

**APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY**

Nonrefundable Application Fee \$250.00

Date 1/29/2014

FOR CITY CLERK'S OFFICE ONLY  
Date Recorded 2/6/2014  
Amount Paid \$250.00

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: INMAN LOFTS CONDO ASSOC  
BEACON LOFTS LLC Phone: 617-212-0350

Applicant's Federal Employer Identification Number: 46-7604353

Applicant's Legal Name: BEACON LOFTS LLC - 6-8 BEACON ST

Applicant's Address (with Zip Code): 60 HIGHLAND ROAD SOMERVILLE 02144

Mailing Name (where we should send correspondence to): PO BOX 381155  
CAMBRIDGE MA 02238

Mailing Address (with Zip Code): Same

Emergency Contact: Rexha Madan Phone: 617-785-6593

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

**Sole Proprietor:** Name of 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: BEACON LOFTS LLC  
Names of All Managers Who Own More Than 10%: TOMY MADAN,  
CHARLES AGGOURTS, DAVE MADAN

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

2014 FEB + 6 P B: 411  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

Name of company erecting sign: GFC Development Inc.  
Phone: 947.241.8587.

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. \_\_\_\_\_  
awnings otherwise known as Sun shades.  
Please see picture attached.

**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: *Rekha* Date: 1/29/14  
Print Name: REKHA MADAN Phone: 1/29/14

**INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:**

This ~~sign~~ or awning is located in a historic district: \_\_\_\_\_ True  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: *Albert Buznet* Date: 2/6/14  
Print Name: Al Buznet Title: L.I.I

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

6-9 Beacon St.





Effective Date: February 10th, 2014

# Western Surety Company

## LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 61933794

That we, Beacon Lofts, LLC

of Somerville, 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 Sidewalk Obstruction City of Somerville

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 February 10th, 2015, 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 10th day of February, 2014.

Beacon Lofts, LLC

[Signature] Principal  
Principal

WESTERN SURETY COMPANY

By [Signature]  
Paul T. Bruflat, Senior Vice President



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: BEACON LOFTS LLC

Address of taxpayer/applicant's business in Somerville: ~~60 HIGHLAND ROAD~~  
6-8 BEACON ST

Address of taxpayer/applicant's home in Somerville: ~~60 HIGHLAND ROAD~~ 6-8 Beacon St

Taxpayer/applicant's phone: day: 617 212 0550 evening: \_\_\_\_\_

I, (print name) \_\_\_\_\_, 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 29 day of January, 20 14. [Signature]  
(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: \_\_\_\_\_  
# 985      # 146075001      # N/A      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 

**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: GFC DEVELOPMENT INC  
 Address: 47 DEER PATH ROAD  
 City: WESTON State: MA Zip: 02493 Phone #: 847 241 9587

- |  |  |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | <b>Business Type:</b> <input type="checkbox"/> Retail                  |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          | <input type="checkbox"/> Nonprofit                                     |
|  | <input type="checkbox"/> Entertainment                                 |
|  | <input type="checkbox"/> Manufacturing                                 |
|  | <input type="checkbox"/> Health Care                                   |
|  | <input type="checkbox"/> Other _____                                   |

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: ACORD  
 Address: Please see certificate 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: [Signature] Date: 2/4/14  
 Print Name: Rekha Madan

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

<input type="checkbox"/>	Board of Health
<input type="checkbox"/>	Building Department
<input type="checkbox"/>	City/Town Clerk
<input type="checkbox"/>	Licensing Board
<input type="checkbox"/>	Selectmen's Office
<input type="checkbox"/>	Other _____

(revised Jan. 2008)



# CERTIFICATE OF LIABILITY INSURANCE

DATE  
09-18-2013

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(fes) 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).

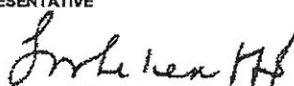
<b>PRODUCER</b> HALSTEAD INS AGCY INC 11 ELECTRIC AVENUE FITCHBURG, MA 01420	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : THE TRAVELERS INDEMNITY COMPANY OF AMERICA</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : THE TRAVELERS INDEMNITY COMPANY OF AMERICA		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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<b>INSURED</b> GFC DEVELOPMENT INC 47 DEER PATH ROAD WESTON, MA 02493														

**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	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	<b>AUTOMOBILE LIABILITY</b> <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						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			6HUB 6B204963	08-31-2013	08-31-2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$500,000
							E.L. DISEASE - EA EMPLOYEE	\$500,000
							E.L. DISEASE - POLICY LIMIT	\$500,000

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

<b>CERTIFICATE HOLDER</b> CITY OF SOMERVILLE 93 HIGHLAND AVE SOMERVILLE, MA 02143	<b>CANCELLATION</b> 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 
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