



## CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

### Application to Renew Drain Layer License

**G. GREENE CONSTRUCTION CO., INC.**  
**240 LINCOLN STREET**  
**BOSTON MA 02134**

License #: BL15-001126  
File #: 15-895  
Fee: 250

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)
<b>Business/DBA Name:</b> G. GREENE CONSTRUCTION CO., INC. <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 617-782-1100	
<b>License Holder:</b> G. GREENE CONSTRUCTION CO., INC. 240 LINCOLN STREET BOSTON MA 02134	
<b>Mailing Address:</b> G. GREENE CONSTRUCTION CO., INC. 240 LINCOLN STREET BOSTON MA 02134	
<b>Business Type:</b> Corporation ROBERT GREENE THOMAS BETTLE ADRIA FERRAGAMO	
<b>FID:</b> 042969864	
<b>Emergency Contact:</b> PETER DESISTO <b>Phone:</b> 508-958-1450	

**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.**

By accepting these conditions, you acknowledge receipt of this manual and agree to adhere to the rules and regulations set forth in this manual.

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.  
-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_

*Peter DeSisto*

*3/17/15*

*Peter DeSisto*

*508-958-1450*

# CITY OF SOMERVILLE

SOMERVILLE • MASSACHUSETTS 02145

DPW - ENGINEERING DEPARTMENT

1 FRANEY ROAD ~ 1<sup>ST</sup> FLOOR

PHONE: 617-625-6600 • FAX: 617-625-4454

January 2015

Dear Licensed Drainlayers,

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By signing below, you acknowledge receipt of this manual and agree to adhere to the rules and regulations set forth in this manual. Permits will not be issued until this letter has been signed and returned to the DPW – Engineering Department.

The Engineering Department welcomes the opportunity to work with you and your company in 2015. Please feel free to contact this office if there are any questions.

Signed,

Somerville DPW – Engineering Department

I hereby certify that I am familiar with the rules and regulations set forth in the City of Somerville Permit Manual and I further attest that I will work in conformance with said rules and regulations.

Name: Peter DeSisto Date: 3/16/15

Signature: Peter DeSisto Title: PROJ MGR

Company: G. Greene Const Co., Inc

LICENSE OR  
PERMIT BOND

Bond 929604386

LICENSE OR PERMIT BOND

KNOW ALLBY THESE PRESENTS, That we, G. Greene Construction Co., Inc.  
240 Lincoln Street P.O. Box 160, Boston MA 02134

as Principal, and the Western Surety Company, a South Dakota corporation,  
as Surety, are held and firmly bound unto City of Somerville, City Clerk's Office 93 Highland Avenue ,  
Somerville MA 02143, as Obligees,  
in the sum of Ten Thousand And No/100THS

for which sum, well and truly to be paid, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and  
severally, firmly by these presents. Dollars ( \$10,000.00 )

Signed and sealed this 17th day of November, 2014.

THE CONDITION OF THIS OBLIGATION IS SUCH, That WHEREAS, the Principal has been or is about to be granted a  
license or permit to do business as Drain Layers  
by the Obligees.

NOW, Therefore, if the Principal well and truly comply with applicable local ordinances, and conduct business in conformity therewith,  
then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER; 1. This  
bond shall continue in force:

☒ Until November 17th, 2015, or until the date of expiration of any Continuation Certificate  
executed by the Surety

OR

☐ Until canceled as herein provided.

2 This bond may be canceled by the Surety by the sending of notice in writing to the Obligees, stating when, not less than thirty days  
thereafter, liability hereunder shall terminate as to subsequent acts or omissions of the Principal.

G. Greene Construction Co., Inc.

Principal

By \_\_\_\_\_

Western Surety Company

By \_\_\_\_\_

Timothy P. Lyons, Attorney-in-Fact



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
1 Congress Street, Suite 100  
Boston, MA 02114-2017  
www.mass.gov/dia

Print Form

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

Name (Business/Organization/Individual): G. Greene Construction Co., Inc.

Address: 240 Lincoln Street, P.O. Box 160

City/State/Zip: Allston, MA 02134

Phone #: 617-782-1100

**Are you an employer? Check the appropriate box:**

1. ☐ I am a employer with \_\_\_\_\_ 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 \_\_\_\_\_

\*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: Insurance Company State of PA (an AIG company)

Policy # or Self-ins. Lic. #: WC 4990647

Expiration Date: 09/01/15

Job Site Address: \_\_\_\_\_

City/State/Zip: Somerville, 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: \_\_\_\_\_

Date: \_\_\_\_\_

3/16/15

Phone #: 617-782-1100

**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 #: \_\_\_\_\_

ISSUED BY THE STOCK INSURANCE COMPANY HEREIN CALLED THE COMPANY  
THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA  
13889

AGENT NUMBER  
0103217-00

POLICY NUMBER  
WC 004-99-0647  
082-02-0914-60

INCORPORATED UNDER THE LAWS OF PENNSYLVANIA  
ITEM 1. NAMED INSURED: MAILING ADDRESS IDENTIFICATION NO.:

G. GREENE CONSTRUCTION COMPANY, INC.  
240 LINCOLN STREET  
ALLSTON, MA 02134-0000

SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610  
I.D# 918074627



An AIG company

EXECUTIVE OFFICES:  
175 Water Street  
New York, NY 10038

PRODUCERS NAME AND ADDRESS

**WORKERS COMPENSATION AND EMPLOYERS  
LIABILITY POLICY INFORMATION PAGE**

TDA, INC.  
93 LONGWATER CIRCLE  
PO BOX 9120  
NORWELL, MA 02061-0000

INSURED IS  
CORPORATION

PREVIOUS POLICY NUMBER  
RENEWAL 004990647

OTHER WORKPLACES NOT SHOWN ABOVE: SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

ITEM 2 POLICY PERIOD 12:01 A.M. standard time at the insured's  
mailing address

FROM 09/01/14 TO 09/01/15

ITEM 3 A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed  
here:  
MA

B. Employers Liability Insurance: Part Two of the policy applies to the work in each state listed in item 3.A.  
The limits of our liability under Part Two are:

Bodily Injury by Accident \$ 1,000,000 each accident  
Bodily Injury by Disease \$ 1,000,000 policy limit  
Bodily Injury by Disease \$ 1,000,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

AK AL AR AZ CO CT DC DE FL GA HI IA ID IL IN KS KY LA MD MI MN MO MS MT NC NE NJ NM NV  
NY OK OR PA SC SD TN TX UT VA VT WI WV

D. This policy includes these endorsements and schedules:

SEE EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE - WC990612

ITEM 4 The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans.  
All information required below is subject to verification and change by audit.

Classifications

Code Number

Premium Basis  
Total Remuneration  
☒ Annual ☐ 3 Year

Rate Per  
\$100 OF Re-  
muneration

Estimated  
Premium  
☒ Annual ☐ 3 Year

SEE EXTENSION OF ITEM 4. OF THE INFORMATION PAGE - WC7754  
TAXES/ASSESSMENTS/SURCHARGES

\$13,524

EXPENSE CONSTANT (EXCEPT WHERE APPLICABLE BY STATE)

\$338 MA

MINIMUM PREMIUM

\$500 MA

TOTAL ESTIMATED ANNUAL PREMIUM

\$229,618

If indicated below, interim adjustments of premium shall be made:

☐ Semi-Annually

☐ Quarterly

☐ Monthly

DEPOSIT PREMIUM

\$229,618

10/20/14 CHICAGO

02

Issue Date  
39967 (Rev'd 04/08)

Issuing Office

Authorized Representative WC 00 00 01A