



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

2015 APR 15 A 11:57

CITY CLERK'S OFFICE  
 SOMERVILLE, MA

**Application to Renew Drain Layer License**

**C.J. DOHERTY INC**  
**173 WOBURN ST**  
**MEDFORD MA 02155**

**License #:** BL15-000669  
**File #:** 15-552  
**Fee:** 250

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)
<b>Business/DBA Name:</b> C.J. DOHERTY INC <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 781-395-5400	
<b>License Holder:</b> C.J. DOHERTY INC 173 WOBURN ST MEDFORD MA 02155	41 Locust St Medford, ma 02155
<b>Mailing Address:</b> C.J. DOHERTY INC 173 WOBURN ST MEDFORD MA 02155	41 Locust St Medford ma 02155
<b>Business Type:</b> Corporation CHARLES DOHERTY SR. CHARLES DOHERTY MARY ELLEN DOHERTY	
<b>FID:</b> 042640572	
<b>Emergency Contact:</b> CHUCK DOHERTY <b>Phone:</b> 617-967-5392	

**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.

I hereby certify under the penalties of perjury that the following is true:

- All information shown above is true and accurate.
- Any changes above are subject to the approval of the BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: X Charles J. Doherty Date: MARCH-24-15

Printed Name: CHARLES J. DOHERTY Phone: 617 967 5392

# CITY OF SOMERVILLE

SOMERVILLE • MASSACHUSETTS 02145

DPW - ENGINEERING DEPARTMENT

1 FRANEY ROAD ~ 1<sup>ST</sup> FLOOR

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

January 2015

Dear Licensed Drainlayers,

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.

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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: Charles J. Doherty Date: 3/18/15  
Signature: Charles J. Doherty Title: President/owner  
Company: C.J. Doherty, Inc.

DES MOINES OFFICE  
2100 FLEUR DRIVE  
DES MOINES, IOWA 50321-1158  
(800) 678-8171  
FAX (515) 243-3854



AUSTIN OFFICE  
P.O. BOX 26720  
AUSTIN, TEXAS 78755-0720  
(800) 252-9656  
FAX (512) 343-8363

### CONTINUATION CERTIFICATE

Duplicate Original

(to be filed with the obligee)

<u>MA 1431</u>	<u>10,000</u>	<u>DRAIN LAYER-RIGHT WY</u>
BOND NO.	AMOUNT	DESCRIPTION
OBLIGEE <u>CITY OF SOMERVILLE</u>		

THE MERCHANTS BONDING COMPANY (MUTUAL), Des Moines, Iowa, hereby continues in force Bond for  
PRINCIPAL C.J. DOHERTY, INC.

DBA \_\_\_\_\_

All liability under this Continuation Certificate is effective 04/02/15 and terminates midnight 04/02/16

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 in the aggregate the largest single amount named in the Bond, the endorsement attached thereto, or any continuation certificate.

Witness the signature of its President under the corporate seal on 02/01/15

Attest:

William Warner Jr.  
Secretary



MERCHANTS BONDING COMPANY (MUTUAL)

Larry Taylor  
President

#### CERTIFICATION

I hereby certify that the following is a true and correct copy of Section 1(b) and Section 1(d) of Article VI of the Bylaws of Merchants Bonding Company (Mutual) duly adopted and recorded to-wit: Section 1(b) "The President, Secretary, or Treasurer or any Assistant Treasurer or any Assistant Secretary shall have power and authority to execute on behalf of the Company and attach the seal of the Company thereto, bonds and undertaking, recognizances, contracts of indemnity and other writings obligatory in the nature thereof," and Section 1(d) "The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

I further certify that the following are duly elected officers of the Company: Larry Taylor, President; and William Warner, Jr., Secretary.

IN TESTIMONY WHEREOF, I have hereunto set my hand as President and affix the Corporate Seal of the MERCHANTS BONDING COMPANY (MUTUAL) this 1ST day of FEBRUARY, 2015

Attest:

William Warner Jr.  
Secretary



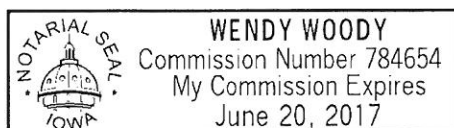
MERCHANTS BONDING COMPANY (MUTUAL)

Larry Taylor  
President

On this 1ST day of FEBRUARY, 2015 before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of the MERCHANTS BONDING COMPANY (MUTUAL), the corporation described in the foregoing instrument, and that the Seal affixed to the said instrument is the Corporate Seal of the said Corporation and that the said instrument was signed and sealed in behalf of said Corporation by authority of its Board of Directors.

Witnessed to and subscribed by me on 02/01/15

Wendy Woody  
Notary Public, Polk County Iowa



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: C.J. Doherty Inc

Address: 41 Cocest St

City: Medford State: Ma Zip: 02155 Phone #: 781-395-5400

- I am an employer with 10 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: Acadia

Address: P.O. Box 9010

City: Westbrook ME State: ME Zip: 04098-0110 Phone #: \_\_\_\_\_

Policy #: WCHA-501-4051 Expiration Date: 10/1/14 - 10/1/15

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: Wendy Ellen Doherty Date: 3/18/15

Print Name: Wendy Ellen Doherty

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

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

- Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_