

2012 OCT 19 A 10:08

CITY CLERK'S OFFICE
APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

CITY CLERK'S OFFICE
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

Date _____

New Sign, Awning or Advertising Device **AT 94 HIGHLAND AVE**

New Facing on an Existing Frame

Renewing Existing Sign, Awning or Advertising Device Permit for a New Owner

Business Name: **ROCKLAND TRUST COMPANY** Phone: **781-878-6100**

Business DBA Name (if applicable): _____

Address with Zip Code: **288 UNION ST., ROCKLAND, MA 02370 / 94 HIGHLAND AVE**

Tax Identification Number: **041 782600** Check one: SSN FEIN

Mailing Name (where we should send correspondence to): **ROCKLAND TRUST**

Address with Zip Code: **288 UNION ST., ROCKLAND, MA 02370**

Property Owner Name: **CENTRAL ST. APARTMENTS REALTY** Phone: _____

Address with Zip Code: **99 ALBION ST. SUITE 6, ^{TRUST} SOMERVILLE, MA 02149**

Emergency Contact 1: **JIM HUBERT** Phone: **781-982-6214**

Emergency Contact 2: **WENDY FRYEFIELD** Phone: **781-982-6242**

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: **CHRISTOPHER ODDLEIFSON**

Address with Zip Code: **288 UNION ST. ROCKLAND, MA 02370**

Partner's/Member's/Secretary's Name: **LINDA CAMPION**

Address with Zip Code: **288 UNION ST., ROCKLAND, MA 02370**

Partner's/Member's/Treasurer's Name: **DENIS SHEAHAN**

Address with Zip Code: **288 UNION ST., ROCKLAND, MA 02370**

Recommendations Report

Site Number: MIN000417

Zone	Sign#	Sign Type	Description	Action Codes	Issues for Resolution
Exterior	001	C4	2'-0"h Horizontal Illum. Wall Sign (14 sqft.)	R	
	002	D4	2'-0"h Vertical Illum. Wall Sign (4.3 sqft.)	R	
	003	C4	2'-0"h Horizontal Illum. Wall Sign (14 sqft.)	R	
	004	P5	ATM Vestibule Door Vinyls	N	
	005	Custom	Custom P3 Competencies Window Vinyls	N	

Exterior

Recommendation #1

Site: MIN000417

1



Sign #: 001 *24.5 ft - remove*

Action Code: **Remove and Replace**

Exterior Sign Type: **Wall Cabinet**

New Sign Type: **C4**

Face Material: **Flat Plastic**

Description: **2'-0"h Horizontal Illum. Wall Sign (14 sqft.)**

Graphics Material: **Vinyl**

Height Above Grade: **112**

Overall Face Height: **24.5**

Overall Face Width: **144**

Graphic Face Width: **141**

Graphic Face Height: **21.5**

Sign Depth:

illuminated:

Electrical:

Exterior Wall

Material:

Required Site Work

Message A:

Message B:

Restoration & Fabrication Notes: **Patch and repair existing wall surface to like new condition. Repaint to match existing color finish. For brick or stone walls fill holes with matching silicone. Power wash wall if required. Install new signage using existing primary**

Branded:

electrical. Verify if additional circuits are required for new sign. Field verify dimensions of space shown in photo morph prior to fabrication to verify if specified letterset will fit in area and meet clear zone tolerances – refer to Control Documents. ***Change sign height if required. See control documents for product specification and master agreement for removal & installation requirements.

Comments: **SPECIAL FABRICATION NOTE: C-4 Wall sign needs to say "ATM" and NOT "Banking".**

2

Recommendation #2

Site: MIN000417



Sign #: **002**

*4.16 15
Remove*

Exterior Sign Type: **Wall Cabinet**

Face Material: **Flat Plastic**

Graphics Material: **Vinyl**

Height Above Grade: **120**

Overall Face Height: **24.5**

Overall Face Width: **24.5**

Graphic Face Width: **21.5**

Graphic Face Height: **21.5**

Sign Depth:

illuminated:

Electrical:

Action Code: **Remove and Replace**

New Sign Type: **D4**

Description: **2'-0" h Vertical Illum. Wall Sign (4.3 sqft.)**

40

Required Site Work

Message A:

Message B:

Restoration & Fabrication Notes: **Patch and repair existing wall surface to like new condition. Repaint to match existing color finish. For brick or stone walls fill holes with matching**

Exterior Wall
Material:
Branded:

silicone. Power wash wall if required. Remove, dispose and cap off to code all existing electrical components / hardware previously connected to existing signage. See master agreement for removal requirements.

#3

Comments:

Recommendation #3

Site: MIN000417



Sign #: **003**

14.29 sq ft remove

Exterior Sign Type: **Wall Cabinet**

Face Material: **Flat Plastic**

Graphics Material: **Vinyl**

Height Above Grade: **120**

Overall Face Height: **24.5**

Overall Face Width: **84**

Graphic Face Width: **81**

Graphic Face Height: **21.5**

Sign Depth:

illuminated:

Electrical:

Exterior Wall

Material:

Branded:

Action Code: **Remove and Replace**

New Sign Type: **C4**

Description: **2'-0" h Horizontal Illum. Wall Sign (14 sqft.)**

14 sq ft

Required Site Work

Message A:

Message B:

Restoration & Fabrication Notes: **Patch and repair existing wall surface to like new condition. Repaint to match existing color finish. For brick or stone walls fill holes with matching silicone. Power wash wall if required. Install new signage using existing primary electrical. Verify if additional circuits are required for new sign. Field verify dimensions of space shown in photo morph prior to fabrication to verify if**

WESTERN SURETY COMPANY • ONE OF AMERICA'S OLDEST BONDING COMPANIES



Effective Date: October 16th, 2012

Western Surety Company

LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS: Bond No. 61496721

That we, Independent Bank Corp DBA Rockland Trust Co

of Rockland, State of Massachusetts, as Principal,
and WESTERN SURETY COMPANY, a corporation duly licensed to do surety business in the State of

Massachusetts, as Surety, are held and firmly bound unto the

City of Somerville, State of Massachusetts, as Obligee, in the penal

sum of Five Thousand and 00/100 DOLLARS (\$5,000.00),
lawful money of the United States, to be paid to the Obligee, for which payment well and truly to be made,
we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the Principal has been
licensed Sign Installer

_____ by the Obligee.

NOW THEREFORE, if the Principal shall faithfully perform the duties and in all things comply
with the laws and ordinances, including all amendments thereto, pertaining to the license or permit
applied for, then this obligation to be void, otherwise to remain in full force and effect until
October 16th, 2013, unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing, by First Class
U.S. Mail, to the Obligee and to the Principal at the address last known to the Surety, and at the expiration
of thirty-five (35) days from the mailing of said notice, this bond shall ipso facto terminate and the Surety
shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said
date. Regardless of the number of years this bond shall continue in force, the number of claims made
against this bond, and the number of premiums which shall be payable or paid, the Surety's total limit of
liability shall not be cumulative from year to year or period to period, and in no event shall the Surety's total
liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be
cumulative.

Dated this 16th day of October, 2012.

Independent Bank Corp DBA Rockland
Trust Co Principal
Joseph L. Welch Principal
WESTERN SURETY COMPANY
By Paul T. Bruflat
Paul T. Bruflat, Senior Vice President

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruflat of Sioux Falls,
State of South Dakota, its regularly elected Vice President,
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One Sign Installer City of Somerville

bond with bond number 61496721

for Independent Bank Corp DBA Rockland Trust Co

as Principal in the penalty amount not to exceed: \$ 5,000.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Vice President with the corporate seal affixed this 16th day of October, 2012.

ATTEST

L. Nelson

L. Nelson, Assistant Secretary

WESTERN SURETY COMPANY

By *Paul T. Bruflat*

Paul T. Bruflat, Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss



On this 16th day of October, 2012, before me, a Notary Public, personally appeared Paul T. Bruflat and L. Nelson

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



My Commission Expires August 11, 2016

S. Petrik

Notary Public



STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

ACKNOWLEDGMENT OF SURETY
(Corporate Officer)

On this 16th day of October, 2012, before me, the undersigned officer, personally appeared Paul T. Bruflat, who acknowledged himself to be the aforesaid officer of WESTERN SURETY COMPANY, a corporation, and that he as such officer, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as such officer.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.



S. Petrik
Notary Public — South Dakota

My Commission Expires August 11, 2016

ACKNOWLEDGMENT OF PRINCIPAL
(Individual or Partners)

STATE OF _____ }
COUNTY OF _____ } ss

On this _____ day of _____, _____, before me personally appeared _____, known to me to be the individual ___ described in and who executed the foregoing instrument and acknowledged to me that ___ he ___ executed the same.

My commission expires _____, _____

Notary Public

ACKNOWLEDGMENT OF PRINCIPAL
(Corporate Officer)

STATE OF _____ }
COUNTY OF _____ } ss

On this _____ day of _____, _____, before me personally appeared _____, who acknowledged himself/herself to be the _____ of _____, a corporation, and that he/she as such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself/herself as such officer.

My commission expires _____, _____

Notary Public



License or Permit No. _____
L I C E N S E A N D P E R M I T
B O N D
A s
_____ of _____
State of _____
Name of Applicant _____
Address _____
Filed _____,
Approved this _____
day of _____

CLERK'S CERTIFICATE

FOR

ROCKLAND TRUST COMPANY

I, Linda M. Champion, Clerk of Rockland Trust Company, certify that:

- (1) The Rockland Trust Company Executive Committee of the Board of Directors (the "Executive Committee") held a meeting on October 4, 2012 (the "Meeting");
- (2) I was present throughout and a quorum of the Executive Committee was present and voting throughout the Meeting and it was

VOTED: that Robert F. Gearty, Jr., Senior Vice President, and James P. Hubert, Vice President, and each of them individually, is authorized, directed and empowered, in the name and on behalf of Rockland Trust Company to sign, seal with the corporate seal, execute, acknowledge and deliver all documentation relating to corporate signage and other obligations to be valid and binding upon Rockland Trust Company for all purposes related to bank-owned or leased properties in the City of Somerville, Massachusetts; and

VOTED: to authorize, Robert F. Gearty, Jr. and James P. Hubert, to do any and all things necessary or advisable that they, acting singly, shall deem necessary or desirable to carry out the intention of the foregoing vote.

A true record,

Attest:


Linda M. Champion, Clerk

Date: October 4, 2012

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.

James Hubert
*Signature of Individual or Corporate Name (Mandatory)

JAMES HUBERT, U.P. PURCHASING + CONTRACT MANAGER
By: Corporate Officer (Mandatory, if a corporation)

041 782600
**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

- Name of person requesting certificate: HEATHER DUDLO FOR ROCKLAND TRUST
PLEASE PRINT
- Business Location: 94 HIGHLAND AVENUE
AND/OR
- Taxpayer's Home Address: _____
Phone: Day _____ Evening _____
- Business Owner's Home Address: _____
Business Owner's Phone: Day _____ Evening: _____
- 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 07268202 Water/Sewer 22908900 Personal Property _____

CLERK'S INITIALS: 1044 22908801

RECEIVED
9-19-12

PLEASE CHECK ONE: Business Permit OR Building Permit

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: ROCKLAND TRUST COMPANY

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

- I am an employer with _____ 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: SEE ATTACHED

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

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: _____ Date: _____

Print Name: _____

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

- Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____

Contact Person: _____ Phone #: _____

