

CITY OF SOMERVILLE

Commonwealth of Massachusetts 93 Highland Avenue Somerville, MA 02143 (617) 625-6600

Application to Renew Drain Layer License

CELIBERTI REALTY LLC 33A MYSTIC AVENUE MEDFORD MA 02155 License #:

BL15-001031

File #:

15-808

Fee:

250

Review and update the information below. <u>If you have workers compensation insurance, attach proof showing the insurer and policy number.</u> Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: CELIBERTI REALTY LLC Business Location: 0 OUT OF AREA Business Phone: 781-718-8008	
License Holder: CELIBERTI REALTY LLC 33A MYSTIC AVENUE MEDFORD MA 02155	
Mailing Address: CELIBERTI REALTY LLC 33A MYSTIC AVENUE MEDFORD MA 02155	
Business Type: Corporation UMBERTO CELIBERTI UMBERTO CELIBERTI UMBERTO CELIBERTI	
FID: 454793935	
Emergency Contact: SAL CELIBERTI Phone: 781-391-3800	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)
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 accepting these conditions, you acknowledge receipt of this manual and agree to adhere to the rules and regulations set forth in this manual.

I hereby certify under the penalties of perjury that the following is true: -All information shown above is true and accurate.

-I have filed all State tax returns and paid all State taxes required by law for this business.					
Signature:	Date:				
Printed Name:	Phone:				

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.

APPLICATION FOR DR	AIN LAYING
Nonrefundable Application Fee \$250.00	FOR CITY CLERK'S OFFICE ONLY
(1/7/15	Date Recorded
Date	Amount Paid SCHERNIS OFFICE
New Application	
Renewing Application with Additions or Changes	
Renewing Application with NO Additions or Change	cell 781-718-8008
Business (DBA) Name: (RL, Inc.	Phone: 781-391-3800 45-4793935
Applicant 3 rederal Employer Identification (valider:	
Applicant's Legal Name: Chl., Fuc	
Applicant's Legal Name: Ch. L., Fuc. Applicant's Address (with Zip Code): 33 A M75	tiz Ave, Medhod, MA 02155
Mailing Name (where we should send correspondence to):	
Mailing Address (with Zip Code):	1
Emergency Contact: Rob Celiberti	Phone: 781-7/8-8008
Type of Business (Check Only One and Provide the N. Sole Proprietor: Name of Owner: Partnership (inc. LLP): Name of Partnership: Names of All Partners Who Own More Than 10%:	
Trust: Name of Trust:	
Names of All Trustees Who Own More Than 10%	
Name of President: Unberto Colbe Name of Secretary: Umb ent (clibert) Name of LLC: Name of LLC:	of Treasurer: Una berto Coliberti
Names of All Managers Who Own More Than 10%	6:
Other (Attach a Description of the Form of Owner	rship and the Names of Owners)

Business (DBA) Name:						
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:Date:Date:						
Signature of Applicant: Date: 7/7/15 Print Name: On herto Celiberti Phone: 787-718-8028						
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 Date						

CITY OF SOMERVILLE

SOMERVILLE • MASSACHUSETTS 02145 DPW - Engineering Department

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

January 2014

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.

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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 in 2014. 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	
Somerville Permit Manual and I further attest that I	will work in conformance with said rules
and regulations.	
Name: Uniberto Celiberti	11/2/10
Name:	Date: 4/1//3
Signature:	Title: Filsi dut
Company: CRL, In	C.

A. A. DORITY COMPANY

BOSTON

CONTINUATION CERTIFICATE

The <u>NGM Insurance Company</u>, hereinafter called the Company, hereby continues in force its <u>Drainlayers Permit</u> Bond Number <u>560705</u>

in the sum of Ten Thousand dollars (\$10,000.00)

on behalf of

Celiberti Realty, LLC

located at

33A Mystic Avenue Medford, MA 02155

in favor of

City of Somerville, MA

for the term beginning <u>August 27th, 2014</u> and ending on <u>August 27th, 2015</u>, subject to all covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, July 14, 2014

NGM Insurance Company

Tradia E

Katie E. Ford

Attorney-in-Fact

A. A. Dority Company, Inc.262 Washington Street, Suite 99

Boston, MA 02108

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

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:	(PL, Inc.
Address: 33	A vigstir he
City; Peck	Rud, MA State: Zip: 02155 Phone #: 781-391-3800
	Restauran/Bat/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit at has exercised our right of 4), and have no employees. Inization staffed by Restauran/Bat/Eating Establishment Nonprofit Entertainment Handle Hand
	nsurance information (if applicable):
Insurance Company Name:	Cleary Insurance
Address: 226	Causenny Str Syit 302
City: Bur Fur,	Cleary Insurance Causenry St Syit 302 State: MA Zip: 021/4 Phone #: 6/7-723-0702
Policy#:	Expiration Date: $\frac{2/15/16}{15}$
Applicant certification:	
penalties of a fine up to \$1 WORK ORDER and a fin	as required under Section 25A of MGL 152 can lead to the imposition of criminal 500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP ne of \$100.00 a day against me. I understand that a copy of this statement may be nvestigations of the DIA for coverage verification.
I do hereby certify under th	7 e pains and penalties of perjury that the information provided above is true and correct.
Signature:	Date: 4/7//5
Print Name:	Vinher Celibert
Official use	only. Do not write in this area. To be completed by city or town official.
City or Town:	Permit/License #: Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office
Contact Person:	Phone #:Other
(1 1 X 2000)	

(revised Jan. 2008)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/18/2015

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).										
PROI	PRODUCER 01799 - 001 CONTACT NAME:									
Cleary Insurance Inc 226 Causeway Street Suite 302 Boston, MA 02114				PHONE (A/C. No. Ext): (617) 723-0700 FAX (A/C. No.: (617) 723-7275						
			EMAIL ADDRESS: jbernardin@clearyinsurance.com							
ьо	31011, 1417 V& 1 17							DING COVERAGE		NAIC#
				INSURE	RA: A.I.M. N	Mutual Insura	ince Company		33758	
INSURED			INSURER B:							
Celiberti Realty LLC; CRL Inc			INSURER C:							
33a Mystic Ave			INSURER D:							
Med	iford, MA 02155					700000		58.70		
*Sec	Additional Named Insured Endorsement				INSURER E : INSURER F :					
		RTIF	ICAT	E NUMBER:	HOOKE	RT.		REVISION NUMBER:		
		OF I	NSUE	PANCE LISTED BELOW HAV	/E BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR TH	E POL	ICY PERIOD
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE- ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH F	QUIRE PERT	MEN AIN, ES. LI	T, TERM OR CONDITION OF THE INSURANCE AFFORDE IMITS SHOWN MAY HAVE BE	DF ANY D BY EN RE	CONTRACT OF THE POLICIES DUCED BY PAI	OR OTHER D DESCRIBED ID CLAIMS.	OCUMENT WITH RESPECT HEREIN IS SUBJECT TO	ALL T	VHICH THIS HE TERMS,
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY						,,,	EACH OCCURRENCE	\$	
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
								GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER							PRODUCTS - COMP/OP AGG	\$	
	POLICY PRO-									
	AUTOMOBILE LIABILITY			300000				COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS AUTOS		1					PROPERTY DAMAGE (Per accident)	\$	
	AUTOS							(FEI ACCIDENT)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS MADE							AGGREGATE	\$	
	DED RETENTION \$	1							\$	
						-		X WC STATU- OTH-		
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N							E.L. EACH ACCIDENT	\$	1,000,000.00
A	ANY PROPRIETOR/PARTNER/EXECUTIVE Y (Mandatory in NH)	N/A		AWC-400-7018143-20	15A	2/15/2015	2/15/2016	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000.00
	ves, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000.00
	DESCRIPTION OF OPERATIONS BEIOW									
										-
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLEB	Attach	ACORD 404 Additional Pamarks	Schodu	la if more space	is required)			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (Attacn	ACORD 101, Additional Remarks	s Scheau	ie, ii more space	is required)			
						F. I. A. T. C. S.				
CE	RTIFICATE HOLDER				CANC	ELLATION				
Cit	Of Somerville						ur 4001 = ==		NOT: :	ED BEFORE
	ention: Dept Public Works ranev Road				THE	EXPIRATION	DATE THE	SCRIBED POLICIES BE CA REOF, NOTICE WILL BE	NCELL E DEL	IVERED IN
Somerville, MA 02144				ACC	ORDANCE WIT	H THE POLICY	Y PROVISIONS.			
Γ				AUTHO	ORIZED REPRESE	ENTATIVE		17		
				(-2lex 2000)						
	-					(C)	1988-2010 A	CORD CORPORATION. A	All riat	nts reserved.