

## APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date \_\_\_\_\_

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 11/5/12

Amount Paid \$250-

☐ New Application

☒ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business Name: ATLANTIC Excavation & Utility Phone: 617 293 0233

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

Address with Zip Code: 180 WASHINGTON ST Brighton MA 02135

Tax Identification Number: 043494425 Check one: ☐ SSN ☐ FEIN

Mailing Name (where we should send correspondence to): ~~180~~

Address with Zip Code: 180 WASHINGTON ST Brighton MA 02135

Property Owner Name: Gary Phone: \_\_\_\_\_

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

Emergency Contact 1: Gary MC GATH Phone: 617 293 0233

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

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: Gary MC GATH

Address with Zip Code: 180 WASHINGTON ST Brighton MA 02135

Partner's/Member's/Secretary's Name: Sam

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

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

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

Attach a Drain Layers Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

### 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: *George Mc GATH*

Date: 11/6/12

Print Name: George Mc GATH

Phone: ~~617~~ 617 293 0211

### FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

### ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: ☒ Approved ☐ Denied

Signature *Rob King*

1001 PER 11/5 PHONE CALL

Date 11/5/12

# Western Surety Company

## CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 43369894 briefly described as CONTRACTOR CITY OF SOMERVILLE,  
for ATLANTIC EXCAVATION & UTILITY CORP., as Principal,  
in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning October 28, 2012, and ending October 28, 2013, 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 22 day of October, 2012.



WESTERN SURETY COMPANY

By

*Paul T. Brunat*  
**COPY**

Paul T. Brunat, Vice President

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

**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.

Gerry MC GATH

\*Signature of Individual or Corporate Name (Mandatory)

ATLANTIC Excavation & Utility Corp

By: Corporate Officer (Mandatory, if a corporation)

043494425

\*\*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: ATLANTIC Excavation & Utility Corp  
Address: 180 WASHINGTON ST  
City: Brighton State: MA Zip: 02135 Phone #: 617 293 0233

- ☒ I am an employer with 2 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 \_\_\_\_\_

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

Insurance Company Name: D. Liberty Mutual  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Policy #: WC 2315342271032 Expiration Date: 7/23/13

**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: Gerry Mc Gath Date: 11/4/12  
Print Name: Gerry Mc Gath

*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 \_\_\_\_\_