

2014 RENEWAL

APPLICATION FOR DRAIN LAYING -2 P 2:16

Nonrefundable Application Fee \$250.00

Date 3/26/2015

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

- ☐ New Application
☐ Renewing Application with Additions or Changes
☒ Renewing Application with NO Additions or Changes

Business (DBA) Name: Baustate Engineering Corp. Phone: 508-893-8931

Applicant's Federal Employer Identification Number: 26-0890571

Applicant's Legal Name: Baustate Engineering Corp.

Applicant's Address (with Zip Code): 330 Hopping Brook Rd. Holliston MA 01746

Mailing Name (where we should send correspondence to):

Mailing Address (with Zip Code):

Emergency Contact: Eric Cavaliere Phone: 617-590-8196

Type of Business (Check Only One and Provide the Names Indicated):

☐ **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%:

☒ **Corporation:** Name of Corporation: Baustate Engineering Corp.

Name of President: Richard Gordon

Name of Secretary: Name of Treasurer:

☐ **LLC:** Name of LLC:

Names of All Managers Who Own More Than 10%:

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: Baystate Engineering Corp.

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: Richard Gordon Date: 3-26-15

Print Name: Richard Gordon Phone: 508-893-8931

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: ☐ Approved ☐ Denied

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.

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 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 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: Richard Gordon Date: 3-26-15
Signature: Richard Gordon Title: President
Company: Baystate Engineering Corp.



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 61318511 briefly described as DRAIN LAYER CITY OF SOMERVILLE,
for BAYSTATE ENGINEERING CORP.,
as Principal,
in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning April 03, 2015, and ending April 03, 2016, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 25 day of March, 2015.

WESTERN SURETY COMPANY

By

Paul T. Brunat

Paul T. Brunat, Vice President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

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: Baystate Engineering Corp.
Address: 330 Hopping Brook Rd.
City: Holliston State: MA Zip: 01746 Phone #: 508-893-8931

- ☒ I am an employer with 22 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: Travelers Property Casualty Company
Address: One Tower Sq.
City: Hartford State: CT Zip: 06183 Phone #: 888-695-4625
Policy #: UB-9996L-035-14 Expiration Date: 11/1/2015

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: Richard Gordon Date: 3-26-15
Print Name: Richard Gordon

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