APPLICATION FOR DRAIN LAYING

Application Fee \$250.00	FOR CITY CLI Date Recorded	ERK'S OFFICE ONI イーソーシー		
Date March 11, 2013		250,00	#005	5
New Application				
Renewing Application with Additions or Changes	S			
Renewing Application with NO Additions or Cha	nges			
Business Name: Robert B Our Co	<u>Lni</u> Phor	ne: 506 4	132-0530	
Business DBA Name (if applicable):				
Address with Zip Code: 24 Great We	stern Rd N	orth Harwi	ch, MM 026	4
Tax Identification Number: 04231931				
Mailing Name (where we should send correspondence	ce to):		•	
Address with Zip Code: P.O. Box 1539, Ha	rwich, MA	02645		
Property Owner Name:				
Address with Zip Code:				
		01		
Emergency Contact 1:	Phor	ne:	======================================	
Emergency Contact 2:	Phor	ne:	1	
Type of Business (Check one):Sole Propriet	torPartnersh	ip (inc. LLP)	Trust	
Corporation	(inc. LLC)O	ther $\frac{1}{100}$	<u>=</u>	
IF A SOLE PROPRIETOR:				
Owner's Name:				
Address with Zip Code:				
IF A PARTNERSHIP, TRUST OR CORPORATION	I (Attach additional	sheets as neede	ed):	
Partner's/Member's/President's Name: Christon				
Address with Zip Code: 56 Obed Brooks			12645	
Partner's/Member's/Secretary's Name: Joan	72	·		
Address with Zip Code: 27 Chevokee 7		ch, MA O	2645	
Partner's/Member's/Treasurer's Name: Joan				
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.

laws, and any conditions prescribed by the City of Somerville.	,
Signature of Applicant: W.B. m.	Date: March 11, 2013
Print Name: William Brown mcmahon	
FOR ALL APPLICANTS WITHOUT A CURRENT LICENS	E:
ENGINEERING DEPARTMENT RECOMMENDATION:	
The Engineering Department recommends that the application be:	ApprovedDenied
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 Fidelty 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 Untied Sates, 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:

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

Whereas, the Prinicpal 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 licenseee or permitee shal lindemnify slad Obligee agianst all loss, costs, expenses or damages to it caused by said Principal's non-compliance with or breach of any laws, statues, 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 is 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

Fidelity and Deposit company of Maryland

By: Unne M. Higginbotton

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

Assistant Secretary Eric D. Barnes 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 swom, deposeth 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, Notary Public My Commission Expires: July 8, 2015

maria D. Olama

POA-F 063-2811A

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.

Cousulodal Costillo 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.

**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: Rober B.	OUR Co., In	C·	
Address: 84 Great W	lestern Pa	€.	
city: Harwich		Zip: 02645	_{Phone #:} 508-432- <i>0</i> 538
 ✓ I am an employer with ¶ ¶ en (full and/or part time). ✓ I am a sole proprietor or partner employees. ✓ We are a corporation that has exemption per c152 s1(4), and I ✓ We are a nonprofit organization volunteers and have no employed 	ship and have no tercised our right of have no employees. staffed by	Restaurant/Bai	-/Eating Establishment Sales (real estate, auto, etc.)
Workers' compensation insurance			
Insurance Company Name: Cov	ntinental We	estern Ir	surance
Address: Box 3220			
City: Fall Puver	State: MA	Zip: Oanaa	Phone #: 800-242-3862
Policy #: WCA031676	712		Expiration Date: 1-1-2014
Applicant certification:			
penalties of a fine up to \$1,500.00	and/or one years' impriso	onment as well as ci-	lead to the imposition of criminal vil penalties in the form of a STOP a copy of this statement may be
I do hereby certify under the pains a	and penalties of perjury th	at the information p	rovided above is true and correct.
Signature: (Vh/	1		Date:
Print Name:			
Official use only. D	o not write in this area. T	To be completed by c	rity or town official.
City or Town: Contact Person:			Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office Other

(revised Jan. 2008)

Client#: 123013

ROBERTBOUR

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MAU/DD/YYYY) 4/09/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER HUB International New England	CONTACT Suzie Proulx PHONE (AIC, No, Ext): 508-235-2207 (AIC, No, Ext): 508-235-2207	930		
222 Milliken Blvd	E-MAIL ADDRESS: Susan.proulx@hubinternational.com			
Fall River, MA 02722	INSURER(S) AFFORDING COVERAGE	NAIC#		
508 235-2200	INSURER A: Acadia Insurance Company 313:	25		
	INSURER B: Continental Western Insurance C 108	04		
	INSURER C: Chartle Specialty Ins Co 268	83		
	INSURER D : Firemen's Ins Co Washington DC 2178	84		
P.O. Box 1539	INSURER E:			
Harwich, MA 02645	INSURER F:			

CERTIFICATE NUMBER: REVISION NUMBER: COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAUL CLAIMS,						
INSR LTR	TYPE OF INSURANCE	ADDLSUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(ห์นังอีอี/หรั้งรั้ง)	LIMIT	8
A	GENERAL LIABILITY		CPA130142820	12/01/2012	12/01/2013	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$250,000
	CLAIMS-MADE X OCCUR				1 (MED EXP (Any one person)	\$5,000
]				1		PERSONAL & ADV INJURY	\$1,000,000
1			-	93		GENERAL AGGREGATE	\$2,000,000
	GENT AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY X PRO- X LOC						\$
D	AUTOMOBILE LIABILITY		MAA130144020	12/01/2012	12/01/2013	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO		Commence of the commence of th			BODILY INJURY (Per person)	\$
	ALL OWNED SCHEOULED					BODILY INJURY (Per accident)	\$
1	X HIRED AUTOS X AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
			74				\$
A	X UMBRELLA LIAB X OCCUR		CUA130142920	12/01/2012	12/01/2013	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB CLAIMS-MADE		Communications (Communication Communication			AGGREGATE	\$10,000,000
	DED RETENTIONS						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCA031676712	01/01/2013	01/01/2014	X WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	31/4				E.L. EACH ACCIDENT	\$500,000
	(Mandatory In NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$500,000
C	Pollution		CPO8087906	12/01/2011	12/01/2013	\$1,000,000/\$2,000,00	00
Α	equipment		CPA130142820	12/01/2012	12/01/2013	leased/rented	
						\$500,000/\$1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 181, Additional Remarks Schedule, if more space is required)

Sewer & Water Service Project- 1100 Broadway Sommerville MA

City of Sommerville MA is named as additional insured for the project referenced as required by written contract.

CERTIFICATE HOLDER	CANCELLATION		
City of Sommerville MA 93 Highland Ave Somerville, MA 02143	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
	AUTHORIZED REPRESENTATIVE		
f.	Michael & Chapm		