APPLICATION FOR DRAIN LAYING Application Fee \$250.00 FOR CITY CLERK'S OFFICE ONLY 1/4/11 Date Recorded Amount Paid ✓ New Application Renewing Application with Additions or Changes Renewing Application with NO Additions or Changes Business Name: D. MUZZIOII Phone: 6/7-489-53. Business DBA Name (if applicable):____ Address with Zip Code: 22 HOUGH Rd Belmont MA Tax Identification Number: 043 44 3 140 Check one: SSN FEIN Mailing Name (where we should send correspondence to): 22 House Rd Address with Zip Code: Belmont MA Phone: 617-594-3171 Property Owner Name: Heter Conti Address with Zip Code 23 Cnoss St Somewile MA. Emergency Contact 1: <u>Deente muzzioli</u> Phone: 617-489-5332 Phone: <u>6/7- 293-</u>8853 Emergency Contact 2: Freddy Cnz Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) 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: Address with Zip Code:_____ Partner's/Member's/Secretary's Name:_____ Address with Zip Code: Partner's/Member's/Treasurer's Name:

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

ACKNOWLEDGEMENT
I hereby state that all information provided on this application is true and accurate, and 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: Late & MULLIND Date: 10/11/10
Signature of Applicant: Late S. MUZZINI Phone: 10/11/10 Print Name: Dank S. MUZZIOII Phone: 10/11/10
FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:
ENGINEERING DEPARTMENT RECOMMENDATION:
The Engineering Department recommends that the application be: Approved Denied
Signature Date 12-15-10
· · · · · · · · · · · · · · · · · · ·



Effective Date: January 4th, 2011

Paul T. Bruflat, Senior Vice President

Western Surety Company

LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:	Bond No. 24873000
That we, D. Muzzioli Associates, Inc.	
of the City of Belmont and WESTERN SURETY COMPANY, a corporation	, State of Massachusetts , as Principal, a duly licensed to do surety business in the State of
Massachusetts	, as Surety, are held and firmly bound unto the
City of Somerville	, State of Massachusetts, as Obligee, in the penal
sum of Ten Thousand and 00/100 lawful money of the United States, to be paid to the we bind ourselves and our legal representatives, firm	DOLLARS (\$10,000.00), e Obligee, for which payment well and truly to be made, nly by these presents.
THE CONDITION OF THE ABOVE OBLIGATION OF THE ABOVE OBLIGATION	TION IS SUCH, That whereas, the Principal has been
	by the Obligee.
applied for, then this obligation to be void, January 4th This bond may be terminated at any time by th U.S. Mail, to the Obligee and to the Principal at the of thirty five (36) days from the mailing of said not shall thereupon let relieved from any liability for ar date. Regardless of the number of years this bon against this bond, and the number of premiums wh liability shall not be annulative from year to year or	ndments thereto, pertaining to the license or permit otherwise to remain in full force and effect until is renewed by Continuation Certificate. The Surety upon sending notice in writing, by First Class address last known to the Surety, and at the expiration ice, this bond shall ipso facto terminate and the Surety my acts or omissions of the Principal subsequent to said and shall continue in force, the number of claims made which shall be payable or paid, the Surety's total limit of period to period, and in no event shall the Surety's total above. Any revision of the bond amount shall not be
CORPORATE SEAL SEAL	D. Muzzioli Associates, Inc. Principal Principal WESTERN SURETY COMPANY

ACKNOWLEDGMENT OF SURETY (Corporate Officer)

STATE OF SOUTH DAKOTA COUNTY OF MINNEHAHA

On this 4th day of January , 2011 , before me, the undersigned officer personally appeared who acknowledged humself to be the aforesaid officer of WESTERN SURETY COMPANY, a corporation, and that he as such officer, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as such officer. IN WITNESS WHEREOF, I have hereunto set my hand and official seal. SEICH NOTARY PUBLIC SOUTH DAKONA ACKNOWLEDGMENT OF PRINCIPAL (Individual or Partners) STATE OF	COUNTY OF I	MINNEHA	HA }								
Officer of WESTERN SURETY COMPANY, a corporation, and that he as such officer, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself as such officer. IN WITNESS WHEREOF, I have hereunto set my hand and official seal. S. EICH S. S. EICH Notary Public — South Dakota My Commission Expires February 12, 2015 ACKNOWLEDGMENT OF PRINCIPAL (Individual or Partners) On this	On this	4th	_ day of	Janı	uary		_,2011	, befo	re me, the	undersigne	d officer
the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as such officer. IN WITNESS WHEREOF, I have hereunto set my hand and official seal. S. EICH Notary Public — South Dakota My Commission Expires February 12, 2015 STATE OF	personally app	eared	I COM	Paul T. Bru	flat		, who a	cknowled	ged himse	If to be the a	foresaid
S. EICH S. EICH S. EICH SOUTH DAKOTARY Public S. EICH SOUTH DAKOTARY Public Notary Public STATE OF On this day of , before me personally appeared known to me to be the individual described in and who executed the foregoing instrument and acknowledged to me that he executed the same. My commission expires ACKNOWLEDGMENT OF PRINCIPAL (Individual or Partners) ACKNOWLEDGMENT OF PRINCIPAL (Individual or Partners) ACKNOWLEDGMENT OF PRINCIPAL (Corporate Officer) STATE OF COUNTY OF Secuted the same of the executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself/herself as such officer. ACKNOWLEDGMENT OF PRINCIPAL (Individual or Partners) ACKNOWLEDGMENT OF PRINCIPAL (Corporate Officer)											
S. EICH SOUTH DAKOTAFY Public — South Dakota My Commission Expires February 12, 2015 STATE OF COUNTY OF On this		MONE GINCHE	tor one pur	poocs more	COMPANIA	ice, by G	gining one non	or on the	or Tor or from	i wy minioch	uo suoi
Notary Public — South Dakota My Commission Expires February 12, 2015 STATE OF	IN WITNE	SS WHER	REOF, I hav	e hereunto set	t my hand	i and of	ficial seal.	0			
My Commission Expires February 12, 2015 STATE OF	*			3				Ŋ	C	. 10	
My Commission Expires February 12, 2015 STATE OF	الله) ا	NOTAR	Y PUBLIC SE	AL)		_	~~). <u>U</u>	\mathcal{A}	
ACKNOWLEDGMENT OF PRINCIPAL (Individual or Partners) STATE OF	•			· •			No	tary Publi	c — South	Dakota	
STATE OF					2015		ACKNOWLEI	CMENT	OF PRIN	СТРАТ.	
On thisday of	am									0,11,111	
On thisday of	COUNTY OF		· · · · · · · · · · · · · · · · · · ·	> ss							
known to me to be the individual described in and who executed the foregoing instrument and acknowledged to me that he executed the same. My commission expires Notary Public											
My commission expires My commission expires Notary Public	On this		day of _				,	, t	efore me	personally a	ppeared
My commission expires My commission expires Notary Public	known to me to	be the inc	lividual	described in	and who	execute	d the foregoing	instrume	nt and ac	knowledged	to me
ACKNOWLEDGMENT OF PRINCIPAL STATE OF	thathe	executed	the same.						ar una u	and which decor	10 1110
ACKNOWLEDGMENT OF PRINCIPAL (Corporate Officer) STATE OF	My commission	ı expires									
STATE OF				-,			····	Mate	ur Dublic	· · · · · · · · · · · · · · · · · · ·	
STATE OF								Nota	иу гионе		
STATE OF											
On this										CIPAL	
On this	STATE OF			\			(Co.	rporate O	fficer)		
who acknowledged himself/herself to be the	COUNTY OF		***************************************	 -∫							
who acknowledged himself/herself to be the	On this		day of _				, , , , , , , , , , , , , , , , , , , ,	, b	efore me	oersonally a	peared
Stem Such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself/herself as such officer. My commission expires Notary Public Notary Public											;
Stern Street of the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself/herself as such officer. My commission expires Notary Public Notary Public Republic Stern Street	of	geu mmse	wnersen to	be the		v. s		a c	moration	and that h	
The name of the corporation by himself/herself as such officer. My commission expires Notary Combauk Notary Public Notary Public Notary Public Address	such officer bei	ng author	ized so to de	o, executed th	e foregoi	ng instr	ument for the	purposes	therein c	ontained by	signing
Stern Surety Company cense or Permit No. LICENSE AND PERMIT BOND As Address	the name of the	corporati	on by himse	lf/herself as sı	uch office	r.		·		·	
Stern Surety Company cense or Permit No. LICENSE AND PERMIT BOND As Address Address	My commission	expires									
Stern Surety Company cense or Permit No. LICENSE AND PERMIT BOND As Address Address	·		······································		-			Nota	wr Dublio		
Western Surety Company License or Permit No. LICENSE AND PERMIT BOND As Name of Applicant Address Approved this lay of								11066	ay I amic		
Western Surety Company License or Permit No. License or Permit No. License or Permit No. As As Address Approved this Approved this Approved this Approved this	_	11 1 11									
Western Surety Compa License or Permit No LICENSE AND PERMIT BOND As Address Address Approved this,	<u>~</u>										
Western Surety Com License or Permit No LICENSE AND PERMIT BOND As Address Address Approved this, lay of,	<u> </u>		·_,								
Western Surety Co	Ē		NET.								
Western Surety C License or Permit No. LICENSE AND PE BOND As Address As Approved this lay of Approved this	<u>,</u> Q		, K		ant				î		
Western Surety License or Permit License or Permit As As As Approved this Approved this Approved this	\mathcal{L}	S S	7) ic	, m					
Western Sur License or Pern License or Pern Bo Addi Addi Approved this lay of	ਨਿ ਹ	# f			Apı	res					
Western S License or P License or P LICENSE State of Approved this lay of		ern	BO A		₽ Fo	dd					
Westerr License o License o LICEN Na Approved this lay of	Sı	r P			me	₹		70			
Weste Licena Licena Of LIC State of Approved lay of	J.	3e 0	a		Na			this			
We Light State of Sta	St	i ii i	ן ן	\$ -]			pa.			
	Ģ	ř ř	¬	te o			g	rov	of.		
	>			of Sta				Арр	day		

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

P.	aul T. Bruflat	of	Sioux Falls
State of	South Dakota	, its regularly elected	Sioux Falls Senior Vice President
as Attorney-in-Fact, its behalf as Surety a	with full power and aut and as its act and deed	hority hereby conferred upon him to , the following bond:	sign, execute, acknowledge and deliver for and on
One Drain L	aying City of Som	erville	**************************************
bond with bond numb	per24873000		
for _D. Muzzioli	Associates, Inc.		
as Principal in the pe	nalty amount not to ex	ceed: \$ 10,000.00	
duly adopted and now in Section 7. All bo name of the Company Board of Directors mandattorneys-in-Fact or agent necessary for the visual section.	in force, to-wit: nds, policies, undertaking by the President, Secreta y authorize. The Presidents who shall have auth	is, Powers of Attorney, or other obligation ary, any Assistant Secretary, Treasurer, lent, any Vice President, Secretary, an ority to issue bonds, policies, or undertal ies, undertakings, Powers of Attorney or	y of Section 7 of the by-laws of Western Surety Company ons of the corporation shall be executed in the corporate or any Vice President, or by such other officers as the y Assistant Secretary, or the Treasurer may appoint kings in the name of the Company. The corporate seal is other obligations of the corporation. The signature of any
In Witness Who Senior Vice 2011	ereof, the said WEST e President	with the corporate seal affixed this _	aused these presents to be executed by its 4th day of January
ATTEST	Relson L. Neison, As	W I By sistant Secretary	Paul T. Bruffat, Senior Vice President
STATE OF SOUTH D	DAKOTA) ss		
COUNTY OF MINNE	HAHA)		_, before me, a Notary Public, personally appeared
On this 4t	h day of	January , 2011	_, before me, a Notary Public, personally appeared L. Nelson
who, being by me dul and Assistant Secret voluntary act and dee **********************************	ly sworn, acknowledge	d that they signed the above Power	of Attorney as Senior Vice President ANY, and acknowledged said instrument to be the
j san noti j san sou † ~ ~ ~ ~ ~ ~ ~ ~ ~	ARY PUBLIC SEAL SITH DAKOTA SEAL SEAL SEAL SEAL SEAL SEAL SEAL SEA		Kl Krell Notary Public

CERTIFICATE OF CORPORATE AUTHORITY

I, Dante S. MUZZIO/I, Clerk of
Name of Corporation hereby certify that
at a meeting of the Board of Directors of said Corporation duly held on the Date day of
OCTOBER 2010 at which a quorum was present and voting throughout, the following
vote was duly passed and is now in full force and effect:
VOTED: That Manage of Officer authorized to sign for the Corporation be and
hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to
sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and
other obligations of the Corporation, the execution of any such contract, bond or obligation by
such MUZZIOII to be valid
and binding upon this Corporation for all purposes. This vote remains in full force and effect, and
has not been altered, amended or revoked by a subsequent vote of such directors.
I further certify that Same of Onicer such or new to sign for the Corporation
is the duly elected of said Corporation.
Signed Darte & Muzzah
Place of Business Palmont MASS.
Date
AFFIX CORPORATE SEAL HERE
In the event that the Clerk or Secretary is the same person as the Officer authorized to
sign that contract, bond or other instrument for the Corporation, this certificate must be counter-
signed by another Officer of the Corporation.

Name & Title of Countersigning Officer president

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)

**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: DMUZZIO/I		
Address: 22 Hough	Rd	
- · · · · ·	State: MA Zip: 02478 Phone #:	
I am an employer with 20 employer (full and/or part time). I am a sole proprietor or partnership at employees. We are a corporation that has exercise exemption per c152 s1(4), and have no We are a nonprofit organization staffer yolunteers and have no employees.	nd have no d our right of comployees. Retail Restaurant/Bar/Eating I Office and/or Sales (result in the comployees) Retail Restaurant/Bar/Eating I Office and/or Sales (result in the comployees) Retail Restaurant/Bar/Eating I Office and/or Sales (result in the comployees) Retail Restaurant/Bar/Eating I Office and/or Sales (result in the comployees)	Establishment
Workers' compensation insurance info	rmation (if applicable):	£
Insurance Company Name: ACC	workers compen	sation
Address: 436 Walnut	Street	
cir. Philadelphia	State: PA Zip: /9/06 Phone #:	800-234-8
Policy #: C458.67547	Expiratio	n Date: ///5/10
Applicant certification:		, , ,
penames of a fine up to $$1,500.00$ and/or	under Section 25A of MGL 152 can lead to to one years' imprisonment as well as civil penals a day against me. I understand that a copy of the DIA for coverage verification.	ies in the form of a STOP
do hereby certify under the pains and per	nalties of perjury that the information provided a	
Print Name: Dante S	Murzoli	
-	vrite in this area. To be completed by city or to	
City or Town:	Permit/License #:	Board of Health Building Department City/Town Clerk Licensing Board
Contact Person;	Phone #:	☐ Selectmen's Office ☐ Other
revised Jan. 2008)		

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/01/2010

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

		rms and conditions of the policy, ate holder in lieu of such endorsement		tain	policies may require an e	endorsei	ment. A state	ement on thi	s certificate does not con	fer rights to the
PROD					* -	CONTAC NAME:	JEANN	E BORELLI		
BORELLI INSURANCE AGENCY, INC.				PHONE (AIC, No, Ext): 617-484-8382 (AIC, No):617-489-2889						
341	T	RAPELO ROAD				E-MAN. ADDRES	s: JEANN	E@BORELLI	INSURANCE.COM	
BEI	MOI	NT, MA 02478				PRODUC CUSTOM	:ER			
								NSURER(S) AFFOR	DING COVERAGE	NAIC #
INSUR						INSURER	A HARLEYS	TLLE INS	. co.	
		ZZIOLI ASSOCIATES, INC.				INSURER	B SAFETY	INS. CO.		
22	HOU	JGH ROAD				INSURER	CACE P&C	INS. CO.		
BEI	MOI	NT, MA 02478				INSURER	RD:			
						INSURER	R E :	andrea and area are a secure as		
					<u> </u>	INSURER	RF:			
					UMBER:				REVISION NUMBER:	
INI CE EX	DICA RTIF	S TO CERTIFY THAT THE POLICIES FED. NOTWITHSTANDING ANY REQUICATE MAY BE ISSUED OR MAY SIONS AND CONDITIONS OF SUCH POLICI	IREMI PERT ES. LII	ENT, 'AIN, MITS S	TERM OR CONDITION OF THE INSURANCE AFFORDER	D BY	CONTRACT (THE POLICIES PAID CLAIMS	or other d Described	OCUMENT WITH RESPECT	TO WHECH THIS
INSR		TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L an ers	
A	GEN	ERAL LIABILITY			CB8G5351		2/11/10	2/11/11	EACH OCCURRENCE \$	1,000,000
	x	COMMERCIAL GENERAL LIABILITY					i 1		PRESENCE (Ex occurrence)	100,000
		CLAIMS-MADE X OCCUR					1		MED EXP (Any one person) \$	5,000
							Ì		PERSONAL I ADVINURY S	1,000,000
				1			•		GENERAL AGGREGATE \$	2,000,000
	GEN	'L AGGREGATE LIMIT APPLIES PER:					ş		PRODUCTS COMPIOP AGE 5	2,000,000
		POLICY PRO- LOC) 	ř		
В	AUT	OMOBILE LIABILITY			5053766		1/1/10	1/1/11	COMBINED SINGLE UNIT (Ex account)	1,000,000
		ANY AUTO					:		BODILY BULRY Per persons 5	
	Х	ALL OWNED AUTOS							SOORY NARY Per scooms 3	
	Х	SCHEDULED AUTOS							PROPERTY DAMAGE	Plantiken aleus meru manara kalma memuri menarapi a
	X	HIRED AUTOS					•		(Per accident)	parameter description of the second control of the second
		NON-OWNED AUTOS							; *	
								<u> </u>	· · · · · · · · · · · · · · · · · · ·	
		UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							SACH DOOUPRENDS	
		OLAMO WILL							ASSRECATE \$	L. J
	<u> </u>	DEDUCTIBLE							direction of the second	
c	WOF	RETENTION \$	ļ		C45867547		11/15/09	11/15/10	THE STATE OFF	
٦	AND	EMPLOYERS' LIABILITY Y/N			C#300/34/		·TT/ T3/ U3	±1/13/10		500,000
	OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						***************************************	500,000
l	lf ye	datory in NH) s, describe under								500,000
i	i des	CRIPTION OF OPERATIONS below	I	1	1					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
City of Somerville	
City Clerk - City Hall	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
93 Highland Ave.	ACCORDANCE WITH THE POLICY PROVISIONS.
Somerville, MA 02144	AUTHORIZED REPRESENTATIVE
	Marie Ball
	// © 1988-2009 ACORD CORPORATION. All rights reserv