

# APPLICATION FOR DRAIN LAYING

Application Fee \$250.00 \_\_\_\_\_

Date 4-7-11 \_\_\_\_\_

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>5-17-2011</u>
Amount Paid	<u>250.00</u>

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Applicant's Legal Name: LM Heavy Civil Construch LLC Phone: 978-692-1901 x1648

Applicant's Address (with Zip Code): 10 Commerce Way Westford 01886

Applicant's Email Address: SHAARIGRN@LMHeavycivil.com

Applicant's Federal Employer Identification Number: 20-452225

Business DBA Name (if applicable): \_\_\_\_\_

Business Location (with Zip Code): \_\_\_\_\_

Mailing Name (where we should send correspondence to): 10 Commerce W LM Heavy Civil Construch

Mailing Address (with Zip Code): 10 Commerce Way Westford MA 01886

Emergency Contact: Paul Saena Phone: 978-479-3468

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: \_\_\_\_\_

2011 MAY 17 A 9:29  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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

**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: *Steve Harrington* Date: 4-7-11  
Print Name: STEVE HARRINGTON Phone: 978-692-1901

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

**ENGINEERING DEPARTMENT RECOMMENDATION:**

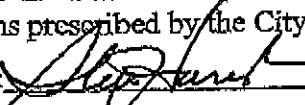
The Engineering Department recommends that the application be:  Approved  Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

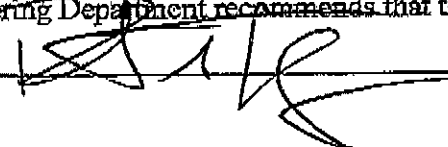
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Signature of Applicant:  Date: 4-7-11  
Print Name: STEVE HALLINAN Phone: 978-692-1901

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

**ENGINEERING DEPARTMENT RECOMMENDATION:**

The Engineering Department recommends that the application be:  Approved  Denied  
Signature  Date: 6-8-11



June 1, 2011

To: **Town of Somerville**  
**93 Highland Avenue**  
**Somerville MA 02143**

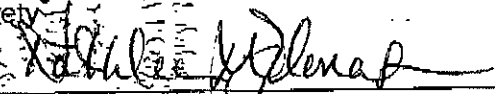
**CONTINUATION CERTIFICATE**

**RE: Principal: LM HEAVY CIVIL CONSTRUCTION, LLC**  
**(Formerly LM HOLDINGS, LLC)**  
**Bond #: 8961793**

The **Fidelity and Deposit Company of Maryland** (hereinafter called the Surety) hereby continues in force its Bond No. **8961793** in the sum of **Ten Thousand and 00/100 DOLLARS (\$10,000.00)** on behalf of **LM Heavy Civil Construction, LLC** in favor of the **Town of Somerville** for the extended term beginning on the **22<sup>nd</sup> day of June, 2011** and ending on the **22<sup>nd</sup> day of June, 2012** subject to all the covenants and conditions of said bond.

This continuation is executed upon the express condition that the company's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the company has caused this instrument to be signed by its duly authorized attorney-in-fact and its corporate seal to be hereto affixed this **1<sup>st</sup> day of June, 2011**.

**Fidelity and Deposit Company of Maryland**  
Surety  
By:   
**Kathleen M. Flanagan, Attorney-in-fact**

**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.

*L M HEAVY CIVIL CONSTRUCTION, LLC*

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

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

*20-4522225*

\_\_\_\_\_  
\*\*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 of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: LM HEAVY CIVIL CONSTRUCTIONS, LLC

Address of taxpayer/applicant's business in Somerville: 120 Middlesex Ave

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 978-692-1901 evening: \_\_\_\_\_

I, (print name) Steve Harriman, VP, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 7 day of

April, 20 11. [Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_

#144051011      #03129190      # \_\_\_\_\_      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:

**received**  
UBarrows  
5-17-11

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: LM Heavy Civil Construction, LLC  
Address: 10 Commerce Way  
City: Westford State: MA Zip: 01886 Phone #: 978-692-1901

I am an employer with 100 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: Travelers Insurance Company c/o Aon Risk Service  
Address: One Federal St  
City: Boston State: MA Zip: 02110 Phone #: 866-283-7122  
Policy #: DTACRUB5720B53010 Expiration Date: 4/24/11

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: 4/7/11  
Print Name: STEVE HARRINGTON

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 \_\_\_\_\_