

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 4-4-2013
Amount Paid 250.00 #005569

Date March 11, 2013

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

Business Name: Robert B Our Co Inc Phone: 509 432-0530

Business DBA Name (if applicable):

Address with Zip Code: 24 Great Western Rd North Harwich, MA 02645

Tax Identification Number: 042319318 Check one: SSN X FEIN

Mailing Name (where we should send correspondence to):

Address with Zip Code: P.O. Box 1539, Harwich, MA 02645

Property Owner Name: Phone:

Address with Zip Code:

Emergency Contact 1: Phone:

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: Christopher W. Our

Address with Zip Code: 56 Obed Brooks Rd. Harwich, MA 02645

Partner's/Member's/Secretary's Name: Joan A. Our

Address with Zip Code: 27 Cherokee Rd., Harwich, MA 02645

Partner's/Member's/Treasurer's Name: Joan A. Our

Address with Zip Code:

CITY CLERK'S OFFICE
SOMERSET, MA
2013 APR -4 AM 11:41

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: W.B. McMahon Date: March 11, 2013
Print Name: William Brian McMahon Phone: 508 432-0530

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied

Signature: [Signature] Date: 4.9.13

License or Permit Bond

Fidelity and Deposit Company of Maryland
Baltimore, MD 21203

Bond Number: 9077344

Know all Men By These Presents:

That we, **Robert B. Our Co., Inc.**
24 Great Western Road, N. Harwich, MA 02645

as Principal, and the Fidelity and Deposit Company of Maryland, a corporation organized under the laws of the State of Maryland with an office in the City of Boston, MA as Surety, are held and firmly bound unto City of Somerville as Obligee, in the full penal sum of Ten Thousand and xx/100 (\$10,000.00) Dollars, lawful money of the United States, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Whereas, the above bounden Principal has obtained or is about to obtain from the said Obligee a license or permit for Street Opening @ 1100 Broadway, Somerville, MA and the term of said license or permit is as indicated opposite the block checked below:

- Beginning the 9th day of April, 2013 and ending the 9th day of April, 2014.
- Continuous, beginning the day of .

Whereas, the Principal is required by law to file with the City of Somerville a bond for the above-indicated term and conditioned as hereinafter set forth.

Now, Therefore, The condition of this Obligation is such, that if the above bounded Principal as such licensee or permittee shall indemnify said Obligee against all loss, costs, expenses or damages to it caused by said Principal's non-compliance with or breach of any laws, statutes, ordinances, rules or regulations pertaining to such license or permit issued to the Principal, which said breach or non-compliance shall occur during the term of this bond, then this obligation shall be void, otherwise to remain in full force and effect.

Provided, that if this bond is for a fixed term, it may be continued by Certificate executed by the Surety hereon: and

Provided Further, that regardless of the number of years this bond shall continue or be continued in force and of the number of premiums that shall be payable or paid, the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the amount of this bond, and

Provided, Further that if the Surety shall so elect, this bond may be cancelled by the Surety as to subsequent liability by giving thirty (30) days notice in writing to said Obligee.

Signed, sealed and dated this 9th day of April, 2013.

Robert B. Our Co., Inc.

By: 

Christopher W. Our, President

Fidelity and Deposit Company of Maryland

By: 

Anne M. Higginbottom, Attorney-in-Fact

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Maryland, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Maryland (herein collectively called the "Companies"), by JAMES M. CARROLL, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint William L. LABBE, Anne M. HIGGINBOTTOM, Catherine H. LAWRENCE, Barry J. HORGAN, John J. FEITELBERG and Alyssa Richelle MICHAEL, all of Fall River, Massachusetts, EACH its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: any and all bonds and undertakings, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York, the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland, and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland, in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 19th day of July, A.D. 2012.

ATTEST:

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND



By: Eric D. Barnes
Assistant Secretary
Eric D. Barnes

James M. Carroll
Vice President
James M. Carroll

State of Maryland
City of Baltimore

On this 19th day of July, A.D. 2012, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, JAMES M. CARROLL, Vice President, and ERIC D. BARNES, Assistant Secretary, of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, depose and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Maria D. Adamski
Maria D. Adamski, Notary Public
My Commission Expires: July 8, 2015



Somerville, March 4, 2013

To whom it may concern:

I am writing to you to request a permit from the City of Somerville, to have the sewage pipeline at 1100 Broadway, Somerville MA repaired prior to the end of the winter moratorium, due to an emergency with the sewage itself.

The sewage in fact is often backed up and the toilet works on an off; please note that there is only one bathroom in the house.

I would appreciate your attention on this matter.

Sincerely,

Consuelo del Castillo Musch

Consuelo del Castillo Musch

1100 Broadway
Somerville Ma 02144
617-627-9707

**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.

Robert B. Ouy Co., Inc.

*Signature of Individual or Corporate Name (Mandatory)


By: Corporate Officer (Mandatory, if a corporation)

042319318

**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: Robert B. Our Co., Inc.
Address: 24 Great Western Rd.
City: Harwich State: MA Zip: 02645 Phone #: 508-432-0530

- I am an employer with 78 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Continental Western Insurance
Address: Box 3220
City: Fall River State: MA Zip: 02722 Phone #: 800-242-3862
Policy #: WCA031676712 Expiration Date: 1-1-2014

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: _____

Print Name: _____

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 _____

