

## APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

2010 NOV 22 P 12:19

FOR CITY CLERK'S OFFICE ONLY

Date

11/17/10

CITY CLERK'S OFFICE  
SOMERVILLE, MA

Date Recorded

11/22/10

Amount Paid

\$250~

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Business Name:

J.P. Varga Co, Inc.

Phone:

781-249-1959

Business DBA Name (if applicable):

N/A

Address with Zip Code:

33 Longwood Ave, Saugus, MA. 01906

Tax Identification Number:

000792-459

Check one:

SSN

☒ FEIN

Mailing Name (where we should send correspondence to):

Same

Address with Zip Code:

Property Owner Name:

Same

Phone:

Address with Zip Code:

Emergency Contact 1:

J.P. Varga Co, Inc. - Officer

Phone:

781-558-5409

Emergency Contact 2:

Diana Varga sec.

Phone:

781-249-9599

Type of Business (Check one):

☐ Sole Proprietor

☐ Partnership (inc. LLP)

☐ Trust

☒ Corporation (inc. LLC)

☐ Other

IF A SOLE PROPRIETOR:

Owner's Name:

N/A

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name:

Joseph A. Varga

Address with Zip Code:

33 Longwood Ave. - Saugus, Ma.

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

Same

Address with Zip Code:

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

Same

Address with Zip Code:

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

ISSUED THROUGH

# A. A. DORITY COMPANY

BOSTON

## STREET PERMIT BOND

KNOW ALL MEN BY THESE PRESENTS, That we J.P. Vara Company, Inc.

of 33 Longwood Avenue, Saugus, MA 01903,

hereinafter referred to as Principal, and **United Casualty and Surety Insurance Company**

a corporation organized and existing under the laws of the Commonwealth of Massachusetts

and authorized to do business in the Commonwealth of Massachusetts, as Surety, are held

and firmly bound unto City of Somerville, hereinafter referred to as Obligee,

in the sum of Ten Thousand Dollars (10,000.00)

lawful money of the United States of America, to the payment of which sum, well and truly to be made, we bind ourselves, our executors, administrators, successors and assigns, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas, the Principal has made application for a license or permit to the Obligee for the purpose of opening and/or occupying a public way.

NOW, THEREFORE, if the Principal shall faithfully comply with all ordinances, rules and regulations which have been or may hereafter be in force concerning said License or Permit, and shall save and keep harmless the Obligee from all loss or damage which it may sustain or for which it may become liable on account of the issuance of said license or permit to the Principal, then this obligation shall be null and void; otherwise, to remain in full force and effect.

THIS BOND IS EFFECTIVE FROM November 22nd, 2010 AND EXPIRES ON November 22nd, 2011 unless renewed by issuance of a continuation certificate. The Surety may at any time terminate its liability by giving thirty (30) days written notice to the Obligee, and the Surety shall not be liable for any default after such thirty day notice period, except for defaults occurring prior thereto.

SIGNED, SEALED AND DATED November 22, 2010

By:

  
J.P. Vara Company, Inc.

**United Casualty and Surety  
Insurance Company**

Bond No. 286866

By:

Philip B. Crawford Attorney-in-Fact

A. A. DORITY Company, Inc.

262 Washington Street, Suite 99

Boston, MA 02108

(617) 523-2935 Fax: 617-523-1707



UNITED CASUALTY AND SURETY INSURANCE COMPANY  
BOSTON, MASSACHUSETTS

Power No: 286866

## POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That UNITED CASUALTY AND SURETY INSURANCE COMPANY, a corporation of the Commonwealth of Massachusetts, does hereby make, constitute and appoint

**Philip B. Crawford, Richard W. Crawford, Katie E. Ford, James M. Crawford, Jeffrey W. Crawford,**

its true and lawful Attorney-in-Fact, with full power and authority, for and on behalf of the Company as surety, to execute and deliver and affix the seal of the Company thereto, if a seal is required, bonds, undertakings, recognizances, consents of surety or other written obligations in the nature thereof, as follows:

Any and all bonds, undertakings, recognizances, consents of surety or other written obligations in the nature thereof

and to bind UNITED CASUALTY AND SURETY INSURANCE COMPANY, thereby, and all of the acts of said Attorney-in-Fact pursuant to these presents, are hereby ratified and confirmed.

This power of attorney is signed and sealed by facsimile under and by authority of the following Resolutions adopted by the Board of Directors of UNITED CASUALTY AND SURETY INSURANCE COMPANY at a meeting duly called and held on the 1<sup>st</sup> day of July, 1993 which Resolutions are now in full force and effect:

Resolved that the President, Treasurer, or Secretary be and they are hereby authorized and empowered to appoint Attorneys-in-Fact of the Company, in its name and as its acts, to execute and acknowledge for and on its behalf as Surety any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected Officers of the Company in their own proper persons.

This power of attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of UNITED CASUALTY AND SURETY INSURANCE COMPANY, at a meeting duly called and held on the 1<sup>st</sup> day of July, 1993:

That the signature of any officer authorized by Resolutions of this Board and the Company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognition or other written obligation in the nature thereof; such signature and seal, when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, UNITED CASUALTY AND SURETY INSURANCE COMPANY has caused these presents to be signed by its proper officer and its corporate seal to be hereunto affixed this 14th day of July, 2010.

UNITED CASUALTY AND SURETY INSURANCE COMPANY

*Todd S. Carrigan*  
Todd S. Carrigan, President

Commonwealth of Massachusetts, County of Suffolk ss:

On this 14th day of July in the year 2010 before me personally came Todd S. Carrigan to me known, who, being by me duly sworn, did depose and say: that he resides in the Commonwealth of Massachusetts; that he is President of UNITED CASUALTY AND SURETY INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he signed his name thereto by the above quoted authority; that he knows the seal of said corporation; that said seal affixed to said instrument is such corporate seal, and that it was so affixed by authority of his office under the by-laws of said corporation

*Carlin L. Flanagan*  
Notary Public

Carlin L. Flanagan  
Notary Public  
Commonwealth of Massachusetts  
My Commission Expires  
05/14/2015

I, Timothy M. Carrigan, Treasurer of UNITED CASUALTY AND SURETY INSURANCE COMPANY, certify that the foregoing power of attorney, and the above quoted Resolutions of the Board of Directors of July 1, 1993 have not been abridged or revoked and are now in full force and effect.

Signed and sealed by its proper officer and its corporate seal to be hereunto affixed this day, *November 23, 2010*

*Timothy M. Carrigan*  
Timothy M. Carrigan, Treasurer

TO CONFIRM AUTHENTICITY OF THIS BOND OR DOCUMENT CALL (800) 829-2663

## CERTIFICATE OF CORPORATE AUTHORITY

I, Joseph A. Varza pres., Clerk of  
Name of Clerk or Secretary  
J.P. Varza Co. Inc. hereby certify that,  
Name of Corporation  
at a meeting of the Board of Directors of said Corporation duly held on the 15th day of  
Date  
Nov., 10, at which a quorum was present and voting throughout, the following  
Month Year  
vote was duly passed and is now in full force and effect:

VOTED: That Joseph A. Varza pres. be and  
Name of Officer authorized to sign for the Corporation  
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 Joseph A. Varza pres. to be valid  
Name of Officer authorized to sign for the Corporation  
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 Joseph A. Varza pres.  
Name of Officer authorized to sign for the Corporation  
is the duly elected President of said Corporation.  
Title

Signed [Signature] pres.  
Clerk or Secretary  
Place of Business 33 Longwood Ave. Saugus, Ma  
Date 11/16/10

AFFIX CORPORATE SEAL HERE J.V.

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 counter-  
signed by another Officer of the Corporation.

Countersigned [Signature] pres.  
Name & Title of Countersigning Officer N/A

**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.

J.P. Varea Co, Inc.

\*Signature of Individual or Corporate Name (Mandatory)

 pers.

By: Corporate Officer (Mandatory, if a corporation)

FIN# 000892-459

\*\*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: J.P. Varca Co., Inc.  
Address: 33 Longwood Ave.  
City: Scituate State: Ma. Zip: 01900 Phone #: 781-249-1959

- ☒ I am an employer with 1 employees (full and/or part time). Business Type: ☐ Retail  
☐ Restaurant/Bar/Eating Establishment  
☐ Office and/or Sales (real estate, auto, etc.)  
☐ Nonprofit  
☐ Entertainment  
☐ Manufacturing  
☐ Health Care  
☐ Other Construction
- ☐ I am a sole proprietor or partnership and have no employees.
- ☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
- ☐ We are a nonprofit organization staffed by volunteers and have no employees.

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

Insurance Company Name: Nautilus Ins. Co.  
Address: 5 Cummings Park  
City: Woburn State: Ma. Zip: 01801 Phone #: 781-935-8490  
Policy #: WC7PTUB0485L88407 Ma. Expiration Date: 6/12/11

**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: 11/17/10  
Print Name: Joseph Varca

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