

## APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date MARCH 17, 2011

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 3-30-2011

Amount Paid \$ 250 -

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: ROBERT W. IRVINE & SONS, INC. Phone: 781-581-0464

Applicant's Address (with Zip Code): 147 BLOSSOM STREET LYNN, MA. 01902

Applicant's Email Address: ayoung.irvine@verizon.net

Applicant's Federal Employer Identification Number: 04-2513028

Business DBA Name (if applicable): \_\_\_\_\_

Business Location (with Zip Code): \_\_\_\_\_

Mailing Name (where we should send correspondence to): ROBERT W. IRVINE & SONS, INC.

Mailing Address (with Zip Code): 147 BLOSSOM STREET LYNN, MA. 01902

Emergency Contact: MARK J. IRVINE Phone: 781-581-0464

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: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Secretary's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

2011 MAR 29 P 4:04  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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: [Signature] Date: MARCH 17, 2011

Print Name: MARK J. IRVINE Phone: 781-581-0464

**FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:**

**ENGINEERING DEPARTMENT RECOMMENDATION:**

The Engineering Department recommends that the application be:       Approved       Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_

**License and/or Permit Term Bond**

KNOW ALL MEN BY THESE PRESENTS:

That we,

Robert W. Irvine & Sons, Inc.as Principal, and Fidelity and Deposit Company of Maryland, incorporated under the laws of the State of Maryland, with principal office in Schaumburg ILas Surety, are held and firmly bound unto City of Somervilleas Obligee, in the penal sum of Ten Thousand and Zero Cents Dollars, lawful money of the United States, for which payment, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly, by these presents.

WHEREAS, the above bounden Principal has obtained or is about to obtain from the said Obligee a license or permit for Drainlayers Bond ;  
and the term of said license or permit begins the 17th day of May, 2011 and ends the 17th day of May, 2012.

WHEREAS, the Principal is required by law to file with  
City of Somerville

a bond for the above indicated term and conditioned as hereinafter set forth.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, That if the above bounden Principal as such licensee or permittee shall indemnify said Obligee against all loss, costs, expenses or damage to it caused by said Principal's non-compliance with or breach of any laws, statutes, ordinances, rules or regulations pertaining to such license or permit issued to the Principal, which said breach or non-compliance shall occur during the term of this bond, then this obligation shall be void, otherwise to remain in full force and effect.

PROVIDED, that if this bond is for a fixed term, it may be continued by Certificate executed by the Surety hereon; and

PROVIDED FURTHER, that regardless of the number of years this bond shall continue or be continued in force and of the number of premiums that shall be payable or paid the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the amount of this bond, and

PROVIDED FURTHER, that if this is a continuous bond and the Surety shall so elect, this bond may be cancelled by the Surety as to subsequent liability by giving thirty (30) days notice in writing to said Obligee.

Signed, sealed and dated the 17th day of May, 2011Robert W. Irvine & Sons, Inc.*Principal*

By

MARK J. IRVINE, PRESIDENTFidelity and Deposit Company of Maryland

By

John Scanlon*, Attorney-in-Fact*

Bond Number: LPM7621817

**Power of Attorney  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND**

**HOME OFFICE: 600 RED BROOK BOULEVARD, OWINGS MILLS, MD 21117**

KNOW ALL MEN BY THESE PRESENTS: That the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, a corporation of the State of Maryland, by Frank E. Martin, Jr., Vice President and Gerald F. Haley, Assistant Secretary, in pursuance of authority granted by Article VI, Section 2, of the By-Laws of said Company, which are set forth on the next page hereof and are hereby certified to be in full force and effect on the date hereof, does hereby nominate, constitute and appoint John Scanlon, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: Bond or undertaking number LPM7621817, issued on behalf of Robert W. Irvine & Sons, Inc., as Principal in a penalty not to exceed the sum of Twelve Thousand and Zero Cents (\$12,000) and the execution of such bond or undertaking in pursuance of these presents, shall be as binding upon said company, as fully and amply, to all intents and purposes, as if it had been duly executed and acknowledged by the regularly elected officers of the Company at its office in Owings Mills, MD, in their own proper persons.

The said Assistant Secretary does hereby certify that the extract set forth on the next page hereof is a true copy of Article VI, Section 2, of the By-Laws of said Company, and is now in force.

IN WITNESS WHEREOF, the said Vice-President and Assistant Secretary have hereunto subscribed their names and affixed the Corporate Seal of the said FIDELITY AND DEPOSIT COMPANY OF MARYLAND this 17th day of May, A.D. 2011.

ATTEST:

**FIDELITY AND DEPOSIT COMPANY OF MARYLAND**



*Gerald F. Haley*

Gerald F. Haley      Assistant Secretary

By: *Frank E. Martin Jr.*

Frank E. Martin, Jr.      Vice President

State of Maryland      }  
County of Baltimore    } ss:

On this 17th day of May, A.D. 2011, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, came Frank E. Martin, Jr., Vice President, and Gerald F. Haley, Assistant Secretary of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and they each acknowledged the execution of the same, and being by me duly sworn, severally and each for himself depose and saith, that they are the said officers of the Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and that the said Corporate Seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.



*Constance A. Dunn*

Constance A. Dunn      Notary Public  
My Commission Expires:      July 14, 2011

## CERTIFICATE OF CORPORATE AUTHORITY

I, APRIL YOUNG, Clerk of  
Name of Clerk or Secretary  
ROBERT W. IRVINE & SONS, INC. hereby certify that,  
Name of Corporation  
at a meeting of the Board of Directors of said Corporation duly held on the 3rd day of  
Date  
MAY, 2010, at which a quorum was present and voting throughout, the following  
Month Year  
vote was duly passed and is now in full force and effect:

VOTED: That MARK J. IRVINE be and  
Name of Officer authorized to sign for the Corporation  
hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to  
sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and  
other obligations of the Corporation, the execution of any such contract, bond or obligation by  
such MARK J. IRVINE to be valid  
Name of Officer authorized to sign for the Corporation  
and binding upon this Corporation for all purposes. This vote remains in full force and effect,  
and  
has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that MARK J. IRVINE  
Name of Officer authorized to sign for the Corporation  
is the duly elected PRESIDENT of said Corporation.  
Title

Signed

April Young  
Clerk or Secretary

Place of Business 147 BLOSSOM STREET LYNN, MA. 01902

Date MARCH 17, 2011

AFFIX CORPORATE SEAL HERE

In the event that the Clerk or Secretary is the same person as the Officer authorized to  
sign that contract, bond or other instrument for the Corporation, this certificate must be counter-  
signed by another Officer of the Corporation.

Countersigned \_\_\_\_\_

Name & Title of Countersigning Officer \_\_\_\_\_

**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.

✓ ROBERT W. IRVINE & SONS, INC.

\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)



\_\_\_\_\_, PRESIDENT

By: Corporate Officer (Mandatory, if a corporation)

04-2513028

\_\_\_\_\_  
\*\*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: ROBERT W. IRVINE & SONS, INC.

Address: 147 BLOSSOM STREET

City: LYNN State: MA Zip: 01902 Phone #: 781-581-0464

- ☒ I am an employer with 45 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 MECHANICAL CONTRACTOR

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: MAZONSON LLC

Address: 710 EDGEWATER DRIVE

City: WAKEFIELD State: MA Zip: 01880 Phone #: 781-224-5763

Policy #: WCA010579517 Expiration Date: 12/31/2011

**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: [Signature]

Date: MARCH 17, 2011

Print Name: MARK J. IRVINE

*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 \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: KZ

DATE (MM/DD/YYYY)

12/31/10

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).

<b>PRODUCER</b> Mazonson LLC www.mazonson.com 701 Edgewater Drive Suite 230 Wakefield, MA 01880-6236 John Scanlon		<b>781-224-5700</b> <b>781-224-5777</b>	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL</b> <b>ADDRESS:</b> <b>PRODUCER</b> <b>CUSTOMER ID #:</b> IRVIN-1	<b>FAX</b> (A/C, No):
<b>INSURED</b> Robert W Irvine & Sons, Inc. New Eng. Water Specialists 147 Blossom St. Lynn, MA 01902		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Continental Western Ins. Co. <b>INSURER B:</b> Firemen's Insurance Co. of <b>INSURER C:</b> Acadia Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>		

**COVERAGES** **CERTIFICATE NUMBER:** **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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Included  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC		CPA010579217	12/31/10	12/31/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		MAA0105793-17	12/31/10	12/31/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
C	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DEDUCTIBLE</b> <input checked="" type="checkbox"/> RETENTION \$		CUA52010579417	12/31/10	12/31/11	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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	WCA010579517	12/31/10	12/31/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> 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**

**CANCELLATION**

**PROOF-2**

**PROOF OF INSURANCE**

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

*Mary E. Conter*

© 1988-2009 ACORD CORPORATION. All rights reserved.