

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date 2/6/13

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 2/14/13

Amount Paid \$250-

☒ New Sign, Awning or Advertising Device

☐ New Facing on an Existing Frame

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

Applicant's Legal Name: STANHOPE FRAMERS, INC. Phone: 617-666-2000

Applicant's Address (with Zip Code): 55 BOW STREET SOMERVILLE, MA 02143

Applicant's Email Address: RSIEGEL@STANHOPEFRAMERS.COM -OR- DMURPHY@STANHOPEFRAMERS.COM

Applicant's Federal Employer Identification Number: 042636693

Business DBA Name (if applicable): _____

Business Location (with Zip Code): _____

Mailing Name (where we should send correspondence to): _____

Mailing Address (with Zip Code): _____

Emergency Contact: _____ 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: DAVID MURPHY

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: STEVEN HALPERN

Address with Zip Code: S

Partner's/Member's/Treasurer's Name: DAVID MURPHY

Address with Zip Code: _____

Name of company erecting sign: STANHOPE FRAMERS, INC
Phone: 617-666-2000

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

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: _____

Print Name: DAVID MURPHY Phone: _____

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

This sign or awning is located in a historic district: _____ True _____ False

Based on a review of the attached plans, I reasonably expect that this sign, awning, or advertising device will conform to all ordinances and the State Building Code. (NOTE: This statement does NOT constitute permission to install the sign, awning, or advertising device.)

Signature: _____ Date: _____

Print Name: _____ Title: _____

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

(only required for signs or awnings in a historic district)

The Historic Preservation Commission recommends _____ Approval _____ Denial

Signature: _____ Date: _____

Print Name: _____ Title: _____



* See second page for exact measurements.



30 ALSTON STREET, SOMERVILLE, MA 02134
(617) 776-7549

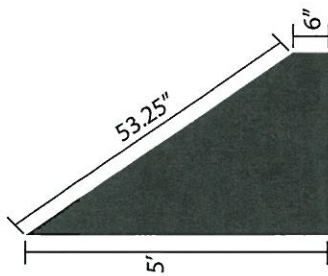
Project: Stanhope Framers	
Salesman: Andrew L.	Designer: Caitlin H.
Scale:	
Date:	Sketch #:

Location: 55 Bow Street Somerville, Ma	Job Description: Awnings
File Name:	

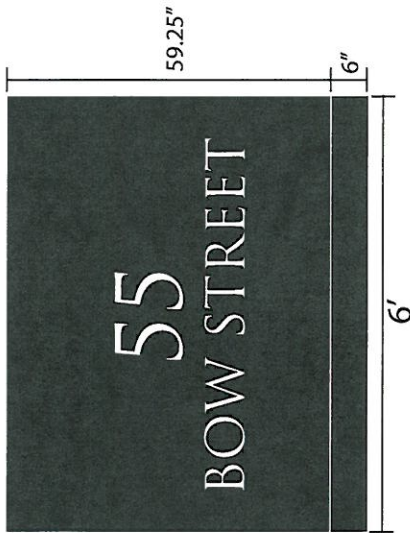
Revised

Note: This is an original drawing created by and owned by Flagraphics, Inc. It is submitted for your personal use in connection with a project being planned for you by Flagraphics, Inc. It is not to be shown to anyone outside your organization, nor is it to be used, reproduced, copied, or exhibited in any fashion.

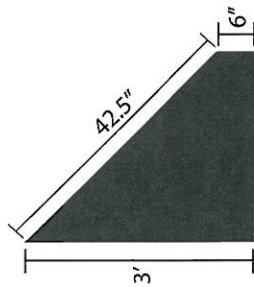
Customer Approval:



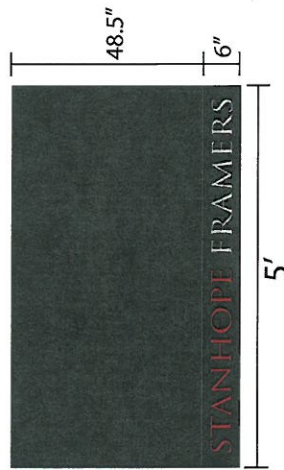
Qty: 1



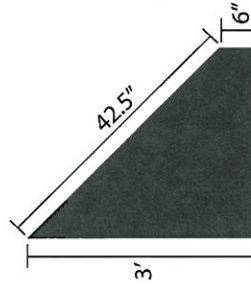
Graphic=21.4" x 58"



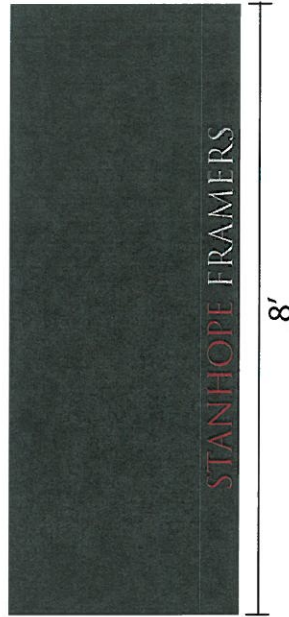
Qty: 4



Graphic=4" x 56.75"



Qty: 2



Graphic=4" x 56.75"



30 ALSTON STREET, SOMERVILLE, MA 02134
(617) 776-7549

Project:		Location:		Job Description:		Revised	
Salesman:		Designer:					
Scale:		Sketch #:		File Name:			
Date:							

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Customer Approval:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/15/2013

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 W.T. Phelan & Co., Insurance Agency Inc. 645R Massachusetts Avenue Arlington MA 02476		CONTACT NAME: Jean Betz PHONE (A/C, No, Ext): (781) 641-7200 FAX (A/C, No): (781) 646-2410 E-MAIL ADDRESS: jsbetz@verizon.net	
INSURED Stanhope Framers, Inc. David Murphy 55 Bow Street Somerville MA 02143		INSURER(S) AFFORDING COVERAGE INSURER A: Hanover Insurance Company NAIC # 22292 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL12111406613

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			ZDN9575791	6/3/2012	6/3/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			AWN9575702	6/3/2012	6/3/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 20,000 BODILY INJURY (Per accident) \$ 40,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 Uninsured motorist Bl split limit \$ 250,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			UHN 9580728	6/3/2012	6/3/2013	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WBN9579601	6/3/2012	6/3/2013	WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
certificate holder is listed as additional name insured per policy term, conditions and exclusions as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

City of Somerville

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

R Ramsey, Jr./FELECS

ACORD 25 (2010/05)
INS025 (201005) 01

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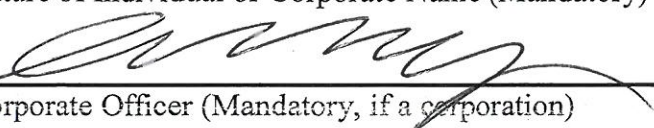
The ACORD name and logo are registered marks of ACORD

**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.

STANHOPE FRAMERS, INC.

*Signature of Individual or Corporate Name (Mandatory)


By: Corporate Officer (Mandatory, if a corporation)

042636693

**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
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Stanhope Framers, Inc.

Address of taxpayer/applicant's business in Somerville: 55 BOW STREET

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-666-2000 evening: _____

I, (print name) DAVID W. MURPHY, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 6 day of February, 20 13.
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____
1785 # 232053001 # 88 # _____

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:



RECEIVED
UBanaw
2-6-13

*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: Flagraphics, Inc
Address: 30 Alston St
City: Somerville State: MA Zip: 02143 Phone #: 617-776-7549

- ☒ I am an employer with 10 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☒ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual
Address: 175 Berkeley St
City: Boston State: MA Zip: 02117 Phone #: 800-653-7893
Policy #: WC2-315-368755-012 Expiration Date: 10/2/13

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Helena Domingos Date: 11/30/13
Print Name: Helena Domingos

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

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____
☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____