

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

2012 MAR 16 P 12:32

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 3/19/12

Amount Paid \$250

Date

CITY CLERK'S OFFICE

New Sign, Awning or Advertising Device

New Facing on an Existing Frame

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

Applicant's Legal Name: Mystic Valley Wheelworks, Inc. Phone: 617-489-3577

Applicant's Address (with Zip Code): 480 TRAPELO RD BELMONT, MA

Applicant's Email Address: CLINT@WHEELWORKS.COM

Applicant's Federal Employer Identification Number: 01-2686186

Business DBA Name (if applicable): ACE Wheelworks

Business Location (with Zip Code): 145 Elm St. Somerville

Mailing Name (where we should send correspondence to): 480 TRAPELO RD, BELMONT, MA

Mailing Address (with Zip Code): CLINTON PLACE 02478

Emergency Contact: TASON PLACE Phone: 781-883-5753

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: _____

Address with Zip Code: _____

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: SRP Sign Corp.
Phone: 617-623-6222

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

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: _____ Date: _____
Print Name: _____ Phone: _____

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION: 405.F OK

The Inspectional Services Department recommends: Approval Denial
This sign or awning is to be installed in a historic district: True False
Signature: *Al Brown* Date: 3-15-12

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

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

exterior signage

WHEELWORKS

Project Name
somerville signage

Revisions	Date

Drawn By
SRP
Date
3/4/13
File Name

Work Order **31413**

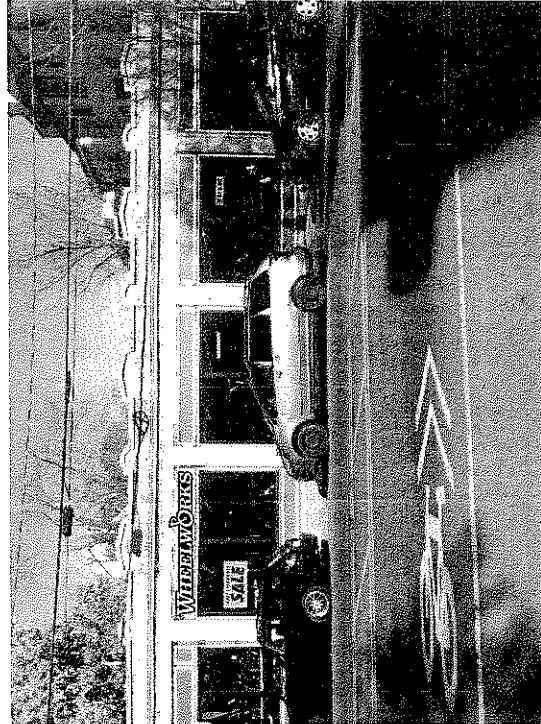
SRPSIGN
CORPORATION

2100 Westwood
Somerville, MA 01923
Tel: 617.889.0300
www.srp-sign.com

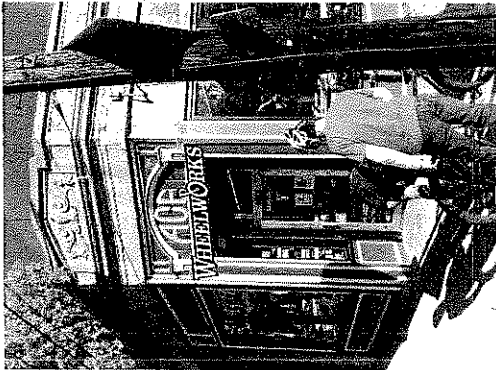
SRP SIGN CORPORATION
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without the express written permission of SRP SIGN CORPORATION.
1



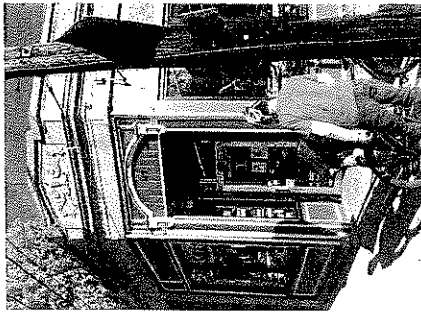
proposed



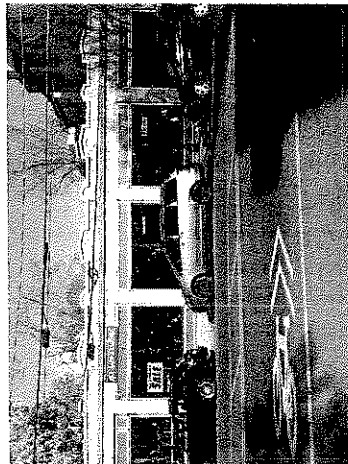
proposed



proposed



existing



existing

exterior signage

Client



Project Name
someville signage

Revisions	Date

Drawn By

SFP

Date

3/14/13

File Name

Work Order 31413

SRPSIGN
CORPORATION

21110111
Salem, OR 97301
503-726-1232
FAX: 503-726-1233
www.srp-sign.com

SRP SIGN CORPORATION
2

155.00 in

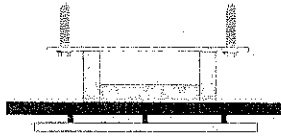
28.00 in
WHEELWORKS

Elm Street sign

stud mount to wall



Entrance sign



1/2" thick acrylic letters
mount to 3/4" MDF backer
1/2" spacers
heights vary

77.00 in

14.00 in
WHEELWORKS

Entrance sign

exterior signage

Client



Project Name
sommerville signage

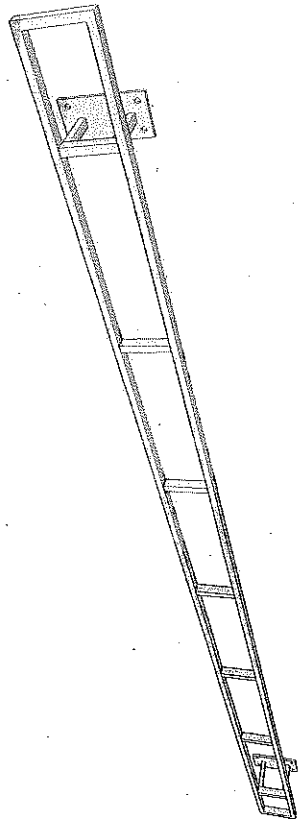
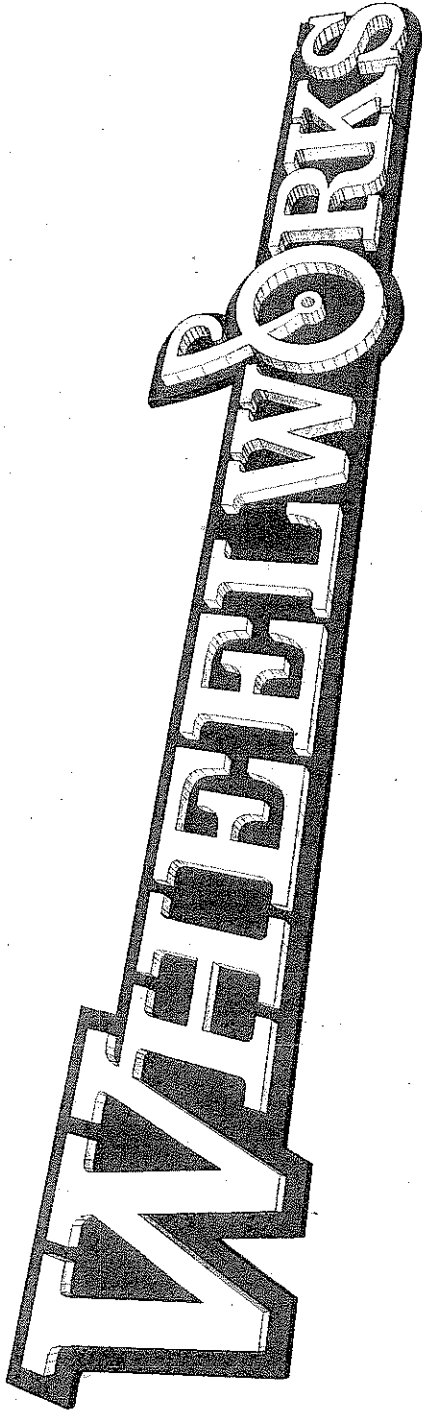
Revisions	Date

Drawn By
STP
Date
3/14/13
File Name

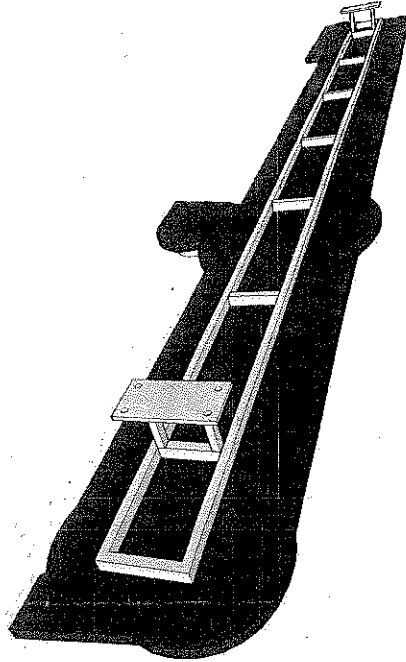
Work Order 31413



22650 Somerville Rd
Somerville, MA 01923
Tel: 978-686-1111
Fax: 978-686-1112
www.srfsign.com



frame



back of sign with frame



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/16/12

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. 30 Church Street Belmont, MA 02478 Betsy Pridham	617-489-1700	CONTACT NAME:	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Mystic Valley Wheel Works, Inc & WheelWorks Realty Trust etal 480 Trapelo Road Belmont, MA 02478		INSURER A : Travelers Insurance Company	
		INSURER B : Massachusetts Retail Merchants	
		INSURER C : Endurance American Specialty	
		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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	APO 00000009700	03/01/12	03/01/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 2,500 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS		BA6869B961	03/01/12	03/01/13	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	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	014001066755112	01/01/12	01/01/13	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 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) The certificate holder is named as additional insured with respect to the general liability as required by contract.					

CERTIFICATE HOLDER

City of Somerville
Somerville City Hall
93 Highland Avenue
Somerville, MA 02143

CANCELLATION

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

Betsy Pridham

**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.

Muske Valley Wheel Works, Inc.

*Signature of Individual or Corporate Name (Mandatory)

R. L. P. P. P.

By: Corporate Officer (Mandatory, if a corporation)

04-2686196

**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 HALL
Wheelwopks

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: _____

PLEASE PRINT

2. Address of work: 149 145 Elm Street

AND/OR

3. Taxpayer's Home Address: _____

Phone: Day _____ Evening _____

4. Business Owner's Home Address: _____

Business Owner's Phone: Day _____ Evening: _____

5. Business I.D. Number: _____

I, _____, 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:

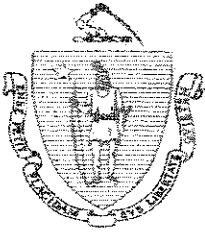
RE 19634155 Water/Sewer 31303500 Personal Property 42/2 Other _____

CLERK'S INITIALS: 4901 ce

PLEASE CHECK ONE: _____ Business Permit OR _____ Building Permit

RECEIVED
4-3-13





The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: ACE WHEELWORKS

address:

city: state: zip: phone #

work site location (full address):

- I am a sole proprietor and have no one working in any capacity. **Business Type:** Retail Restaurant/Bar/Eating Establishment Office Sales (including Real Estate, Autos etc.)
- I am an employer with _____ employees (full & part time). Other

I am an employer providing workers' compensation for my employees working on this job.

company name:

address: SEE ATTACHED.

city: phone #:

insurance co. policy #

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:

address:

city: phone #:

insurance co. policy #

company name:

address:

city: phone #:

insurance co. policy #

Attach additional sheet if necessary

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 _____ Date _____

Print name _____ Phone # _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____

check if immediate response is required

- Building Department
- Licensing Board
- Selectmen's Office
- Health Department
- Other _____

contact person: _____ phone #: _____

(revised Sept. 2003)



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