

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

2011 JAN 25 A 11:39

Application Fee \$250.00

Date

FOR CITY CLERK'S OFFICE ONLY
Date Recorded
Amount Paid \$250.00
SOMERVILLE, MA

New Sign, Awning or Advertising Device

New Facing on an Existing Frame

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

Business Name: EASTERN BANK Phone: 781 599-2100

Business DBA Name (if applicable): 256 ELM ST.

Address with Zip Code: 195 MARKET ST., LYNN, MA 01901

Tax Identification Number: 043067724 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): Richard Batten, Batten Bros. INC

Address with Zip Code: 893 Main St. Wakefield, MA 01880

Property Owner Name: Myer's Dance & Sals Phone: 617-928-1700

Address with Zip Code: 1340 Centre St. Suite 101, Newton, MA 02459

Emergency Contact 1: RICHARD BATTEN Phone: 617-212-2366

Emergency Contact 2: BARBARA WILSON Phone: 781-844-7666

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: ~~EASTERN BANK~~ RICHARD HOLBROOK

Address with Zip Code: 195 MARKET ST., LYNN, MA.

Partner's/Member's/Secretary's Name: N/A

Address with Zip Code:

Partner's/Member's/Treasurer's Name: RICHARD E HOLBROOK

Address with Zip Code: 195 MARKET ST., LYNN, MA.

Name of company erecting sign: Batten Bros. INC. Wakefield MA

Phone: 781-245-8226 617-212-2366

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

replace existing Wainwright Bank signs w/ Eastern Bank signs

Wall sign: 4' x 16' and projecting sign: 24" x 5'

(single faced-wall sign internally illuminated) (projecting sign also internally illuminated)

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: Jan-25-11

Print Name: Mano Treco Bate Phone: 617-212-2366

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Services Department recommends: Approval Denial

This sign or awning is to be installed in a historic district: True False

Signature: [Signature] Date: 2-4-11

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

(only required for signs or awnings in historic districts) not historic

The Historic Preservation Commission recommends Approval Denial

Signature: [Signature] Date: 1/6/2011

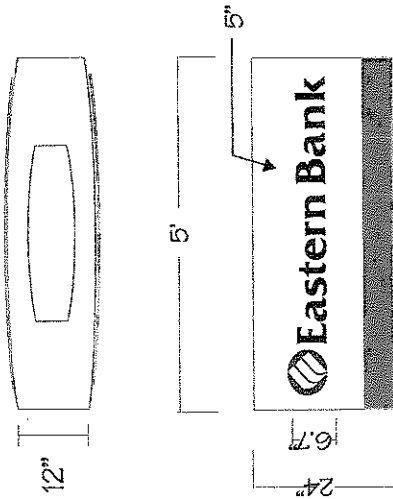


EXISTING SIGN



PROPOSED SIGN

TOP VIEW



- (1) DOUBLE FACED ILLUMINATED PROJECTING SIGN
- FABRICATED ALUMINUM, INTERNALLY ILLUMINATED
- FACE MATERIALS: .186 HEXAN W/1/2" ACRYLIC LETTERS & LOGO

BATTEN BROS. Sign Advertising		Project: Eastern Bank Salesman: Rich Designer: Ronald Scale: 3/8" = 1'-0" Date: 8/23/10 sketch #: 50548	Location: Davis Square File Name: Davis Square.odr	Job Description: D.F. Internally Illuminated Sign	Revised
893 MAIN STREET, WAKEFIELD, MA 01880 (781) 245-4800		Notice: This is an original copyright drawing created by and owned by Batten Bros, Inc. It is submitted for your personal use in connection with a project being planned for you by Batten Bros, 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:			

PRODUCER 508.651.7700 FAX
Eastern Insurance Group LLC - Main
233 West Central Street
Natick, MA 01760

INSURED Eastern Bank Corporation
Wainwright Bank & Trust Company
195 Market Street
Lynn, MA 01901

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Great Northern Insurance C	20303
INSURER B: Federal Insurance Company	20281
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY	35298108	09/21/2010	09/21/2011	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 5,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ Included
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
B		EXCESS / UMBRELLA LIABILITY	79863783	09/21/2010	09/21/2011	EACH OCCURRENCE \$ 10,000,000
	<input checked="" type="checkbox"/>	OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 10,000,000
		DEDUCTIBLE				\$
		RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				OTH-ER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
		OTHER				

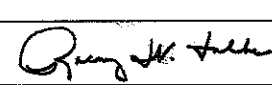
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 City of Somerville is an additional insured on the general liability policy with regard to the sign installation at 250 Elm Street, Somerville, MA.

CERTIFICATE HOLDER

City of Somerville
Somerville, MA 02144

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Rosemary Fulham/JS 

**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.

EASTERN BANK

*Signature of Individual or Corporate Name (Mandatory)

Linda J. Pogson

By: Corporate Officer (Mandatory, if a corporation)

04-3067724

**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

Treasury Department
JOSEPH A. CURTATONE
MAYOR

Elizabeth A. Craveiro
CMMC/Treasurer

WARNING: TREASURY WILL NEED UP TO FIVE (5) BUSINESS DAYS TO PROCESS THIS FORM

CERTIFICATE OF GOOD STANDING

1. Name of person requesting certificate: Richard Batten / Maria Batten
PLEASE PRINT

2. Address of work: 256 Elm St.

AND/OR

3. Taxpayer's Home Address: Myerpane & Sons 40 Sitt Realty LLC.
Phone: Day _____ Evening _____

4. Business Owner's Home Address: 1340 Centre St. Suite 101, Newton, MA 02451
Business Owner's Phone: Day 617-928-1700 Evening: _____

5. Business I.D. Number: _____

I, EASTERN BANK, the undersigned Taxpayer, do
Taxpayer Print Name

hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid and/or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

Linda J Pogson V.P.
(Business/Real Estate Owner's Signature)

LINDA J Pogson, VICE PRESIDENT
PRINT Business/Real Estate Owners Name

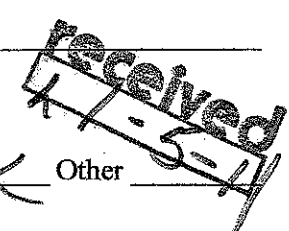
Date of Issuance: _____ Includes Postings Through _____

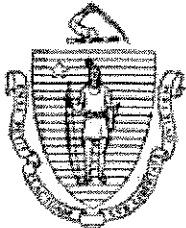
Tax and Account Number(s) Included in Certificate:

RE 21624571 Water/Sewer 31308700 Personal Property NOTICE Other _____

CLERK'S INITIALS: U 31308700

PLEASE CHECK ONE: Business Permit OR Building Permit





The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): Batten Bros. INC.

Address: 893 Main St. Wakefield MA 0280

City/State/Zip: _____ Phone #: 781-245-8224

Are you an employer? Check the appropriate box:

- 1. I am a employer with 18 employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
- 3. I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
- 4. I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
- 5. We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

- 6. New construction
- 7. Remodeling
- 8. Demolition
- 9. Building addition
- 10. Electrical repairs or additions
- 11. Plumbing repairs or additions
- 12. Roof repairs
- 13. Other SIGN

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: Arbella Protection Ins.

Policy # or Self-ins. Lic. #: 9105760810 Expiration Date: 8/27/11

Job Site Address: 256 Elm St. City/State/Zip: Summerville MA

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

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

Signature: Richard E. Batten Date: 11/11/11

Phone #: 781-245-4800

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
- 6. Other _____

Contact Person: _____ Phone #: _____