-11	
		DWN BY: Author	
		CROSS REF:	



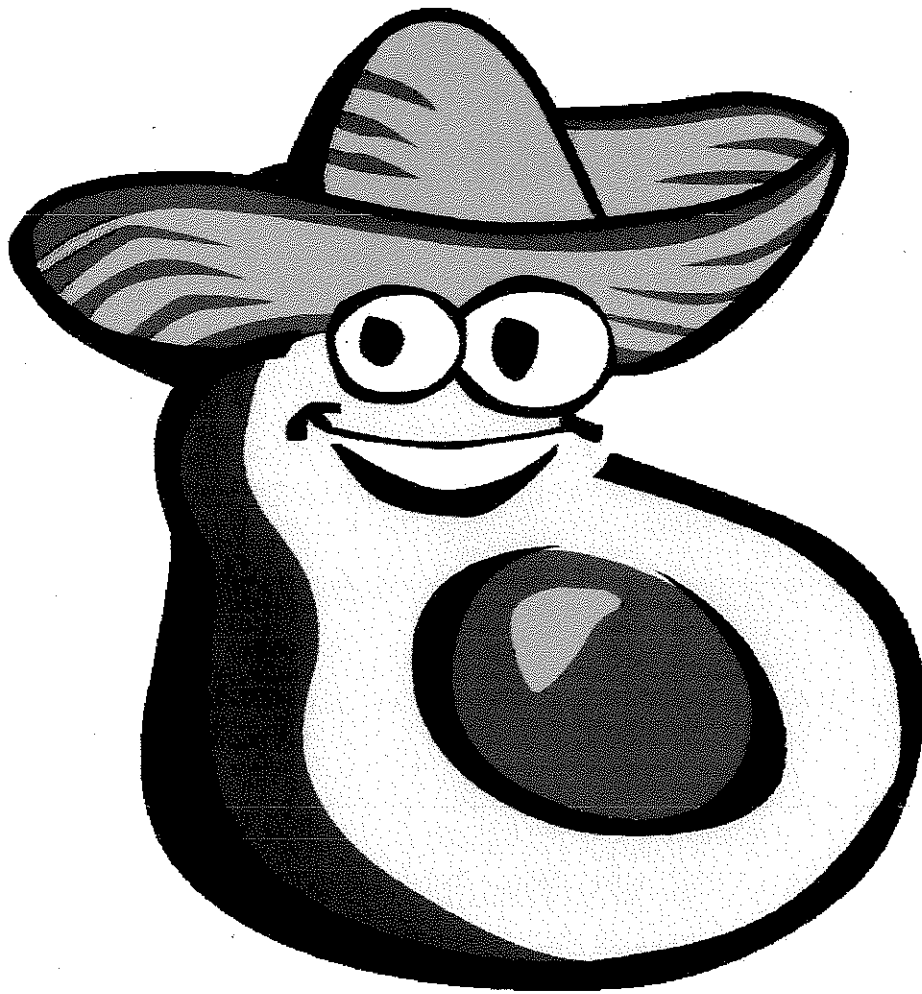
Awning AW-1 Section

AGUACATE VERDE

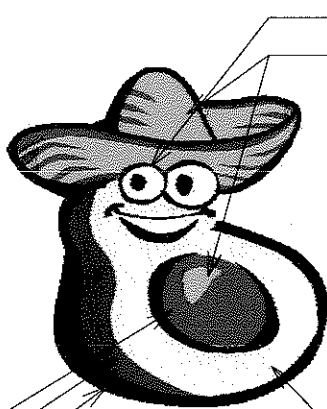
13 ELM ST.
SOMERVILLE MA

JOB #:	1112
SCALE:	1" = 1'-0"
DATE:	06-21-11
DWN BY:	Author
CROSS REF:	

A3.3



ICON FOR AWNINGS:
MDO FABRICATED ICON WITH BLACK EDGE, VINYL GRAPHICS (360 DPI vinyl
digital outdoor-grade print with protective UV overlaminate),



WHITE

HIGHLIGHT/HAT: PANTONE 143 C

**AGUACATE
VERDE
GREEN AVOCADO**

Typeface: Snap ITC

EDGE: PANTONE BLACK C

SIDE: PANTONE 7743 C

SIDE: PANTONE 379 C

TUMMY/HAT STRIPE: PANTONE 1675 C

LETTER FILL: PANTONE 7743 C

BORDER: PANTONE 379 C

**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.

AGUACATE VERDE LLC

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

27-4347871

**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

Elizabeth A. Craveiro
CMMC/Treasurer

WARNING: TREASURY WILL NEED UP TO FIVE (5) BUSINESS DAYS TO PROCESS THIS FORM

CERTIFICATE OF GOOD STANDING

1. Name of person requesting certificate: SILVIA DE LA SOTA
PLEASE PRINT
2. Business Location: 13 ELM ST SOMERVILLE
- AND/OR
3. Taxpayer's Home Address: 419 NORFOLK ST #103 SOMERVILLE
Phone: Day 617 233 1372 Evening 617 233 1372
4. Business Owner's Home Address: THE SAME
Business Owner's Phone: Day _____ Evening: _____
5. Business I.D. Number: 27 4347871 (FEIN)

I, SILVIA DE LA SOTA, the undersigned Taxpayer, do
Taxpayer Print Name

hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid and/or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

(Business/Real Estate Owner's Signature)

PRINT Business/Real Estate Owners Name

Date of Issuance: _____ Includes Postings Through _____

Tax and Account Number(s) Included in Certificate:

RE 18525184 Water/Sewer 239021001 Personal Property _____ Other _____

CLERK'S INITIALS: UB

PLEASE CHECK ONE: ☒ Business Permit OR ☐ Building Permit

CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE, MASSACHUSETTS 02143

(617) 625-6600 EXT. 3500 • TTY: (617) 666-0001 • FAX: (617) 666-9682

EMAIL: treasury@somervillema.gov • www.somervillema.gov



RECEIVED

Bureau

7-12-11

ONE CALL CITY HALL
311
SOMERVILLE

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: AGUACATE VERDE
Address: 13 ELM ST
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617 233 1372

- ☒ I am an employer with 4 employees (full and/or part time). Business Type: ☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____
- ☐ 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.

Workers' compensation insurance information (if applicable):

Insurance Company Name: NORFOLK & DEDHAM MUTUAL FIRE 1960
Address: 222 AMES STREET,
City: DEDHAM MASS State: MASS Zip: 01922 Phone #: _____
Policy #: WE11 42578 Expiration Date: 5/17/12

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.

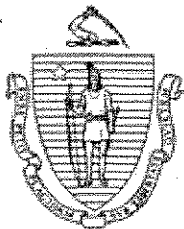
Signature: [Signature] Date: 6/9/11
Print Name: SILVIA DELASOTA

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 _____



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

Print Form

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

Name (Business/Organization/Individual): Cambridge Repro-Graphics

Address: 21 McGrath Highway

City/State/Zip: Somerville, MA 02143

Phone #: 617-623-2838

Are you an employer? Check the appropriate box:

- | | |
|---|--|
| <p>1. <input checked="" type="checkbox"/> I am an employer with 11 employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.]†</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡</p> <p>5. <input type="checkbox"/> 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.]</p> |
|---|--|

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 Signs/Awnings

*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 attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

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

Insurance Company Name: Arbella Protection Agency

Policy # or Self-ins. Lic. #: IEUB8335N29-9-09

Expiration Date: 07/29/11

Job Site Address: 100 Cambridge Park Drive

City/State/Zip: Cambridge, MA

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: 07/22/11

Phone #: 617-623-2838

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 #: _____