APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Nonrefundable Application Fee $250.00

Date 9/30/15

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 2015 NOV -6 A 10:53
Amount Paid CITY CLERK'S OFFICE SOMERVILLE, MA

✓ New Sign, Awning or Advertising Device

__ New Facing on an Existing Frame

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

Business (DBA) Name: Jose Miguel Rodriguez Phone: 617-777-5352

Applicant's Federal Employer Identification Number: _____

Applicant's Legal Name: 83-91 BROADWAY

Applicant's Address (with Zip Code): P.O. Box #76 Allston, MA 02134

Mailing Name (where we should send correspondence to): P.O. Box #76 Allston, MA 02134

Mailing Address (with Zip Code): _____

Emergency Contact: Hnaldo Phone: 617-593-2100

Type of Business (Check Only One and Provide the Names Indicated):

X **Sole Proprietor**: Name of Owner: Jose Miguel Rodriguez (property owner)

___ **Partnership (inc. LLP)**: Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

_____

___ **Trust**: Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

_____

___ **Corporation**: Name of Corporation: _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

___ **LLC**: Name of LLC: _____

Names of All Managers Who Own More Than 10%: _____

_____

___ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Name of company erecting sign: MIV Services

Phone: 617-593-2100 (Hivaldo)

Detailed description and location of the sign, awning, or advertising device. Attach a sketch.

New umbrella awnings at the storefronts between 83-91 Broadway.

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 permit. This permit 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. 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 Applicant: _____ Date: 9/30/15

Print Name: Jose Miguel Rodriguez Phone: 617-799-5352

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

This sign or awning is located in a historic district: ____True ___X___False

Based on a review of the attached plans, I reasonably expect that this sign, awning, or advertising device will conform to all ordinances and the State Building Code. (NOTE: This statement does NOT constitute permission to install the sign, awning, or advertising device.)

Signature: _____ Date: 11-4-15

Print Name: Paul J Nanni Title: Sr Insp

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:
(only required for signs or awnings in a historic district)

The Historic Preservation Commission recommends ____Approval ____Denial

Signature: _____ Date: _____

Print Name: _____ Title: _____

83-91 BROADWAY SOMERVILLE, MA

LIST OF DRAWINGS			
Included	Sheet	Sheet Title	
			5/5/2014
*	A-0.0	COVER SHEET	*
*	A-1.0	EXISTING CONDITIONS	*
*	A-1.1	PROPOSED FACADE	*
*	A-2.0	CIVIL	*
*	A-3.1	EXISTING PLAN	*
*	A-3.2	PROPOSED PLAN	*
*	S-1.0	WINDOW/DOOR SCHEDULE	*
*	S-1.1	MATERIAL SCHEDULE	*

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Architect Seal

REGISTERED ARCHITECT
DAVID B. BARSKY
No. 10079
BOSTON
MASS
COMMONWEALTH OF MASSACHUSETTS

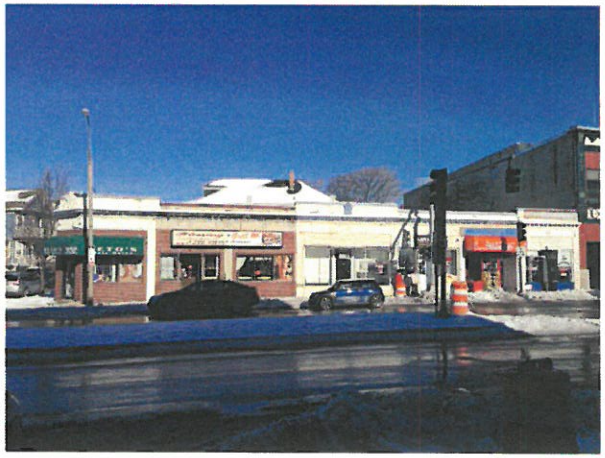
Drawing Name: COVER	
Project: 83-91 Broadway Somerville, MA	
Drawn by: Renan Barreto	Date Drawn: 04/28/2014
Checked by: David Barsky	Date Checked: 05/03/2014
Drawing No: A-0.0	Date Approved:

FUNCTIONAL DESIGN WORKS
CONSTRUCTION MANAGEMENT | DESIGN | PROPERTY MAINTENANCE

EXISTING CONDITIONS

WEST ELEVATION

SOUTHWEST ELEVATION



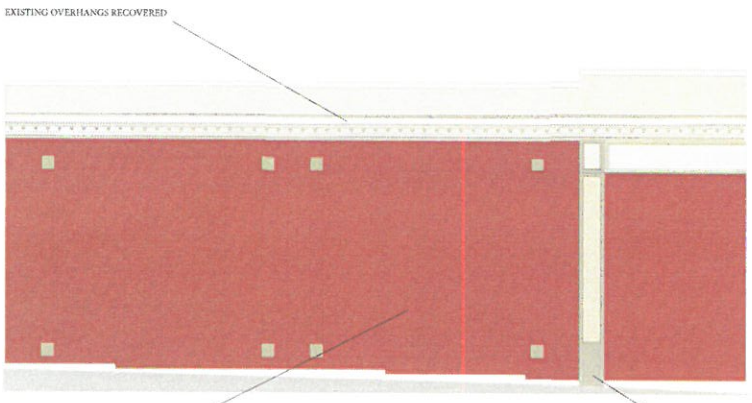
SOUTH ELEVATION

Architect Seal

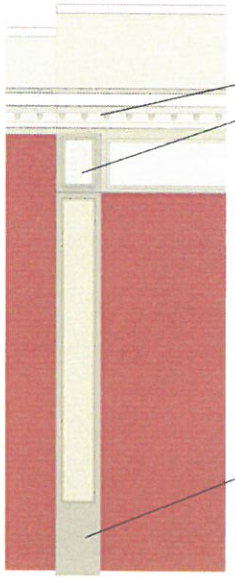
REGISTERED ARCHITECT
DAVID B. BARSKY
No. 11079
BOSTON
MASS
COMMONWEALTH OF MASSACHUSETTS

Drawing Name: Material Schedule	
Project: 83–91 Broadway Somerville, MA	
Drawn by: Renan Barreto	Date Drawn: 04/28/2014
Checked by: David Barsky	Date Checked: 05/03/2014
Drawing No: S–1.0	Date Approved:

FUNCTIONAL DESIGN WORKS
CONSTRUCTION MANAGEMENT · DESIGN · PROPERTY MAINTENANCE

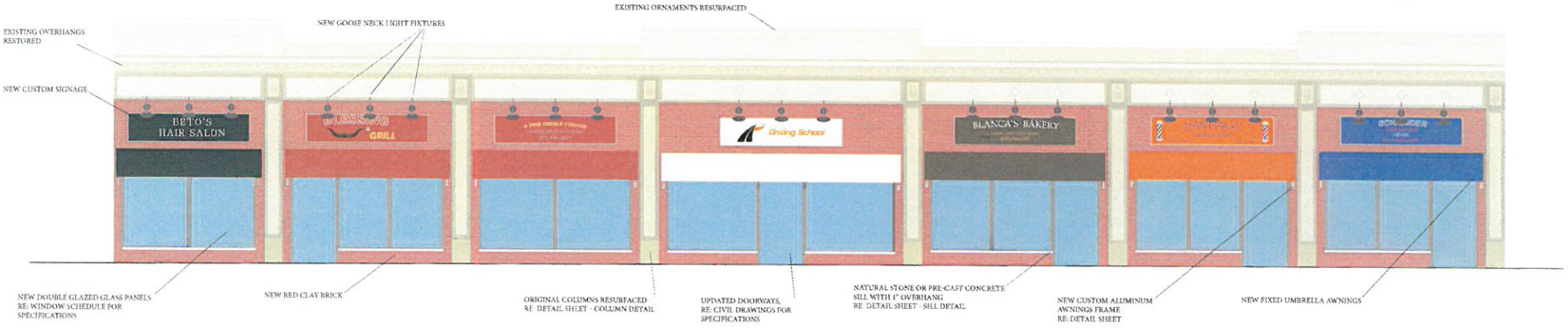


WEST ELEVATION

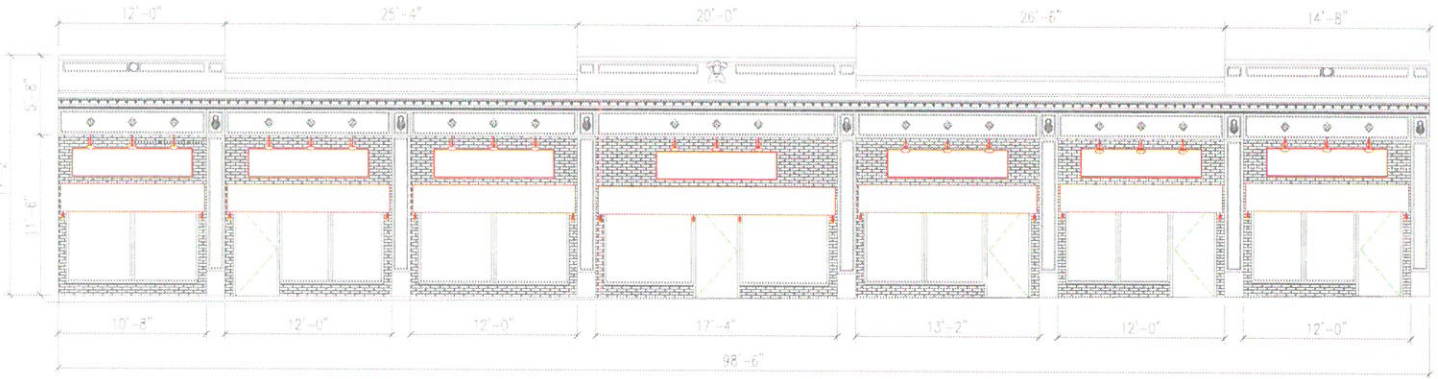


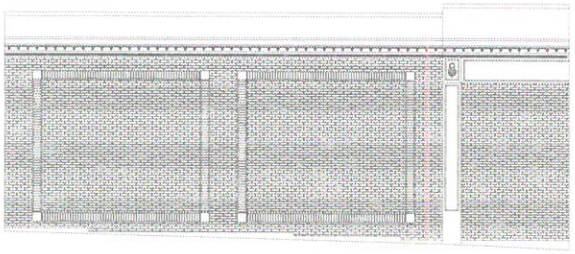
COLUMN DETAIL

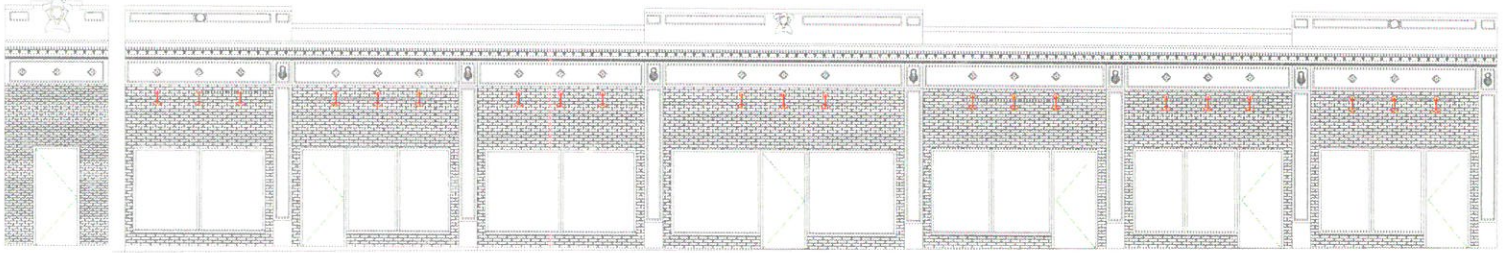
REGISTERED ARCHITECT
DAVID B. BARSKY
No. 11,079
BOSTON
MASS.
COMMONWEALTH OF MASSACHUSETTS



SOUTH ELEVATION







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DAVID B. BARSKY
NO. 10079
BOSTON
MASS
COMMONWEALTH OF MASSACHUSETTS

Drawing Name: CIVIL	
Project: 83-91 Broadway Somerville, MA	
Drawn by: Renan Barreto	Date Drawn: 04/28/2014
Checked by: David Barsky	Date Checked: 05/03/2014
Drawing No: A-2.0	Date Approved:

FUNCTIONAL DESIGN WORKS
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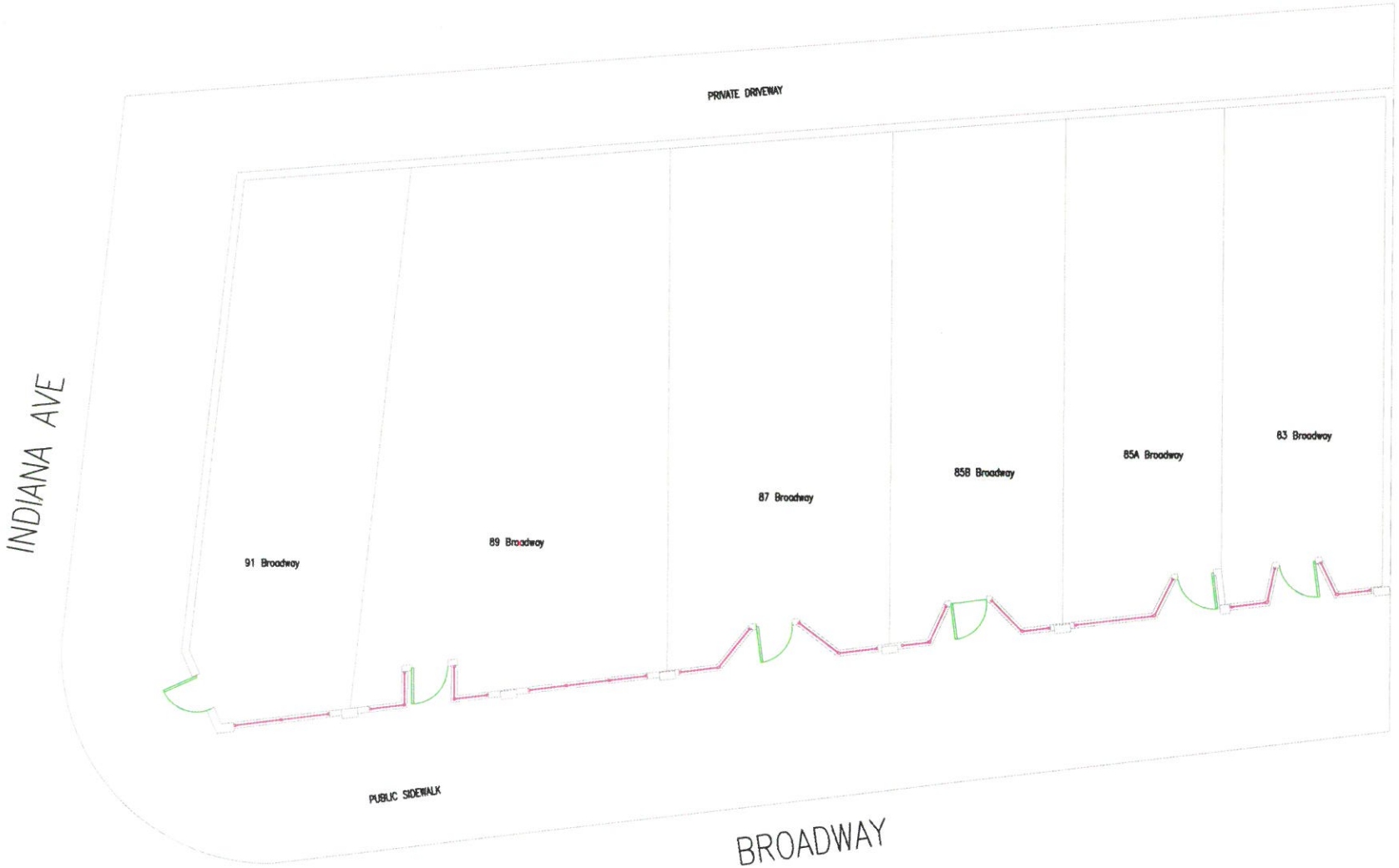


Architect Seal

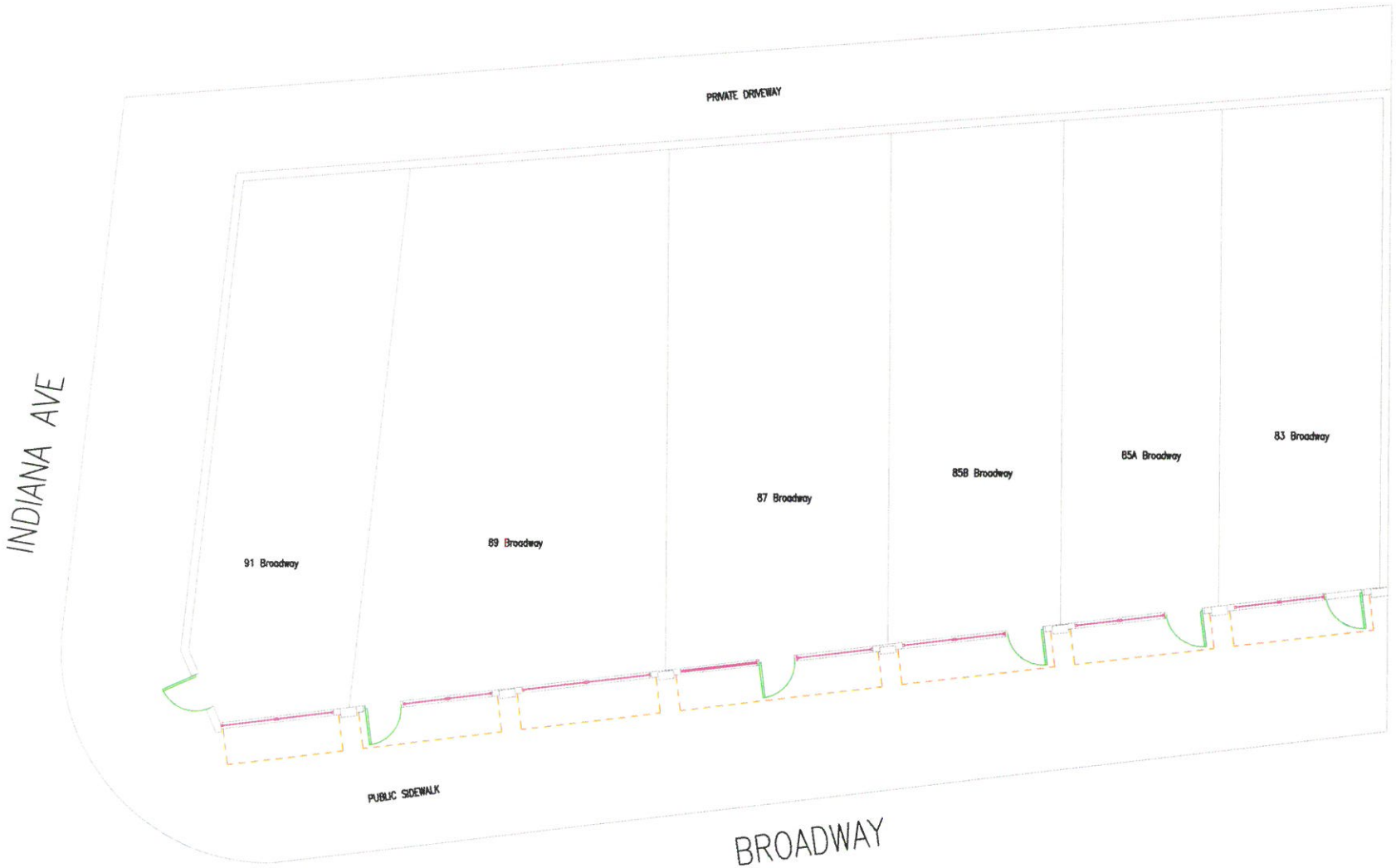
REGISTERED ARCHITECT
DAVID B. BARSKY
No. 11079
BOSTON
MASS
COMMONWEALTH OF MASSACHUSETTS

Drawing Name:

Project: 83-91 Broadway Somerville, MA

Drawn by: Renan Barreto	Date Drawn: 04/28/2014
Checked by: David Barsky	Date Checked: 05/03/2014
Drawing No: A-3.1	Date Approved:

FUNCTIONAL DESIGN WORKS
CONSTRUCTION MANAGEMENT | DESIGN | PROPERTY MAINTENANCE



Architect Seal

REGISTERED ARCHITECT
DAVID B. BARSKY
No. 10079
BOSTON
MASS
COMMONWEALTH OF MASSACHUSETTS

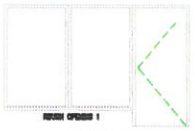
Drawing Name:	Window/Door Schedule
Project:	83–91 Broadway Somerville, MA
Drawn by: Renan Barreto	Date Drawn: 04/28/2014
Checked by: David Barsky	Date Checked: 05/03/2014
Drawing No: A-3.2	Date Approved:

FUNCTIONAL DESIGN WORKS
CONSTRUCTION MANAGEMENT | DESIGN | PROPERTY MAINTENANCE

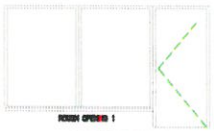
Scale: 1/4":1'

DOOR SCHEDULE			
Included	CURRENT USE	LOCATION	ROUGH OPENING
	HAIR SALON	83	36"W x 83"H
*	BARBER SHOP	85A	36"W x 83"H
*	BAKERY	85B	36"W x 83"H
*	DRIVING SCHOOL	87	36"W x 83"H
*	RESTAURANT	89	36"W x 83"H
	BARBER SHOP	91	36"W x 83"H

WINDOW SCHEDULE				
Included	CURRENT USE	LOCATION	ROUGH OPENING 1	ROUGH OPENING 2
	HAIR SALON	83	90"W x 72"H	*
*	BARBER SHOP	85A	90"W x 72"H	*
*	BAKERY	85B	104"W x 72"H	*
*	DRIVING SCHOOL	87	77"W x 72"H	77"W x 72"H
*	RESTAURANT	89	90"W x 72"H	130"W x 72"H
*	BARBER SHOP	91	114"W x 72"H	*

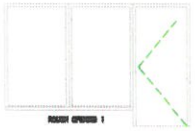


83 BROADWAY

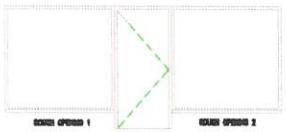


85B BROADWAY

89 BROADWAY



85A BROADWAY



87 BROADWAY

91 BROADWAY

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Copyright notice:

Architect Seal

Drawing Name:

Project: 83-91 Broadway Somerville, MA

Drawn by:	Date Drawn:
Renan Barreto	04/28/2014
Checked by:	Date Checked:
David Barsky	05/03/2014
Drawing No:	Date Approved:
S-1.0	

FUNCTIONAL DESIGN WORKS
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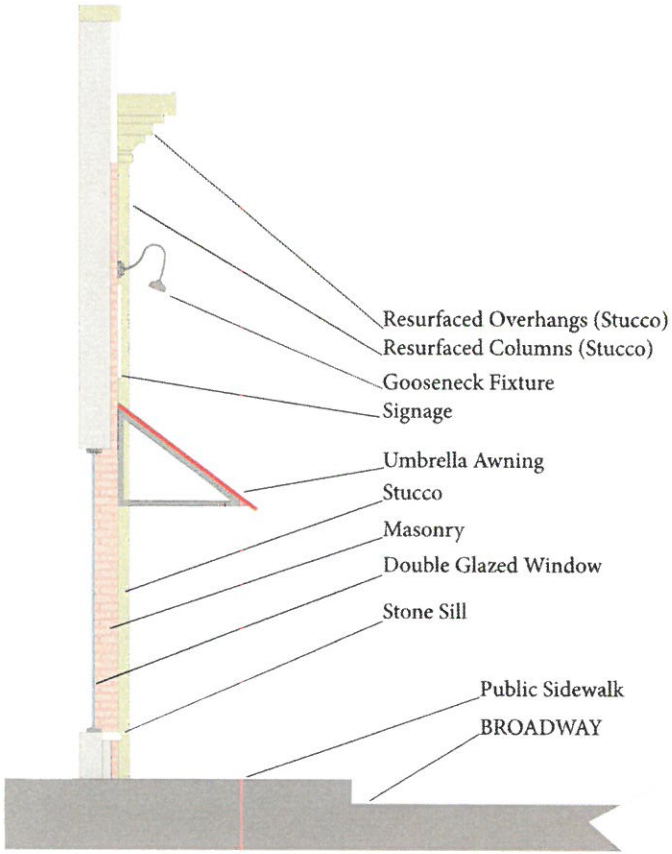
MATERIAL SCHEDULE					
MATERIAL	FINISH/COLOR	SIZE/QUANTITY	SPECIFICATIONS	LOCATION	REMARKS
MASONRY	RED CLAY	649 SQ. FT.	3⅝" x 2¼" x 8" DLH	BELOW WINDOW SILL, & OVERHEAD	REVIEW SAMPLE PRIOR CONSTRUCTION
STUCCO	YELLOW SAND	662 SQ. FT.	Description: FS 23697 RGB Hex Code: FACC7F	OVERHANGS, COLUMNS	REVIEW COLOR OPTIONS, SUBMIT SAMPLE FOR APPROVAL PRIOR CONSTRUCTION
WINDOWS*	TRANSLUCENT	385 SQ. FT.	DOUBLE GLAZED	1' ABOVE GRADE ON EACH STORE	DIMENSIONS SHALL BE VERIFIED ON SITE BY CONTRACTOR OR SUPPLIER PRIOR TO BEING ORDERED
GOOSE NECK FIXTURES	ALUMINUM OR GALVANIZED FINISH	21 UNITS	120V 200W BULB MAX	ABOVE UMBRELLA AWNINGS	FIXTURE DESIGN MAY VERY
STONE SILL	WHITE VEIN/FOSSIL	49 SQ. FT.	8" DEPTH, ½" HEIGHT. SPECIFICATIONS ARE SUBJECT TO CHANGE	WINDOW SILLS	DIMENSIONS AND FURTHER SPECIFICATIONS SHALL BE VERIFIED ON SITE BY CONTRACTOR OR SUPPLIER
AWNINGS	MAY VARY, TO BE ANNOUNCED	177 sq. ft.	2' in width, length varies	Above windows	Color choice may vary

*Window sq. ft. Area does not equal to Rough Opening Area



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No. 11079
BOSTON
MASS
COMMONWEALTH OF MASSACHUSETTS

Drawing Name: Material Schedule	
Project: 83-91 Broadway Somerville, MA	
Drawn by: Renan Barreto	Date Drawn: 04/28/2014
Checked by: David Barsky	Date Checked: 05/03/2014
Drawing No: S-1.1	Date Approved:

FUNCTIONAL DESIGN WORKS
CONSTRUCTION MANAGEMENT | DESIGN | PROPERTY MAINTENANCE

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Jose Miguel Rodriguez

Address of taxpayer/applicant's business in Somerville: 83-91 Broadway

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

Taxpayer/applicant's phone: day: 617-799-5352 evening: 617-799-5352

I, (print name) Jose Miguel Rodriguez, 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 30 day of September, 2015. _____
(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: ___
# 2002	# 10101300	#	#

NOTES:

CLERK'S INITIALS: LRB **ORIGINAL STAMP:** RECEIVED LBarnes 10-1-15

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: Jose Migvel Rodriguez

Address: P.O. Box #76

City: Allston State: MA Zip: 02134 Phone #: 617-799-5352

- ☐ 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: _____

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: 9/24/15

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 #:*** _____

(revised Jan. 2008)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/10/15

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	CONTACT NAME:	
AMAZONia Insurance Agency Inc. 66 Bow Street Somerville, MA 02143	PHONE (A/C, No, Ext): (617) 625-1900	FAX (A/C, No): (617) 666-0037
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : PENN AMERICA	
INSURED JOSE MIGUEL RODRIGUES POBOX 76 ALLSTON, MA 02134	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			PAV0057900	5/22/15	5/22/16	EACH OCCURRENCE	$ 1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ INCLUDED
	[X] POLICY [ ] PRO-JECT [ ] LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	___ HIRED AUTOS / ___ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB ___ OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB ___ CLAIMS-MADE						AGGREGATE	$
	DED ___ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	DWELLING FIRE			PAV0057900	5/22/15	5/22/16	DWELLING	900,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

PROPERTY LOCATION: 83-91 BROADWAY, SOMERVILLE MA 02143

CERTIFICATE HOLDER

CITY OF SOMERVILLE
93 HIGHLAND AVE
SOMERVILLE, MA 02143

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.

AUTHORIZED REPRESENTATIVE

AMAZONIA INSURANCE