

APPLICATION FOR DRAIN LAYING

2012 SEP 25 P. 3: 16

Application Fee \$250.00

FOR CITY CLERK'S OFFICE ONLY

Date 9-25-12

CITY CLERK'S OFFICE
SOMERVILLE, MA

9/25/12
\$ 250-

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Applicant's Legal Name: SEQUOIA CONSTRUCTION INC. Phone: 781-447-8052

Applicant's Address (with Zip Code): 10 BULKLEY AVE UNIT 9 WHITMAN MA 02382

Applicant's Email Address: SEQCON2@AOL.COM

Applicant's Federal Employer Identification Number: 04-3181294

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: EJ O'SULLIVAN Phone: 617-710-5109

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: NANCY Mc CLOUD

Address with Zip Code: 111 INDIAN LANE CANTON MA 02021

Partner's/Member's/Secretary's Name: EDWARD Mc CLOUD

Address with Zip Code: 111 INDIAN LANE CANTON MA 02021

Partner's/Member's/Treasurer's Name: KEVIN Mc CLOUD

Address with Zip Code: 111 INDIAN LANE CANTON MA 02021

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.

Signature of Applicant: E. J. O' Sullivan Date: 9/25/12
Print Name: EDWARD O' SULLIVAN Phone: (617) 710 5108

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied
Signature: [Signature] Date: 9.25.12

LYNN WATER & SEWER. ANDY HALL
(781) 596 2400 X 205.

TOWN OF NORTHBRIDGE SEWER DEPARTMENT
MARK KURAS
(508) 234 2154.

DIANE WHITE
TOWN OF CANTON
(781) 821 5021.



BOND
(License or Permit - Continuous)

Bond No. 105840907

KNOW ALL MEN BY THESE PRESENTS:

THAT WE Sequoia Construction Inc. as Principal, and Travelers Casualty and Surety Company of America, a corporation duly incorporated under the laws of the State of Connecticut and authorized to do business in the State of MASSACHUSETTS, as Surety, are held and firmly bound unto City of Somerville, as Obligee, in the penal sum of Ten Thousand (\$10,000.00) Dollars, for the payment of which we hereby bind ourselves, our heirs, executors and administrators, jointly and severally, firmly by these presents.

WHEREAS, the Principal has obtained or is about to obtain a license or permit for Drainlayers Permit.

NOW, THEREFORE, THE CONDITIONS OF THIS OBLIGATION ARE SUCH, that if the Principal shall faithfully comply with all applicable laws, statutes, ordinances, rules or regulations, pertaining to the license or permit issued, then this obligation shall be null and void; otherwise to remain in full force and effect.

This bond shall become effective on September 25, 2012.

PROVIDED, that regardless of the number of years this bond is in force, the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the penal sum listed above.

PROVIDED FURTHER, that the Surety may terminate its liability hereunder as to future acts of the Principal at any time by giving thirty (30) days written notice of such termination to the Obligee.

SIGNED, SEALED AND DATED this September 25, 2012.

Sequoia Construction Inc.

By: _____

Principal

Travelers Casualty and Surety Company of America

By: _____

Rebecca Shanley


Attorney-in-fact

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.

SEQUOIA CONSTRUCTION INC.

*Signature of Individual or Corporate Name (Mandatory)

 CLERK EDWARD McCLOUD
By: Corporate Officer (Mandatory, if a corporation)

04-3181294

**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: SEQUOIA CONSTRUCTION INC.
Address: 10 BUCKLEY AVE UNIT 9
City: WHITMAN State: MA Zip: 02382 Phone #: 781-447-8052

- I am an employer with 15 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: DESANCTIS INSURANCE
Address: 100 UNICORN PARK DR
City: WOBURN State: MA Zip: 01801 Phone #: 781-935-8480
Policy #: WEA010928918 MA (ACADIA) Expiration Date: 3-9-13

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 153 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one year's imprisonment as well as civil penalties in the form of a \$100 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: [Signature] Date: 9-25-12
Print Name: EDWARD M. CLOUD

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
 Selectman's Office
 Other _____

Contact Person: _____ Phone #: _____
(revised Jan. 2003)