

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 8-27-12

FOR CITY CLERK'S OFFICE ONLY **2012 AUG 28 P 12: 38**
Date Recorded _____
Amount Paid \$250.00 CITY CLERK'S OFFICE
SOMERVILLE, MA

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

Applicant's Legal Name: Umberto Celiberti Phone: 781-718-8008
Applicant's Address (with Zip Code): 33A Mystic Ave. Medford, MA 02155
Applicant's Email Address: robceliberti@verizon.net
Applicant's Federal Employer Identification Number: 16-1694833
Business DBA Name (if applicable): Celiberti Realty LLC
Business Location (with Zip Code): 33A Mystic Ave. Medford, MA 02155
Mailing Name (where we should send correspondence to): same above
Mailing Address (with Zip Code): "same above"
Emergency Contact: Sal Celiberti Phone: 781-391-3800

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):

LLC
~~Partner's/Member's/President's~~ Name: Umberto Celiberti
Address with Zip Code: 33A Mystic Ave. Medford MA 02155
Partner's/Member's/Secretary's Name: _____
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.

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: 8/27/12
Print Name: Umberto Celiberti Phone: 781-718-8058

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied

Signature [Signature] Date 9.24.12

ISSUED THROUGH

A. A. DORITY COMPANY

DRAINLAYERS PERMIT BOND

KNOW ALL MEN BY THESE PRESENTS, That we Celiberti Realty, LLC,

of 33A Mystic Avenue Medford, MA 02155,

hereinafter referred to as Principal, and **NGM Insurance Company**

a corporation organized and existing under the laws of the State of Florida

are held and firmly bound unto

City of Somerville, MA, hereinafter referred to as Obligee,

in the sum of Ten Thousand dollars (**\$10,000.00**)

lawful money of the United States of America, to the payment of which sum, well and truly to be made, we bind ourselves, our executors, administrators, successors and assigns, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas, the Principal has made application for a license or permit to the Obligee for the purpose of **Connecting, Constructing or Repairing Storm drains, Catch Basins, Water Lines or Sewers and the openings therefore.**

NOW, THEREFORE, if the Principal shall faithfully comply with all ordinances, rules and regulations which have been or may hereafter be in force concerning said License or Permit, and shall save and keep harmless the Obligee from all loss or damage which it may sustain or for which it may become liable on account of the issuance of said license or permit to the Principal, then this obligation shall be null and void; otherwise, to remain in full force and effect.

THIS BOND WILL CONTINUE IN FULL FORCE UNTIL CANCELLED BY THE SURETY. The Surety may at any time terminate its liability by giving thirty (30) days written notice to the Obligee, and the Surety shall not be liable for any default after such thirty day notice period, except for defaults occurring prior thereto.


SIGNED, SEALED AND DATED August 27, 2012.



Celiberti Realty, LLC

NGM Insurance Company

Bond No. 560705

By: 

Jeffrey W. Crawford Attorney-in-Fact
A. A. DORITY Company, Inc.
262 Washington Street, Suite 99
Boston, MA 02108
(617) 523-2935



KNOW ALL MEN BY THESE PRESENTS: That NGM Insurance Company, a Florida corporation having its principal office in the City of Jacksonville, State of Florida, pursuant to Article IV, Section 2 of the By-Laws of said Company, to wit:

"Article IV, Section 2. The board of directors, the president, any vice president, secretary, or the treasurer shall have the power and authority to appoint attorneys-in-fact and to authorize them to execute on behalf of the company and affix the seal of the company thereto, bonds, recognizances, contracts of indemnity or writings obligatory in the nature of a bond, recognizance or conditional undertaking and to remove any such attorneys-in-fact at any time and revoke the power and authority given to them. "

does hereby make, constitute and appoint **Philip B Crawford, Richard W Crawford, James M Crawford, Katie E Ford, Jeffrey W Crawford** -----

its true and lawful Attorneys-in-fact, to make, execute, seal and deliver for and on its behalf, and as its act and deed, bonds, undertakings, recognizances, contracts of indemnity, or other writings obligatory in nature of a bond subject to the following limitation:

1. **No one bond to exceed Five Million Dollars (\$5,000,000.00)**

and to bind NGM Insurance Company thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of the NGM Insurance Company; the acts of said Attorney are hereby ratified and confirmed.

This power of attorney is signed and sealed by facsimile under and by the authority of the following resolution adopted by the Directors of NGM Insurance Company at a meeting duly called and held on the 2nd day of December 1977.

Voted: That the signature of any officer authorized by the By-Laws and the company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof; such signature and seal, when so used being hereby adopted by the company as the original signature of such office and the original seal of the company, to be valid and binding upon the company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, NGM Insurance Company has caused these presents to be signed by its Assistant Vice President, General Counsel and Secretary and its corporate seal to be hereto affixed this 3rd day of January, 2012.

NGM INSURANCE COMPANY By:

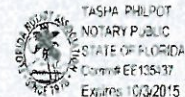
Bruce R Fox
Assistant Vice President, General
Counsel and Secretary



State of Florida,
County of Duval.

On this January 3rd, 2012 before the subscriber a Notary Public of State of Florida in and for the County of Duval duly commissioned and qualified, came Bruce R Fox of the NGM Insurance Company, to me personally known to be the officer described herein, and who executed the preceding instrument, and he acknowledged the execution of same, and being by me fully sworn, deposed and said that he is an officer of said Company, aforesaid; that the seal affixed to the preceding instrument is the corporate seal of said Company, and the said corporate seal and her signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Company; that Article IV, Section 2 of the By-Laws of said Company is now in force.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Jacksonville, Florida this 3rd day of January, 2012.



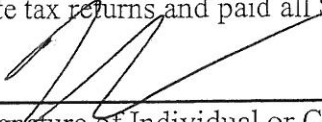
I, Brian J Beggs, Vice President of the NGM Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by said Company which is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company at Jacksonville, Florida this 27th day of August, 2012.

WARNING: Any unauthorized reproduction or alteration of this document is prohibited
TO CONFIRM VALIDITY of the attached bond please call 1-800-225-5646.
TO SUBMIT A CLAIM: Send all correspondence to 55 West Street, Keene, NH 03431 Attn: Bond Claims.

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)

16-1694833

**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: Umberto Celiberti
 Address: 33A Myrtle Ave
 City: Medford State: MA Zip: 02155 Phone #: 781-718-8008

- I am an employer with 2-4 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 Construction

Workers' compensation insurance information (if applicable):

Insurance Company Name: AJM
 Address: P.O. Box 340
 City: Brighton State: MA Zip: 02135 Phone #: 617-787-1400
 Policy #: 33758 Expiration Date: 2/15/13

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: [Signature] Date: 8-27-12
 Print Name: Umberto Celiberti

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 _____

AUG. 6. 2012 9:36AM

ASSOCIATED INSURANCE

NO. 5553 P. 1

DATE (MM/DD/YYYY)
08/06/2012

CERTIFICATE OF LIABILITY INSURANCE

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).

PRODUCER
F I Patnode Insurance Agcy Inc
P O Box 340
Brighton, MA 02135

CONTACT NAME: _____
PHONE (A/C. No., Ext): _____ FAX (A/C. No.): _____
E-MAIL: _____
ADDRESS: _____
PRODUCER CUSTOMER ID#: _____

INSURED
Caliberti Realty LLC
33A Mystic Ave
Medford, MA 02155

INSURER #	INSURER NAME	NAIC #
INSURER A:	A.I.M. Mutual Insurance Co	33758
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE/TERM	POLICY EXP DATE/TERM	LIMITS
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES ER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EA OCCURRENCE) MED EXP (ANY ONE MAX) \$500 PERSONAL & ADY INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (as resident) MONTHLY INJURY (per person) MONTHLY INJURY (per household) PROPERTY DAMAGE (per accident)
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				EACH OCCURRENCE AGGREGATE <input checked="" type="checkbox"/> NO SEPARATE LIMITS <input type="checkbox"/> OTHER
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE AGGREGATE
WORKERS COMPENSATION AND EMPLOYERS LIABILITY THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE <input type="checkbox"/> incl <input checked="" type="checkbox"/> excl	7018143012012	02/15/2012	02/15/2013	<input checked="" type="checkbox"/> NO SEPARATE LIMITS <input type="checkbox"/> OTHER W.L. EACH ACCIDENT \$ 1,000,000 W.L. DISEASE - POLICY LIMIT \$ 1,000,000 W.L. DISEASE - EA EMPLOYEE \$ 1,000,000

COVERAGE / DESCRIPTION OF OPERATIONS OR LOCATIONS:
ALL MEMBERS ARE EXCLUDED FROM THE WORKERS' COMPENSATION POLICY.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
APPROVED REPRESENTATIVE: *R. A. Celli*