



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

2015 OCT 21 A 10:23

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**Application to Renew Drain Layer License**

**NELM CORP**  
**5 PARK AVE**  
**CARVER MA 02330**

**License #:** BL15-000679  
**File #:** 15-562  
**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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES:</b> (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> NELM CORP <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 508-866-2133	
<b>License Holder:</b> NELM CORP 5 PARK AVE CARVER MA 02330	
<b>Mailing Address:</b> NELM CORP 5 PARK AVE CARVER MA 02330	
<b>Business Type:</b> Corporation	
<b>FID:</b> 273040632	
<b>Emergency Contact:</b> RAYMOND DELMONICO <b>Phone:</b> 508-866-2133	

**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.

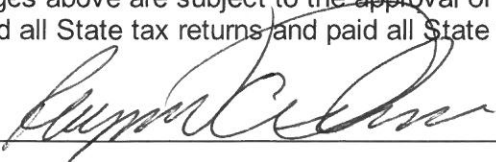
I hereby certify under the penalties of perjury that the following is true:

-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:



Date:

10/21/2015

Printed Name:

Raymond C. Delmonico

Phone:

617 594 1102



# Western Surety Company

## CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 71005197 briefly described as DRAINLAYER CITY OF SOMERVILLE,  
for NELM CORP.,  
as Principal,  
in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning October 03, 2015, and ending October 03, 2016, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 27 day of July, 2015.



WESTERN SURETY COMPANY

By

*Paul T. Bruhat*

Paul T. Bruhat, Vice President

**THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.**

**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: NELM Corp  
Address: 5 Park Ave  
City: Camden State: MA Zip: 02330 Phone #: 508 866 2133

☐ I am an employer with \_\_\_\_\_ 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 General Contractor

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: MF Borhek Ins Ag  
Address: 311 Plymouth St  
City: Halifax State: MA Zip: 02330 Phone #: 781 293 6331  
Policy #: WC 3764900 Expiration Date: 6/30/2016

**Applicant certification:** Peerless Ins.

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: Raymond C. Delmonico Date: 10/21/2015

Print Name: Raymond C. Delmonico

**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 \_\_\_\_\_