



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2015 APR -7 P 12:00

Application to Renew Drain Layer License

L.M. HEAVY CIVIL CONSTRUCTION LLC
100 HANCOCK ST.
QUINCY MA 02171

License #: BL15-000685
File #: 15-568
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)
Business/DBA Name: L.M. HEAVY CIVIL CONSTRUCTION LLC Business Location: 0 OUT OF AREA Business Phone: 617-845-8000	
License Holder: L.M. HEAVY CIVIL CONSTRUCTION LLC 100 HANCOCK ST. QUINCY MA 02171	
Mailing Address: L.M. HEAVY CIVIL CONSTRUCTION LLC 100 HANCOCK ST. QUINCY MA 02171	
Business Type: Corporation MICHELE MASSARI ROBERTO MACRI THOMAS LE	
FID: 204522225	
Emergency Contact: STEVE HARRINGTON Phone: 617-845-8006	

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: Steven Harrison Date: 3/23/2015

Printed Name: STEVEN HARRISON VP Phone: 617-845-8000

CITY OF SOMERVILLE

SOMERVILLE • MASSACHUSETTS 02145

DPW - ENGINEERING DEPARTMENT

1 FRANEY ROAD ~ 1ST FLOOR

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

January 2014

Dear Licensed Drainlayers,

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.

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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 2014. 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: Steve Harrington Date: 3/23/2015
Signature: [Signature] Title: VP
Company: LM Heavy Civil Construction LLC

CONTINUATION
CERTIFICATE

Fidelity and Deposit Company of Maryland

, Surety upon

a certain Bond No. **LPM9140699**

dated effective **April 30, 2014**
(MONTH-DAY-YEAR)

on behalf of **LM Heavy Civil Construction LLC**
(PRINCIPAL)

and in favor of **Town of Somerville**
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on **April 30, 2015**
(MONTH-DAY-YEAR)

and ending on **April 30, 2016**
(MONTH-DAY-YEAR)

Amount of bond **\$10,000.00**


Description of bond **Drain Layer**

PROVIDED: That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on **March 25, 2015**
(MONTH-DAY-YEAR)

Fidelity and Deposit Company of Maryland

By


Victoria P Parkerson, Attorney-In-Fact

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: LM Heavy Civil Construction
Address: 100 Hancock St Suite 901
City: Quincy State: MA Zip: 02171 Phone #: 617-845-8000

☒ I am an employer with 150 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: ARCH Insurance Company
Address: One Liberty Plaza
City: New York State: NY Zip: 10006 Phone #: 212-271-8334
Policy #: 11WCI8921100 Expiration Date: 4/24/15

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: 3/25/15
Print Name: Steve Harrington

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 _____