

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date _____

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	_____
Amount Paid	_____

☒ New Sign, Awning or Advertising Device

☐ New Facing on an Existing Frame

☐ Renewing Existing Sign, Awning or Advertising Device Permit for a New Owner

☒ Business Name: The Training Room Phone: 617-899-9187

Business DBA Name (if applicable): _____

☒ Address with Zip Code: 373 Washington St. Somerville

Tax Identification Number: 26-4511139 Check one: ☐ SSN ☒ FEIN

Mailing Name (where we should send correspondence to): The Training Room

Address with Zip Code: 373 Washington St. Somerville 02143

Property Owner Name: TL Property Investments Phone: _____

Address with Zip Code: 57 Mill St. Woburn, MA 01801

Emergency Contact 1: Heidi Brown Phone: 617-899-9187

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: Heidi Brown

Address with Zip Code: _____

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

Address with Zip Code: _____

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

Address with Zip Code: _____

Name of company erecting sign: SRP Sign Corp.
Phone: 617-623-6222

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. 373 Washington Street

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 permit. This permit 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.

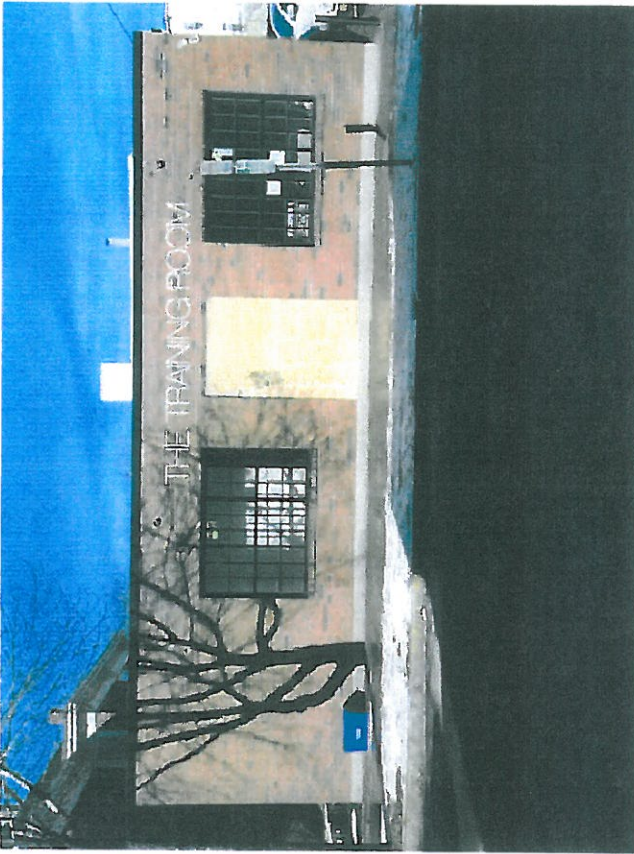
✓ Signature of Applicant: [Signature] Date: 3/5/13
Print Name: Shawn Pitzke Phone: 617-623-6222

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

✓ The Inspectional Services Department recommends: ☒ Approval ☐ Denial
This sign or awning is to be installed in a historic district: ☐ True ☒ False
Signature: Al Bruno Date: 3/5/13

HISTORIC PRESERVATION COMMISSION RECOMMENDATION: (only required for signs or awnings in historic districts)

✓ The Historic Preservation Commission recommends ☐ Approval ☐ Denial
Signature: _____ Date: _____



existing conditions

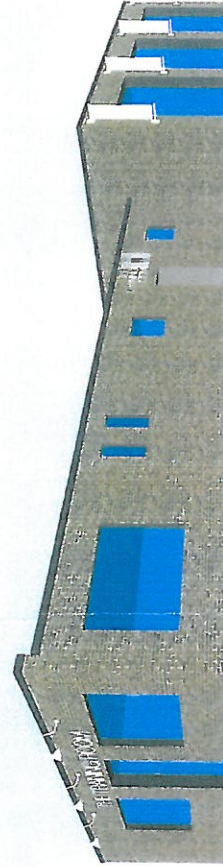
THE TRAINING ROOM

174.70 in

14.92 in

1/2" thick acrylic letters painted white

18 SR



proposed signage

Client

the
training room

Project Name

373 Washington St, Somerville

Revisions

Date

Drawn By

srp

Date

3.4.13

File Name

Work Order

3413

SRFSIGN
CORPORATION

238 Pearl Street
Somerville, MA 02145
T 617.621.4322
F 617.621.4326
www.srfsign.com

1

THE TRAINING ROOM

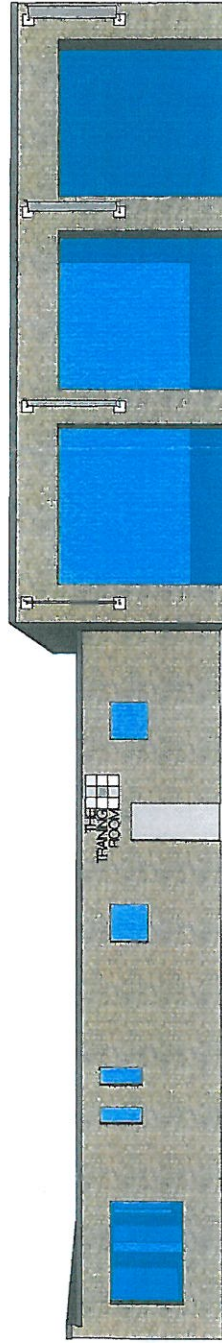
8.65 in

29.38 in

15' 7" sq.

77.66 in

1/2" thick acrylic letters and logo
Painted finish
Stud mounting to brick



proposed elevation on Dane Street



existing photos

proposed signage

Client
**the
training room**

Project Name
373 Washington St, Somerville

Revisions	Date

Drawn By
SRP
Date
3-4-13
File Name

Work Order
3413

SRPSIGN
CORPORATION

236 Pearl Street
Somerville, MA 02143
P 617.638.1122
F 617.638.1121
www.srp-sign.com

2

proposed signage

Client

the
training room

Project Name

373 Washington St, Somerville

Revisions

Date

Revisions	Date

Drawn By

srp

Date

3.4.13

File Name

Work Order

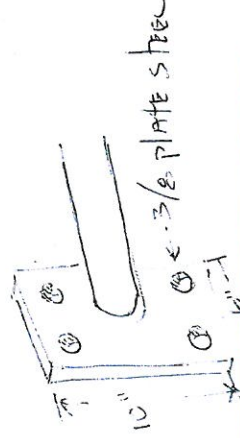
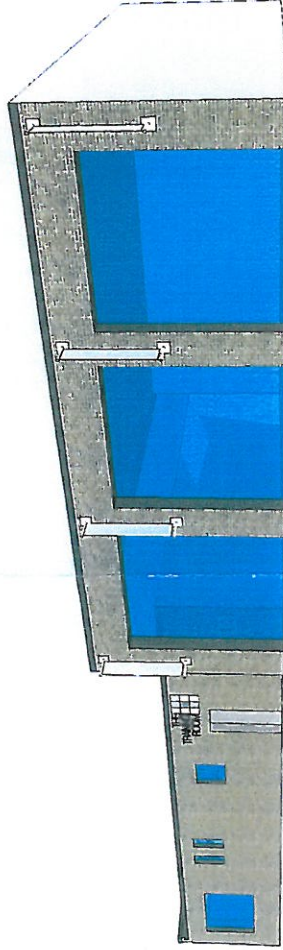
3413

SRPSIGN
CORPORATION

236 Pearl Street
Somerville, MA 02143
1 877 631 6222
1 617 623 4100
www.srp-sign.com

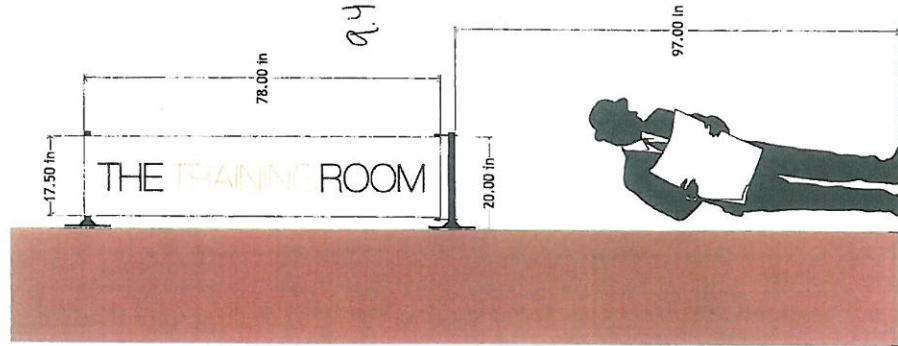
SRP Signage is a registered trademark of SRP Signage Corporation. All rights reserved. SRP Signage Corporation is not responsible for any errors or omissions in this document.

3



4 printed banners with brackets
Attach to brick with 3/8" expanding masonry fasteners
3" minimum embedment

9.480' BA x 4 = 37.6





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/20/2013

PRODUCER HOFFMAN INSURANCE SERVICES, INC 141 LINDEN ST Wellesley, MA 02482-7925 (781).23-5.0087	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED The Training Room 691A Somerville Ave Somerville, MA 02143-	<table border="1"><tr><td>INSURERS AFFORDING COVERAGE</td><td>NAIC #</td></tr><tr><td>INSURER A: Philadelphia Indemnity Insurance Company</td><td>18058</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr></table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Indemnity Insurance Company	18058	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES

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 CERTIFICATION 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS												
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	PHPK559798-002	05/22/2012	05/22/2013	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$2,500</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$3,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$3,000,000</td></tr></table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	MED EXP (Any one person)	\$2,500	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$3,000,000	PRODUCTS - COMP/OP AGG	\$3,000,000
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		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				<table border="1"><tr><td>COMBINED SINGLE LIMIT (EA accident)</td><td></td></tr><tr><td>BODILY INJURY (Per person)</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr></table>	COMBINED SINGLE LIMIT (EA accident)		BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)					
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		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				<table border="1"><tr><td>AUTO ONLY - EA ACCIDENT</td><td></td></tr><tr><td>OTHER THAN AUTO ONLY: EA ACC</td><td></td></tr><tr><td>AGG</td><td></td></tr></table>	AUTO ONLY - EA ACCIDENT		OTHER THAN AUTO ONLY: EA ACC		AGG							
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		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				<table border="1"><tr><td>EACH OCCURRENCE</td><td></td></tr><tr><td>AGGREGATE</td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	EACH OCCURRENCE		AGGREGATE									
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AGGREGATE																		
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				<table border="1"><tr><td>WC STATUTORY LIMITS</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td></td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td></tr></table>	WC STATUTORY LIMITS	OTH-ER	E.L. EACH ACCIDENT		E.L. DISEASE - EA EMPLOYEE		E.L. DISEASE - POLICY LIMIT					
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E.L. DISEASE - POLICY LIMIT																		
		OTHER																

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
It is understood and agreed that the following entity is added as an additional insured but only with respect(s) to the operations of the named insured except that liability resulting from the additional insured's sole negligence.

CERTIFICATE HOLDER

City of Somerville
93 Highland Avenue
Somerville, MA 02143-

CANCELLATION

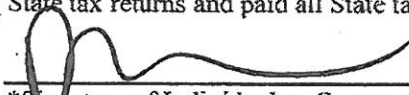
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Romero

**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.

✓ 

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

✓ 26-4511139

**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

Treasury Department

JOSEPH A. CURTATONE

MAYOR

WARNING: TREASURY WILL NEED UP TO FIVE (5) BUSINESS DAYS TO PROCESS THIS FORM

CERTIFICATE OF GOOD STANDING

(The Training Room)

1. Name of person requesting certificate: Stuart Pitchel / SRP Signs
PLEASE PRINT

2. Address of work: 373 Washington Street

AND/OR

3. Taxpayer's Home Address: _____

Phone: Day _____ Evening _____

4. Business Owner's Home Address: _____

Business Owner's Phone: Day _____ Evening: _____

5. Business I.D. Number: _____

I, _____ the undersigned Taxpayer, do

Taxpayer Print Name

hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid and/or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

(Business/Real Estate Owner's Signature) _____

PRINT Business/Real Estate Owners Name _____

Date of Issuance: _____ Includes Postings Through _____

Tax and Account Number(s) Included in Certificate: _____

RE 15643 Water/Sewer 249047001 Personal Property _____ Other _____

CLERK'S INITIALS: M. M.

PLEASE CHECK ONE: _____ Business Permit OR _____ Building Permit

CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE, MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (617) 666-0001 • FAX: (617) 666-9682
EMAIL: treasury@somervillema.gov • www.somervillema.gov





The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): SEP SIGN CORP

Address: 236 PEARCE ST.

City/State/Zip: SOMERVILLE, MA 02143 Phone #: 617-623-6222

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 5 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †

4. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
5. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: The Hartford

Policy # or Self-ins. Lic. #: 08WECNN4347 Expiration Date: 1/20/14

Job Site Address: 373 Washington Street City/State/Zip: Somerville, MA 02143

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance 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: 3/4/13

Phone #: 617-623-6222

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____