

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date 9/7/10

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 9/7/2010
Amount Paid 250-

[X] 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: OIDE MAGOUN'S Saloon Phone: 617 212 3580

Business DBA Name (if applicable): OIDE MAGOUN'S Saloon

Address with Zip Code: 518 Medford St

Tax Identification Number: 010 52 8106 Check one: [X] SSN [] EIN

Mailing Name (where we should send correspondence to): 518 Medford St

Address with Zip Code: 02145

Property Owner Name: Grey Goughlin Phone: 617 212 3580

Address with Zip Code: 57 Parsons St Brighton MA 02135

Emergency Contact 1: Phone:

Emergency Contact 2: Phone:

Type of Business (Check one): [X] Sole Proprietor [] Partnership (inc. LLP) [] Trust [X] 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:

2010 SEP 17 3:38 PM CITY CLERK'S OFFICE

Name of company erecting sign: Cambridge PERRO-Graphics
Phone: 617-623-2938

Detailed description and location of the sign, awning, or advertising device. Attach a sketch.
Par sign with halo + forward 1.7 channel lettering
vertical banner

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: 9/7/10
Print Name: Greg Coughlin Phone: 617-212-3580

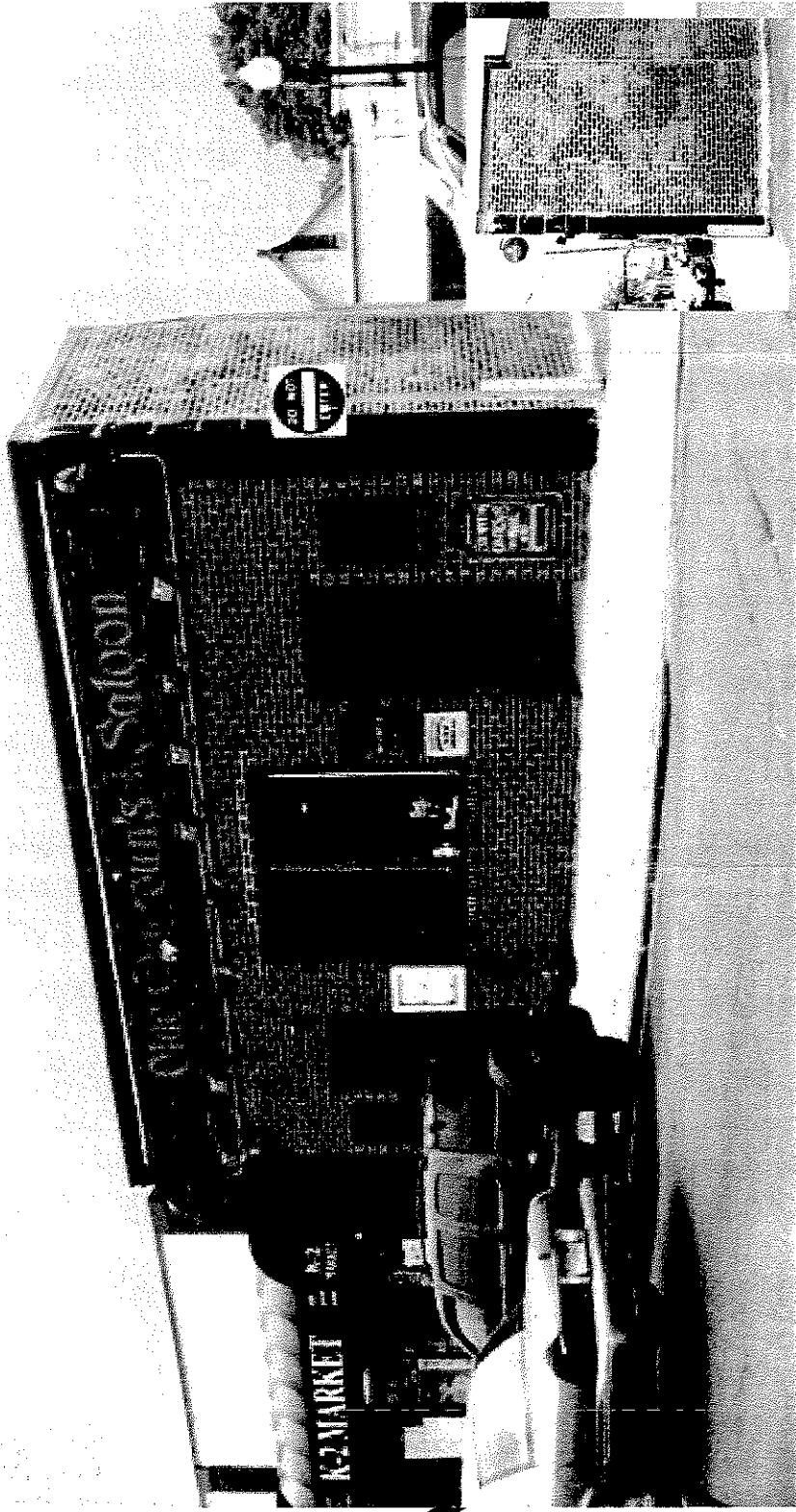
INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Services Department recommends: Approval Denial
This sign or awning is to be installed in a historic district: True False
Signature: [Signature] Date: 9-7-10

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

(only required for signs or awnings in historic districts)

The Historic Preservation Commission recommends Approval Denial
Signature: [Signature] Date: 9/7/10

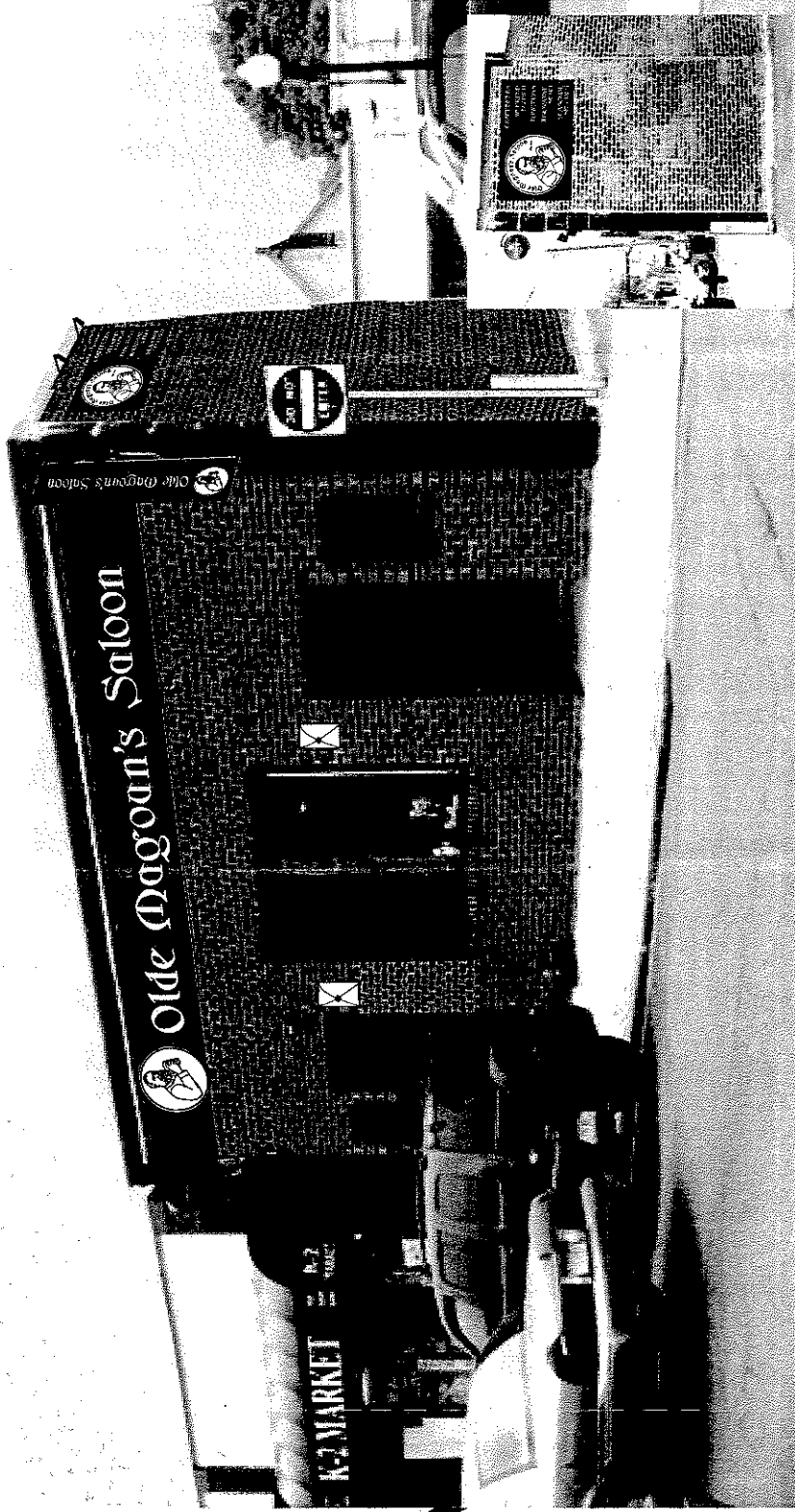


SALES • DESIGN • PERMITS • FABRICATION • INSTALLATION • MAINTENANCE

Cambridge Repro Graphics / 21 McGrath Highway / Somerville, MA 02145 / 617-777-7241 / e-mail: jobs@cambridgereprographics.com

Cambridge
Repro-Graphics

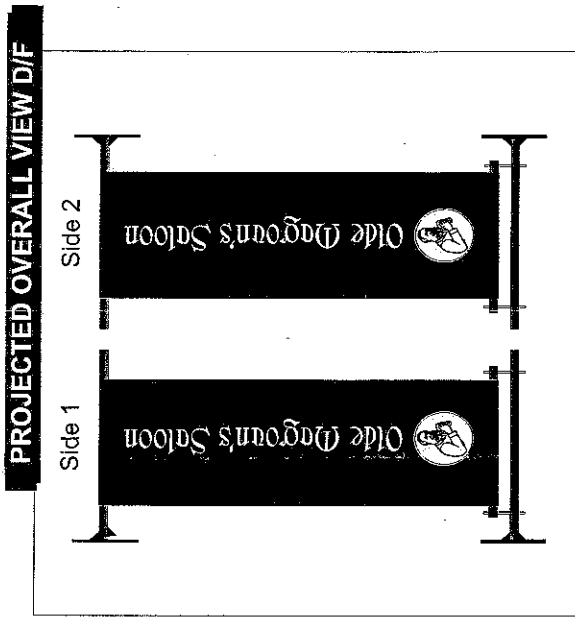
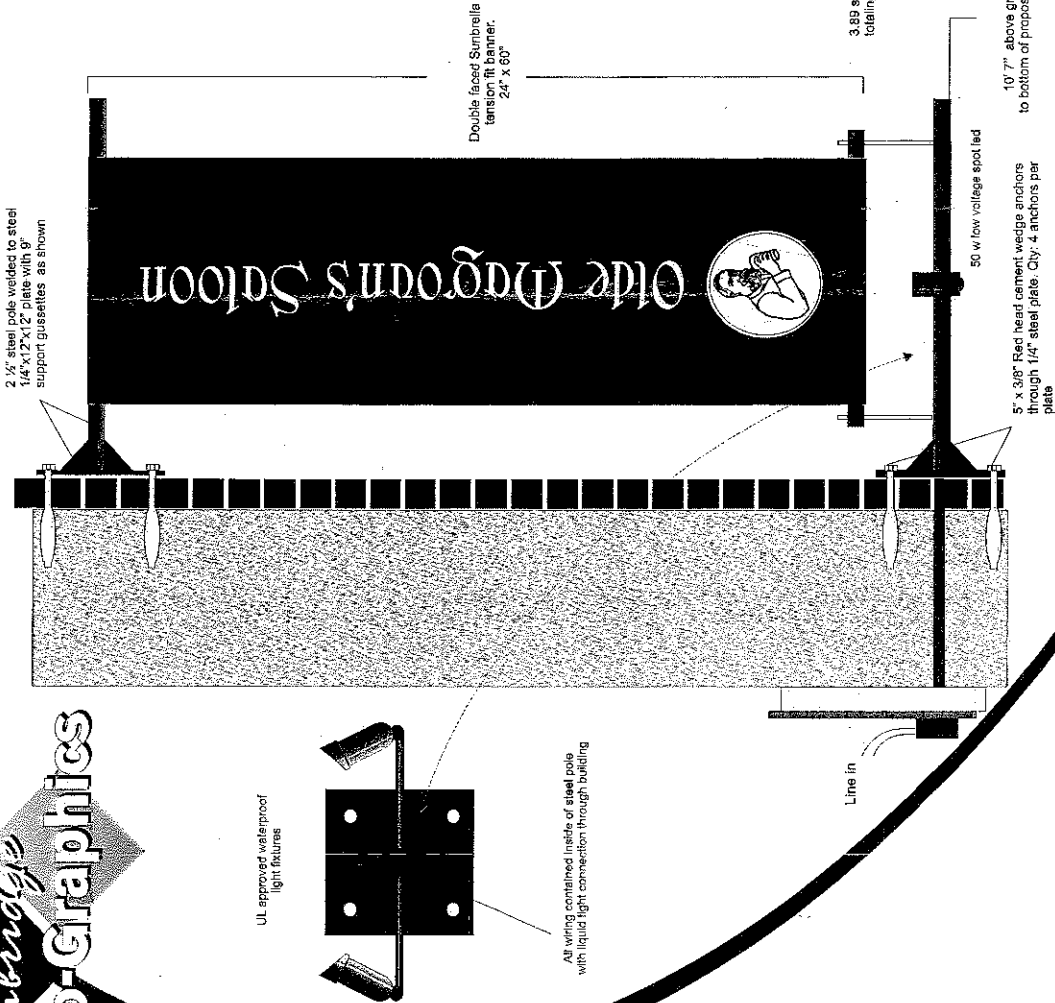
PROPOSED VIEW OF PROPERTY



SALES • DESIGN • PERMITS • FABRICATION • INSTALLATION • MAINTENANCE

Cambridge Repro Graphics / 21 McGrath Highway / Somerville, MA 02145 / 617-777-7241 / e-mail: jobs@cambridgereprographics.com

DESIGN INTENT

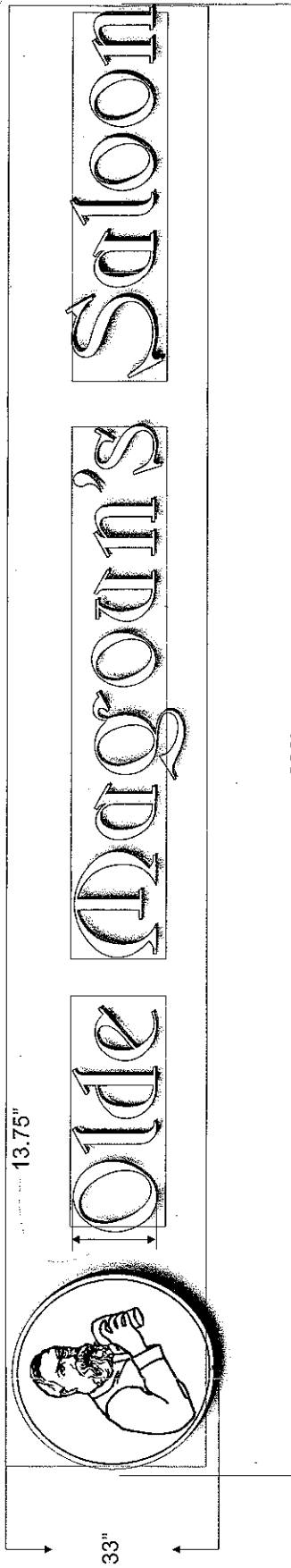


PROJECT MATERIAL SPECS.

Double Faced Building Banners
 Material : Black Sunbrella 8408-0000
 1/2" double stitched braided edge
 Graphics: Benjamin Moore Exterior Acrylic Latex; Pure White
 Bracket: Powder coated gloss Black

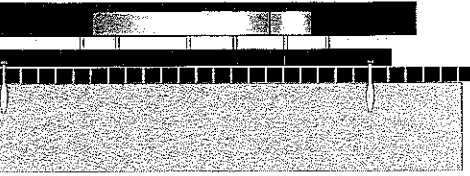
SALES • DESIGN • PERMITS • FABRICATION • INSTALLATION • MAINTENANCE

Cambridge Repro Graphics / 21 McGrath Highway / Somerville, MA 02145 / 617-777-7241 / e-mail: jobs@cambridgeprographics.com



Four sections from left to right:
 6.87sq. ft. / 3.50sq. ft. / 8.36sq. ft. / 5.8sq. ft.
 totaling = 24.82 total sq. ft.

Threaded anchors to attach lexan back



2" thick aluminum matte black belt
 sign raceway.

To power supply

LED

Clear lexan back

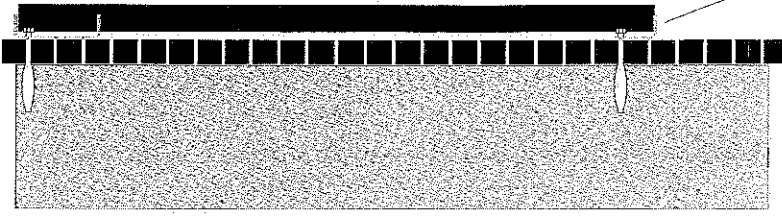
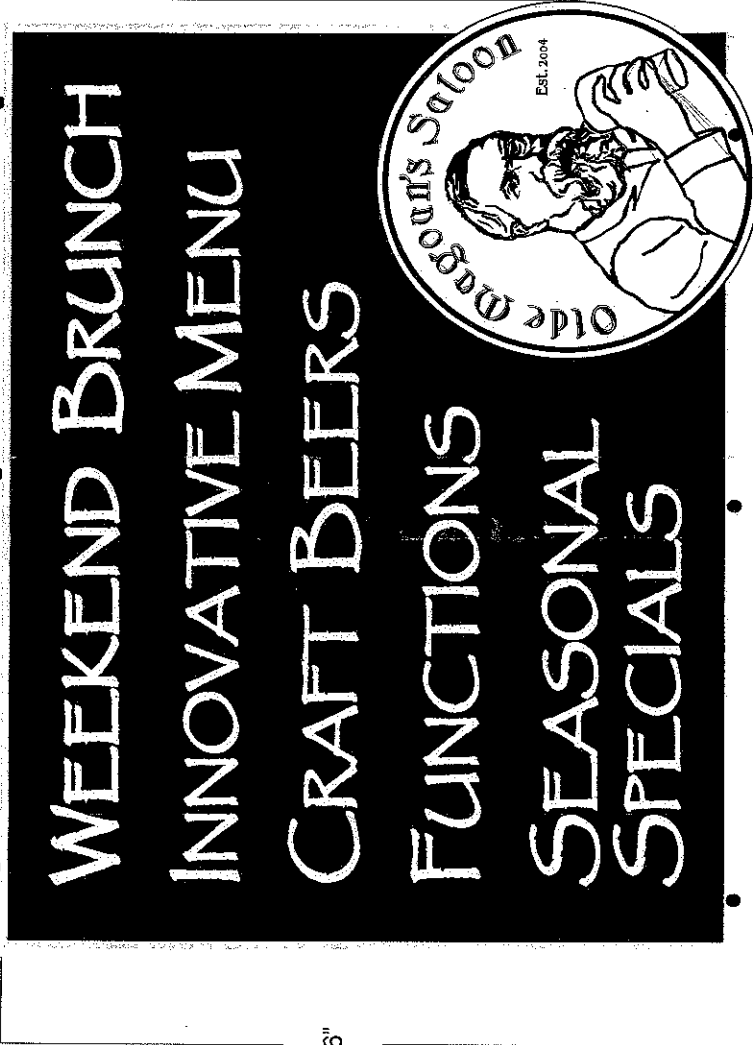
aluminum tabs for attaching lexan to can

Welded aluminum face and return

Electrical connection to be completed
 by lic. electrical. sign will be connected
 to existing outdoor power to previous
 sign.

DESIGN INTENT

50"



3"x1" standard J brackets anchored to brick wall. The belt sign will have two 3/8" x 2" tex screws per bracket. Total brackets 8

Aluminum belt sign with vinyl graphics

● = Bracket placement

SALES • DESIGN • PERMITS • FABRICATION • INSTALLATION • MAINTENANCE

Cambridge Repro Graphics / 21 McGrath Highway / Somerville, MA 02145 / 617-777-7241 / e-mail: jobs@cambridgeprographics.com

Cambridge
Repro-graphics

SABBAGH ASSOCIATES, INC.
Structural Engineering Consultants

451 Main Street
Stoneham, MA 02180
Tel: 781-279-2223
Fax: 781-279-2224

August 13, 2010

Mr. Richard Biggins
Cambridge Reographics
21 McGrath Highway
Somerville, MA 02143

Re: Olde Magoun's Saloon
518 Medford Street
Somerville, MA

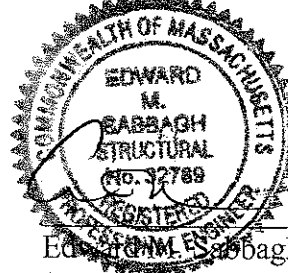
Dear Mr. Biggins:

At your request our firm has reviewed the proposed installation of the new banner at the above property as shown on your drawings.

The unit is supported by a steel pole frame to be bolted to the exterior brick wall of the existing building. We suggest the use of 3/8 inch diameter Fastenal Rock River Anchors approximately 1-3/4 inches long to fasten the frame connection bracket into the brick wall. These anchors must be installed according to the manufacturer's recommendations.

This installation has been designed by our firm to conform to the structural provisions of the latest edition of the Massachusetts State Building Code. If you should require any further information please contact our office.

Yours truly,



Edward M. Sabbagh, P.E.
Sabbagh Associates, Inc.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/25/10

PRODUCER
R. L. Tennant Insurance Agency I
P. O. Box 600069
Newton, MA 02460

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.

INSURED
Winter Hill Pub, Corp.
c/o Greg Coughlin
37 Parsons Street
Brighton, MA 02135

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: State National Ins Co - RCA	
INSURER B: Hartford Insurance Co./Triebe	
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/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	RCB100752-10	6/15/10	6/15/11	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				DAMAGE TO RENTED PREMISES (Fa occurrence) \$ 100,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OPAGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	12 WEC FV6191	7/31/10	7/31/11	WC STATUTORY LIMITS OTH-ER EL EACH ACCIDENT \$ 100,000 EL DISEASE - EA EMPLOYEE \$ 100,000 EL DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

City Of Somerville is listed as additional insured.

CERTIFICATE HOLDER

City Of Somerville
93 Highland Avenue
Somerville, MA 02143

CANCELLATION

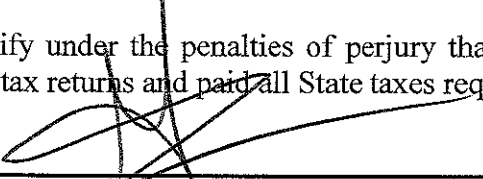
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Walter Tennant

**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.



*Signature of Individual or Corporate Name (Mandatory)

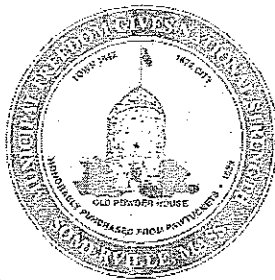
By: Corporate Officer (Mandatory, if a corporation)

010528106

**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: _____

PLEASE PRINT

2. Business Location: 518 Medford St.

AND/OR

3. Taxpayer's Home Address: _____

Phone: Day _____ Evening _____

4. Business Owner's Home Address: _____

Business Owner's Phone: Day _____ Evening: _____

5. Business I.D. Number: _____

I, _____, 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.

(Business/Real Estate Owner's Signature)

PRINT Business/Real Estate Owners Name

Date of Issuance: _____ Includes Postings Through _____

Tax and Account Number(s) Included in Certificate:

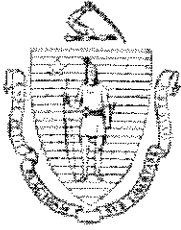
RE 04172031 Water/Sewer 208090001 Personal Property 3005405 Other _____

CLERK'S INITIALS: [Signature]

received
6-9-7-10

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

Print Form

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): Cambridge Repro-Graphics

Address: 21 McGrath Hlghway

City/State/Zip: Somerville, MA 02143 Phone #: 617-623-2838

Are you an employer? Check the appropriate box:		Type of project (required):
1. <input checked="" type="checkbox"/> I am a employer with <u>11</u> employees (full and/or part-time).*	4. <input type="checkbox"/> 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.†	6. <input type="checkbox"/> New construction
2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]	5. <input type="checkbox"/> 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.]	7. <input type="checkbox"/> Remodeling
3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †		8. <input type="checkbox"/> Demolition
		9. <input type="checkbox"/> Building addition
		10. <input type="checkbox"/> Electrical repairs or additions
		11. <input type="checkbox"/> Plumbing repairs or additions
		12. <input type="checkbox"/> Roof repairs
		13. <input checked="" type="checkbox"/> Other <u>Signs/Awnings</u>

*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 Agency

Policy # or Self-ins. Lic. #: IEUB8335N29-9-09 Expiration Date: 07/29/11

Job Site Address: Olde Magoun's Saloon 518 Medford Street City/State/Zip: Somerville, MA 02142

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: [Signature] Date: 08/25/10

Phone #: 617-623-2838

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 #: _____