APPLICATION FOR DRAIN LAYING

Nonrefundable Application Fee \$275.00	FOR CITY CLERK'S OFFICE ONLY
Date	Amount Paid FEE WAIVED DOING CITY WORK.
New Application Renewing Application with Additions or Change Renewing Application with NO Additions or Change	
Applicant's Federal Employer Identification Number Applicant's Legal Name: MCCOX+ Cox Applicant's Address (with Zip Code): 60, 1 St. Mailing Name (where we should send correspondence to): Mailing Address (with Zip Code): 60, 1 St.	michin Company South Booton MA COIDT MCCOURT CONStruction
Type of Business (Check Only One and Provide th	
Sole Proprietor: Name of Owner:	
Partnership (inc. LLP): Name of Partnership:	
Names of All Partners Who Own More Than 1	0%:
Trust: Name of Trust: Names of All Trustees Who Own More Than 1	
Name of President: Pyan Mare Name of Secretary: Sleven Frick N LLC: Name of LLC:	ame of Treasurer: Matthew Mout
Names of All Managers Who Own More Than Other (Attach a Description of the Form of Ov	

Business (DBA) Name: MCCoxt Cox Struction
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. 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 Applicant: Michael Manghy Date: Print Name: Michael J Murphy Phone: 617 269 2332
Print Name: Michael J Murphy Phone: 617 269 2330
FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE: ENGINEERING DEPARTMENT RECOMMENDATION:
Fax letters of recommendation from three municipal references to the Engineering Department at 617 625-4454. After you've faxed the references, contact them at 617 625-6600 x5400 to arrange for the following sign-off.
The Engineering Department recommends that the application be: ApprovedDenied Signature



BOND 2016 MAY 10 1P 2: 39 (License or Permit - Continuous) Bond No. 106515131 KNOW ALL MEN BY THESE PRESENTS: THAT WE The McCourt Construction Company, Inc. Principal, and Travelers Casualty and Surety Company of America corporation duly incorporated under the laws of the State of Connecticut and authorized to do business in the State of _____MASSACHUSETTS ___, as Surety, are held and firmly bound unto City of Somerville , as Obligee, in the penal sum of Ten Thousand (__\$10,000.00) Dollars, for the payment of which we hereby bind ourselves, our heirs, executors and administrators, jointly and severally, firmly by these presents. WHEREAS, the Principal has obtained or is about to obtain a license or permit for **Drainlayers** NOW, THEREFORE, THE CONDITIONS OF THIS OBLIGATION ARE SUCH, that if the Principal shall faithfully comply with all applicable laws, statutes, ordinances, rules or regulations, pertaining to the license or permit issued, then this obligation shall be null and void; otherwise to remain in full force and effect. This bond shall become effective on May 09, 2016 . PROVIDED, that regardless of the number of years this bond is in force, the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the penal sum listed above. PROVIDED FURTHER, that the Surety may terminate its liability hereunder as to future acts of the Principal at any time by giving thirty (30) days written notice of such termination to the Obligee. SIGNED, SEALED AND DATED this May 09, 2016 . The McCourt Construction Company, Inc. Principal Travelers Casualty and Surety Company of America

Attorney-in-fact

S-2151A (6/10)



POWER OF ATTORNEY

Farmington Casualty Company Fidelity and Guaranty Insurance Company Fidelity and Guaranty Insurance Underwriters, Inc. St. Paul Fire and Marine Insurance Company St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company Travelers Casualty and Surety Company Travelers Casualty and Surety Company of America United States Fidelity and Guaranty Company

Surety Bond No.

106515131

Principal: The McCourt Construction Company, Inc. 60 K Street, 2nd Floor SOUTH BOSTON, MA 02127

Obligee: City of Somerville

City Hall SOMERVILLE, MA 02143

KNOW ALL MEN BY THESE PRESENTS: That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc. is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Rebecca Shanley, of the City of Woburn, State of MA, their true and lawful Attorney(s)-in-Fact, to sign, execute, seal and acknowledge the surety bond referenced above.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 10th day of September, 2012.

> Farmington Casualty Company Fidelity and Guaranty Insurance Company Fidelity and Guaranty Insurance Underwriters, Inc. St. Paul Fire and Marine Insurance Company St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company Travelers Casualty and Surety Company Travelers Casualty and Surety Company of America United States Fidelity and Guaranty Company



















State of Connecticut

City of Hartford ss.

Robert L. Raney, Senior Vice President

On this the 10th day of September, 2012, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2016.



This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company, Which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Vice President, any Vice President, any Assistant Vice President, any Assistant Vice President, any Vice President, any Vice President, any Assistant Vice President, any As

I, Kevin E. Hughes, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 09 day of May, 2016.

Kevin E. Hughes, Assistant Secretary



















To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.

CITY OF SOMERVILLE

SOMERVILLE • MASSACHUSETTS 02145 DPW - Engineering Department

1 FRANEY ROAD ~ 1ST FLOOR PHONE: 617-625-6600 • FAX: 617-625-4454

Dear Licensed Drainlayers,

As you are aware, a drainlayer's license entitles an individual to make application for a permit to lay pipe and install appurtenances, with the proper approvals, in City Right-of-Ways, for the purpose of conveying sanitary waste water, surface and subsurface runoff, potable water, and to undertake other permitted and approved work within the limits of public ways and easements or which might have impact on systems that affect the public health & safety and the integrity of the City's Infrastructure.

The City of Somerville, through the DPW – Engineering Department, is hereby issuing to each licensed drainlayer a new Permit Manual that explains and defines the City's standards for work in and around the City's Infrastructure. A digital copy of this manual can be found, and printed for your records, at http://www.somervillema.gov/departments/dpw/engineering.

Each licensed Drainlayer shall be required to adhere to the rules and regulations set forth in this manual or risk losing his license as a Drainlayer in the City. In addition, all utility work performed will require "as built" drawings (with ties) of the work, must be submitted to the Engineering Department within a week of its completion. No further permits will be issued until all "as-built" plans have been received and accepted by the Engineering Office.

By signing below, you acknowledge receipt of this manual and agree to adhere to the rules and regulations set forth in this manual. Permits will not be issued until this letter has been signed and returned to the DPW – Engineering Department.

The Engineering Department welcomes the opportunity to work with you and your company. Please feel free to contact this office if there are any questions.

Signed,

Somerville DPW - Engineering Department

I hereby certify that I am familiar with the rules and regulations set forth in the City of Somerville Permit Manual and I further attest that I will work in conformance with said rules and regulations.

Name: Michael J Murphy
Signature: Michael J Murphy
Company: McCourt Const. Inc.

Date: 5-6-2016
Title: Project Consumer Manager

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: McCoxt Construction Co	
Address: LOO K Street	
City: South Buston State: MA Zi	p:0012) Phone #: 6 7-264-2330
I am an employer with employees Business Type: (full and/or part time). 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.	
Workers' compensation insurance information (if applicable	
Insurance Company Name: Zwich - America	in Instance Company
Address: 100 High Street #14	
Address: 100 High Street #14 City: Booton State:MA Z	p: COID Phone #: 617-570-8800
Policy#: WC 00118311-00	Expiration Date: 5/31/6
Applicant certification:	
Failure to secure coverage as required under Section 25A of penalties of a fine up to \$1,500.00 and/or one years' imprisonm WORK ORDER and a fine of \$100.00 a day against me. I forwarded to the Office of Investigations of the DIA for coverage	understand that a copy of this statement may be
I do hereby certify under the pains and penalties of perjury that t	he information provided above is true and correct.
Signature: Michael Smurphy	Date: 5-4-2016
Print Name: Michael J Murphy	
Official use only. Do not write in this area. To be City or Town: Permit/License #.	Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office
Contact Person: Phone #:	Other

(revised Jan. 2008)