

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 3.15.11

FOR CITY CLERK'S OFFICE

Date Recorded

Amount Paid

\$250.00

2011 MAR 23 P 4:09
CITY CLERK'S OFFICE
SOMERVILLE, MA

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name:

D'ALLESSANDRO CORP.

Applicant's Address (with Zip Code):

41 Ledin Dr. P.O. Box 245

Applicant's Email Address:

Avon MA 02322-0245

508-559-6400 Fax 508-559-6432

Applicant's Federal Employer Identification Number:

04 2958565

Business DBA Name (if applicable):

Business Location (with Zip Code):

Avon MA 02322

Mailing Name (where we should send correspondence to):

AS ABOVE

Mailing Address (with Zip Code):

AS ABOVE

Emergency Contact:

T.J. Shea, Prog Mgr

Phone: 617 413 2908 Cell

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:

Attach a Drain Layers Bond in the amount of \$10,000.

- J.N.F. 12 Bond GB7111
with City

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 license. This license 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: 3-15-11

Print Name: _____

Jon D'Alessandro
President

Phone: 508 559 6400 X14

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: ☐ Approved ☐ Denied

Signature _____

Date _____

Drain-Layer's Bond**Bond # GB7111***Know all Men by these Presents,*

That we, (name and address) D'Allessandro Corp., 41 Ledin Drive, P.O. Box 245, Avon, MA 02322 phone: 508-559-6400
in the Commonwealth of Massachusetts, as Principal, and (name) Contractors Bonding and Insurance Company
as Surety, are held and firmly bound unto the City of Somerville, a municipal corporation within said Commonwealth, in
the sum of Ten Thousand Dollars, to be paid to the said City, its successors or assigns, for which payment to be well and
truly made, we bind ourselves and each of us, our heirs, executors, administrators, successors, and assigns, jointly and
severally, firmly by these presents.

Whereas the said Principal has this day been granted a license as a drain-layer by the Board of Aldermen of said City, according to the provisions of a certain ordinance of said City relating to sewers, and whereas a bond is required to be given by him as such drain-layer, according to the following provisions of said ordinance, to wit: Every person licensed as provided in the preceding section shall, before performing any work authorized thereby, execute an agreement or bond, in the sum of Ten Thousand Dollars, with one or more sureties, satisfactory to the Board of Aldermen, that he will properly make the openings into all common sewers opened by him; that he will construct or repair the drains to be connected by him with the common sewers or with other drains in a thorough and workmanlike manner; that he will leave no material or obstruction of any description in the sewer which he may open, or in any drain leading into any sewer; that he will properly close up the excavation, and restore the earth and pavement taken up, and regrade and repave the street, and put it in good and proper condition, and remove all superfluous material, all to the satisfaction of the street commissioner; and if he fail so to do, or if at any time within one year from the date of the completion of any drain the surface of the street shall settle or otherwise become unsafe for public travel, then the street commissioner shall repave and regrade the street at the expense of the said drain-layer, and within five days thereafter deliver a bill of the same to the city auditor for collection, and said drain-layer shall immediately pay the same, and he shall not be entitled to receive another permit until the said bill and all other bills of expense incurred by the City on account of his negligence or default shall be paid in full; also, that he will cause a sufficient fence to be placed so as to enclose the excavation and the earth, stone and other material which may be put into the street, and that he will maintain such fence during the whole time such excavation, earth or other material may obstruct the street, and will cause a sufficient number of lighted lanterns to be maintained in suitable places over such excavation, earth, material, and fence, from the beginning of twilight every evening and through every night during the time such obstruction in the street may exist; and, further that he will comply with the ordinances which may be at any time in force in relation to sewers, drains and streets, and with such orders and regulations as the Board of Aldermen have adopted, or may from time to time adopt, for the government of persons licensed to construct or repair private drains, or open or dig in the street for that purpose; and that he will indemnify and save harmless the City from all damages, costs and expenses which it may incur or sustain, by reason of any and all injuries resulting to anyone in person or property, from the neglect or carelessness of himself or his servants in opening, closing, making or repairing any sewer or drain, in performing work connected therewith, or in properly fencing, or in lighting by night, any excavation or obstruction caused or made by him or his servants, or which the City may incur or sustain in any other manner by reason of the excavation or construction of any sewer or drain by him or his servants or agents, or any work or acts performed or done by him or them connected therewith.

Now, therefore, the condition of this obligation is such that if the said Principal shall well and truly perform each and all of the provisions and terms of said ordinance above set forth and on his part to be performed, then this obligation shall be void; otherwise it shall remain in full force and virtue.

In witness whereof we hereunto set our hands and seals this 23rd day of June, 2005 in the presence of:

For the Principal (Affix Seal and Attach Certificate of Corporate Authority): D'Allessandro Corp.

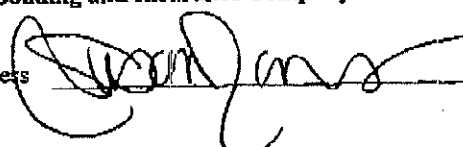
Signature _____

Witness _____

For the Surety (Affix Seal and Attach Power of Attorney): Contractors Bonding and Insurance Company

Signature _____

Witness _____


Carl L. Traina, Attorney-in-Fact

CThomas

From: Susan Jones [sjones@tonry.com]
Sent: Wednesday, May 19, 2010 9:50 AM
To: CThomas@dallesandro.com
Subject: Somerville, MA - GB7111



Somerville.PDF (243
KB)

Hi Carolyn,

Attached is a copy of the Somerville Drainlayer Bond GB7111 that was issued back on June 23, 2005. We have renewed this bond every year since then as well. The bond form is continuous until cancelled and there is no need for continuation certificates.

As you requested, we renewed the \$10,000 drainlayer bond for the new term:
June 23, 2010 to June 23, 2011.
I will mail you the renewal invoice today.

Susan Jones
Albert J. Tonry & Co., Inc.
300 Congress St.
Quincy MA 02169
617-773-9200 ext. 222
Fax: 617-773-9920
sjones@tonry.com
www.tonry.com

**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.

D'ALLESSANDRO CORP.

41 Ledin Dr. P.O. Box 245

Avon MA 02322-0245

508-559-6400 Fax 508-559-6432

*Signature of Individual or Corporate Name (Mandatory)



Jon D'Allessandro
President

By: Corporate Officer (Mandatory, if a corporation)

042958565

**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.

*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: D'ALLESSANDRO CORP.
Address: 41 Ledin Dr. P.O. Box 245
Avon MA 02322-0245
City: _____ State: _____ Zip: _____ Phone #: 508-559-6400 Fax 508-559-6432

- ☒ I am an employer with 80 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 CONSTRUCTION

Workers' compensation insurance information (if applicable):

Insurance Company Name: Chartis
Address: 175 WATER ST
City: New York State: NY Zip: 10038 Phone #: _____
Policy #: WC 001-59-1325 Expiration Date: 4-1-11

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: _____ Date: 3-15-11

Print Name: Jon D'Allessandro
President

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 _____