



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

2015 APR -9 P 1.16

Application to Renew Drain Layer License

CITY CLERK'S OFFICE
 SOMERVILLE, MA

TRI CONSTRUCTION CO., INC.
PO BOX 220607
DORCHESTER MA 02122

License #: BL15-001115
File #: 15-882
Fee: 250

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. 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: TRI CONSTRUCTION CO., INC. Business Location: 0 OUT OF AREA Business Phone: 617-288-1255	
License Holder: TRI CONSTRUCTION CO., INC. PO BOX 220607 DORCHESTER MA 02122	
Mailing Address: TRI CONSTRUCTION CO., INC. PO BOX 220607 DORCHESTER MA 02122	
Business Type: Corporation FRANCIS FASOLI PAUL FASOLI PAUL FASOLI	
FID: 042786413	
Emergency Contact: FRANK FASOLI Phone: 614-212-3283	617-212-3283

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.
- Any changes above are subject to the approval of the BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: Francis A. Fasoli Date: 3/26/15

Printed Name: Francis A. Fasoli Sr Phone: 617-212-3283

CITY OF SOMERVILLE

SOMERVILLE • MASSACHUSETTS 02145

DPW - ENGINEERING DEPARTMENT

1 FRANEY ROAD ~ 1ST FLOOR

PHONE: 617-625-6600 • FAX: 617-625-4454

January 2015

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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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 2015. 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: Francis A. Fasoli Sr. Date: 3/26/15

Signature: Francis A. Fasoli Sr. Title: President

Company: JRI Construction Co., Inc.

LICENSE AND PERMIT BOND
North American Specialty Insurance Company
Manchester, New Hampshire 03101

KNOW ALL MEN BY THESE PRESENTS, That We Tri Construction Co., Inc.

of Dorchester, MA (hereinafter called the "Principal"), as Principal, and North American Specialty Insurance Company, of Manchester, New Hampshire, as Surety, a New Hampshire corporation duly licensed to transact the business of Suretyship in the State of Massachusetts, are held and firmly bound unto City of Somerville, MA as Obligee

in the penal sum of Ten Thousand Dollars (\$ 10,000.00) DOLLARS for the payment of which well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals and dated this 31st day of January 20 15

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the above Principal has or is about to apply to said Obligee for a license as Drainlayers for the term commencing this date and ending January 31 20 16

NOW THEREFORE, if said Principal shall well and truly, comply with and faithfully discharge his duties according to the terms of the ordinances, rules and regulations relating to the issuance of said license, and fully indemnify and save harmless the said Obligee, then this obligation shall be void, otherwise to be and remain in full force and effect; Provided However that the Surety may (1) cancel this bond at any time by giving Fifteen (15) days' notice in writing by registered mail to the Obligee, but such cancellation or termination shall not affect any liability incurred or accrued prior to the effective date of such written notice, and (2) this bond may be extended or continued for annual periods of one year by issuance of a continuation certificate as evidence thereof of such continuation by the Surety.

Tri Construction Co., Inc.

By: [Signature]
Principal

North American Specialty Insurance Company

By: [Signature]
Gail M Paling, Attorney-in-Fact

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: TRI Construction Co., Inc.
Address: 320 Adams Street
City: Dorchester State: MA Zip: 02122 Phone #: 617-288-1255

- I am an employer with 14 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 Construction

Workers' compensation insurance information (if applicable):

Insurance Company Name: Amguard Insurance Company
Address: 16 S. River Street
City: Wilkes-Barre State: PA Zip: 18703 Phone #:
Policy #: R2WC507845 Expiration Date: 6/15/15

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: Francis A. Fasoli Date: 3/26/15
Print Name: Francis A. Fasoli SR

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 _____