



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

2016 MAR 23 A 11: 50

Application to Renew Drain Layer License

CITY CLERK'S OFFICE
SOMERVILLE, MA

P.T. KELLEY INC
65 OTIS ST
SOMERVILLE MA 02145

License #: BL15-000346
File #: 15-297
Fee: 275

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: P.T. KELLEY INC Business Location: 0 OUT OF AREA Business Phone: 617-625-5100	
License Holder: P.T. KELLEY INC 65 OTIS ST SOMERVILLE MA 02145	
Mailing Address: P.T. KELLEY INC 65 OTIS ST SOMERVILLE MA 02145	
Business Type: Corporation STEPHEN KELLEY PAUL KELLEY PAUL KELLEY	
FID: 043031752	
Emergency Contact: STEPHEN KELLEY Phone: 617-930-4943	

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.**



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 60760052 briefly described as DRAIN LAYER CITY OF SOMERVILLE,
for P.T. KELLEY, INC., as Principal,
in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning May 01, 2016, and ending May 01, 2017, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 16 day of March, 2016.

WESTERN SURETY COMPANY

By

Paul T. Bruhat, Vice President



THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: P.T. Kelley Inc

Address of taxpayer/applicant's business in Somerville: 65 Otis St

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 6179304943 evening: SAME

I, (print name) Stephen M. Kelley, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 10th day of March, 2016. Stephen M. Kelley
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

11584 # 116072001 # 927 # ✓

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

received
3-23-16

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: P.T. KELLEY, INC.
Address: 65 OTIS ST.
SOMERVILLE, MA 02145
City: _____ State: _____ Zip: _____ Phone #: 617-625-5100

☒ I am an employer with 5 employees (full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.

Business Type: ☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other General Construction

Workers' compensation insurance information (if applicable):

Insurance Company Name: CNA / Eastern
Address: 233 West Central St
City: Natick State: MA Zip: 01760 Phone #: 508-620-3487
Policy #: 5091153595 Expiration Date: 2/1/2017

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: Stephen Kelley Date: 3/6/16
Print Name: Stephen Kelley

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 _____