

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date May 19, 2010

2010 MAY 26 P 2:28

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	5/20/10
Amount Paid	\$250-

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

Business Name: D'Allessandro Corp. Phone: 508 559 6400

Business DBA Name (if applicable):

Address with Zip Code: 41 Ledin Dr Avon MA 02322

Tax Identification Number: Check one: SSN FEIN

Mailing Name (where we should send correspondence to): 41 Ledin Dr. PO Box 245

Address with Zip Code: Avon MA 02322

Property Owner Name: Phone:

Address with Zip Code:

Emergency Contact 1: Carolyn Thomas Phone: 508 559 6400

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: Jon D'Allessandro

Address with Zip Code: 41 Ledin Dr. Avon MA 02322

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

Address with Zip Code:

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

Address with Zip Code:

✓

Attach a Drain Layers Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

**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: 5-19-2010

Print Name: Jon D'Allessandro President Phone: \_\_\_\_\_

**FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:**

**ENGINEERING DEPARTMENT RECOMMENDATION:**

The Engineering Department recommends that the application be:  Approved  Denied

Signature: \_\_\_\_\_ Date: 5-21-10

D'Allessandro Corp for  
City of Cambridge Job  
for 1 Catch basin on Prentiss St  
TMP was submitted and it has  
not been signed yet by T.S. in TMP

CThomas

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From: Susan Jones [sjones@tonry.com]  
Sent: Wednesday, May 19, 2010 9:50 AM  
To: CThomas@dallessandro.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

# 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.

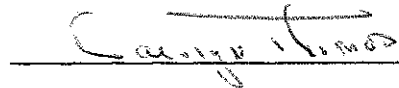
In witness whereof we hereunto set our hands and seals this 23rd day of June, 2005 in the presence of:

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

Signature

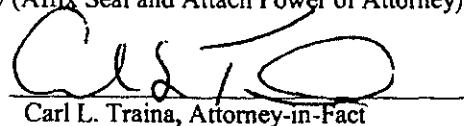


Witness



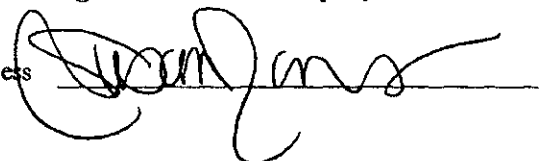
For the Surety (Affix Seal and Attach Power of Attorney): Contractors Bonding and Insurance Company

Signature



Carl L. Traina, Attorney-in-Fact

Witness





# LIMITED POWER OF ATTORNEY

Not Valid for Bonds

Power of Attorney

Executed On or After: JUNE 30TH, 2006

Number: 971682

### READ CAREFULLY - to be used only with the bond specified herein

Only an unaltered original of this Power of Attorney document is valid. A valid original of this document is printed on gray security paper with black and red ink and bears the seal of Contractors Bonding and Insurance Company (the "Company"). The original document contains a watermark with the letters "cbic" embedded in the paper rather than printed upon it. The watermark appears in the blank space beneath the words "Limited Power of Attorney" at the top of the document and is visible when the document is held to the light. This document is valid solely in connection with the execution and delivery of the bond bearing the number indicated below, and provided also that the bond is of the type indicated below. This document is valid only if the bond is executed on or before the date indicated above.

KNOW ALL MEN BY THESE PRESENTS, that the Company does hereby make, constitute and appoint the following: CARL L. TRAINA, LOUIS A. TONRY, JR. and TODD D. CHRISMAN its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver on behalf of the Company: (1) any and all bonds and undertakings of suretyship given for any purpose, provided, however, that no such person shall be authorized to execute and deliver any bond or undertaking that shall obligate the Company for any portion of the penal sum thereof in excess of \$10,000,000, and provided, further, that no Attorney-in-Fact shall have the authority to issue a bid or proposal bond for any project where, if a contract is awarded, any bond or undertaking would be required with penal sum in excess of \$10,000,000; and (2) consents, releases and other similar documents required by an obligee under a contract bonded by the Company. This appointment is made under the authority of the Board of Directors of the Company.

## CERTIFICATE

I, the undersigned secretary of Contractors Bonding and Insurance Company, a Washington corporation, DO HEREBY CERTIFY that this Power of Attorney remains in full force and effect and has not been revoked, and, furthermore, that the resolutions of the Board of Directors set forth on the reverse are now in full force and effect.

Bond Number GB7111

Signed and sealed this 23rd day of June, 2005

Not Valid  
Unless Seal  
Affixed

  
R. Kirk Eland, Secretary

CBIC • 1213 Valley Street • P.O. Box 9271 • Seattle, WA 98109-0271  
(206) 622-7053 • (800) 765-CBIC (Toll Free) • (800) 950-1558 (FAX)

PoaLPOA.07-US051104

**CERTIFICATE OF CORPORATE AUTHORITY**

I, Jon D'Allessandro, Clerk of D'Allessandro Corp hereby certify that, at a meeting of the Board of Directors of said Corporation duly held on the 1-2-2010 day of \_\_\_\_\_, at which a quorum was present and voting throughout, the following vote was duly passed and is now in full force and effect:

VOTED: That Jon D'Allessandro be and hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and other obligations of the Corporation, the execution of any such contract, bond or obligation by such Jon D'Allessandro to be valid and binding upon this Corporation for all purposes. This vote remains in full force and effect, and has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that Jon D'Allessandro is the duly elected President of said Corporation.

Signed [Signature]  
Clerk or Secretary  
Place of Business Avon MA  
Date 5-19-2010

AFFIX CORPORATE SEAL HERE

In the event that the Clerk or Secretary is the same person as the Officer authorized to sign that contract, bond or other instrument for the Corporation, this certificate must be countersigned by another Officer of the Corporation.

Countersigned Caryn Thomas, CFO  
Name & Title of Countersigning Officer CARYN THOMAS, CFO

Frost St Sewer Separation

# Permit Application

## Crane, Boom Truck and/or Pump Truck

**City of Cambridge**

Department of Public Works

147 Hampshire Street

Cambridge, MA 02139

Phone: (617) 349-4800

Permit Fee: \$200.00 per day

Permit #: \_\_\_\_\_

Project Location: <u>Oxford St @ Prentiss St</u>	Contractor Name: <u>D'ALLESSANDRO CORP.</u>
Nearest Intersection: _____	Address: <u>41 Ledn Dr. P.O. Box 245</u>
Requested Start Date: <u>5/24/10</u>	City: <u>Avon MA 02322-0245</u>
Requested End Date: <u>5/28/10</u>	Phone: _____
Requested Work Hours: <u>7A-4P</u>	Contact Person: <u>T.V. Shea</u>
Space Required (check all that apply):	Emergency Phone (24 Hour Access): <u>617 413 2908</u>
Parking Lane <input type="checkbox"/> Sidewalk <input type="checkbox"/> Travel Lane <input checked="" type="checkbox"/>	If applicant is a sub-contractor, name of primary contractor: _____
Obstruction Size: 20 ft <input type="checkbox"/> 30 ft <input type="checkbox"/> 40 ft <input checked="" type="checkbox"/>	
Other: _____	

Crane Company Name: <u>South Shore Crane</u>	Crane, Boom, Boom Lift or Pump Truck Description: (Weight, Height, Width, etc.)
Crane Company Address: <u>785 Washington St</u>	
<u>South Easton, MA</u>	<u>75 T Hydraulic Crane</u>
Crane Company Telephone: <u>508 238 2022</u>	

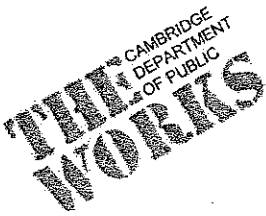
**Conditions**

If crane, boom or pump truck will be occupying an area with metered parking, a Traffic & Parking Department permit is also necessary. Permit Number: \_\_\_\_\_

A construction management safety plan is required. Failure to comply with MUTCD compliant work zone will result in the project being shut down. Pedestrian, bicycle and vehicular traffic must be protected at all times. Pedestrian ramps, hydrants, and curbs must remain unobstructed at all times. 72 hour advance notification is required to users if utilities are interrupted. Contractor hereby certifies that its use of the crane in connection with this permit will comply with all federal, state and local laws, including those related to safety. Contractor hereby certifies that it has insurance, on which the City is a named additional insured, in an amount not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate for personal injuries or property damage that are caused by its use of the crane permitted by this permit. This permit requires a \$5,000 surety bond. If an inspection is required for weekend work, the contractor will be required to pay overtime costs.

**Please Provide Sketch of MUTCD Compliant Workzone on Back of Permit Application**

Applicant Name (Print): <u>T.V. Shea</u>	Date: <u>5/18/10</u>
Signature of Applicant: <u>T.V. Shea</u>	Date: <u>5/18/10</u>
Approved by: _____	Date: _____



Frost St Sewer Separation

CITY OF CAMBRIDGE

Permit Issued by Department of Public Works
147 Hampshire Street
Cambridge, Massachusetts 02139
Phone (617) 349-4800
Fax (617) 349-4868

Permit Fee: \$100.00

Additional fees including street preservation offset fees (SPOF) and sewer inspection fees (\$100.00/inspection) may apply

Permit #: \_\_\_\_\_
Date Issued: \_\_\_\_\_
Expiration Date: \_\_\_\_\_

EXCAVATION AND TRENCH PERMIT

Pursuant to G.L. c. 82A §1 and 520 CMR 14.00 et seq. (as amended)

THIS PERMIT MUST BE FULLY COMPLETED PRIOR TO CONSIDERATION

Name of Applicant: D'ALLESSANDRO CORP.
Street Address: 41 Ledin Dr. P.O. Box 245
City/Town: Avon MA 02322-0245
Phone: 617 413 2908

Name of Excavator (if different from applicant):
Street Address:
City/Town: State: Zip:

Emergency Contact Information for Applicant (Name and Phone # - 24 hour access): T.J Shea 617 413 2908

Name of Owner(s) of Property (if different from applicant):
Street Address: City of Cambridge
City/Town: State: Zip:

Other Contact: Eric Breen

Anticipated Start Date: 5/17/10
Anticipated Finish Date: 6/18/10
Permit Fee Received No (X) Yes ( )
Dig Safe #: 2010 2009766

Excavation Details
Purpose of Excavation: Installation of New Drain + Water Lines
Specific Location of Trench (address): Prentiss St (Oxford-Harris)
Circle all that apply: Conduit Storm Drain Sanitary Sewer Utility Work Trench
Excavation Dimensions: Length: 600 x Width: 12 x Depth: 10
Please Attach Additional Information if Necessary



✓

**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

~~\*Signature of Individual or Corporate Name (Mandatory)~~

Avon MA 02322-0245

508-559-6400 Fax 508-559-6432

  
Jon D'Allessandro  
President

By: Corporate Officer (Mandatory, if a corporation)

04-2958565  
\*\*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: 508-559-6400 Fax 508-559-6432 Phone #:

- |  |  |
|--|--|
| <input type="checkbox"/> I am an employer with ____ employees (full and/or part time).   | <b>Business Type:</b> <input type="checkbox"/> Retail                  |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          | <input type="checkbox"/> Nonprofit                                     |
|  | <input type="checkbox"/> Entertainment                                 |
|  | <input type="checkbox"/> Manufacturing                                 |
|  | <input type="checkbox"/> Health Care                                   |
|  | <input type="checkbox"/> Other _____                                   |

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

Insurance Company Name: INS. Co. of STATE of PA  
 Address: TORRY INSURANCE Agency - 300 Congress St  
 City: Quincy State: MA Zip: 02169 Phone #: 617-773-9200  
 Policy #: WIC 1991325 Expiration Date: 3-31-11

**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: [Signature] Date: 5.19.10

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 #: \_\_\_\_\_

<input type="checkbox"/>	Board of Health
<input type="checkbox"/>	Building Department
<input type="checkbox"/>	City/Town Clerk
<input type="checkbox"/>	Licensing Board
<input type="checkbox"/>	Selectmen's Office
<input type="checkbox"/>	Other _____