APPLICATION FOR DRAIN LAYING

Application Fee \$250.00	FOR CITY CLERK'S OFFICE ONLY
Date 5.13.11	Date Recorded 5/17/11 - 195 Amount Paid # 250. 0 CK# 16404
	Amount Fatt 4 250. 7 CK /670/
New Application	
Renewing Application with Additions or Change	s
Renewing Application with NO Additions or Cha	anges
Business Name: Your Space Card scape + Co	nst., Inc. Phone: 781 273 1950
Business DBA Name (if applicable):	
Address with Zip Code: 2 Blanchard Ro	d. Burlington, MA 01803
Tax Identification Number: 042 879 36	Check one: SSN /FEIN
Mailing Name (where we should send corresponden	ce to): Steven C. Pepe
Address with Zip Code: 2 Blanchard Ra	1. Burlanton, MA 01803
Property Owner Name:	Phone:
Address with Zip Code:	
Emergency Contact 1: Stewn Pepe Emergency Contact 2: Nike Pepe	Phone: 617 839 155 Phone: 617 832 838
Type of Business (Check one): Sole Proprie Corporation	etorPartnership (inc. LLP)Trust (inc. LLC)Other
IF A SOLE PROPRIETOR:	,
Owner's Name:	<u> </u>
Address with Zip Code:	
IF A PARTNERSHIP, TRUST OR CORPORATIO	N (Attach additional sheets as needed):
Partner's/Member's/President's Name:	E o D
Address with Zip Code:	
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. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

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:	Date: 5./3.1/
Print Name: STEVEN L. PEPE	Phone: 617839 155
FOR ALL APPLICANTS WITHOUT A CURREN	NT LICENSE:
ENGINEERING DEPARTMENT RECOMMENI	
The Engineering Department recommends that the ap	plication be:ApprovedDenied
Signature	Date 5.13.11



VESTERN SURETY COMPANY . ONE OF AMERICA'S OLDEST BONDING COMPANIES 🖨

Effective Date: May 13th, 2011

Western Surety Company

LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:	Bond No. 61061770
That we, Your Space Landscape & Construction	n, Inc.
of the Town of Burlington , and WESTERN SURETY COMPANY, a corporation	State of Massachusetts , as Principal, 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
	DOLLARS (\$10,000.00), Obligee, for which payment well and truly to be made, y by these presents.
THE CONDITION OF THE ABOVE OBLIGATI	ON IS SUCH, That whereas, the Principal has been
licensed Drainlayer	
	by the Obligee.
with the laws and ordinances, including all amend applied for, then this obligation to be void, of May 13th 2012, unless to This bond may be terminated at any time by the U.S. Mail, to the Obligee and to the Principal at the a of thirty five (35) days from the mailing of said notice shall thereupon be believed from any liability for any date. Regardless of the number of years this bond against this bond, and the number of premiums which liability shall not be cumulative from year to year or p	hfully perform the duties and in all things comply dments thereto, pertaining to the license or permit therwise to remain in full force and effect until renewed by Continuation Certificate. Surety upon sending notice in writing, by First Class address last known to the Surety, and at the expiration e, this bond shall ipso facto terminate and the Surety acts or omissions of the Principal subsequent to said shall continue in force, the number of claims made ch shall be payable or paid, the Surety's total limit of period to period, and in no event shall the Surety's total above. Any revision of the bond amount shall not be
Dated tins day of	Your Space Landscape & Construction,
	SPECENT L PEPErincipal
	WESTERN SURETY COMPANY
	By Paul T. Bruflat, Senior Vice President

Form 532-1-2010

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corp authorized and licensed to do business in the State Delaware, District of Columbia, Florida, Georgia Maryland, Massachusetts, Michigan, Minnesota, M. New Mexico, New York, North Carolina, North D. South Dakota, Tennessee, Texas, Utah, Vermor States of America, does hereby make, constitute a	ates of Alabama, Alaska, , Hawaii, Idaho, Illinois, lississippi, Missouri, Monta akota, Ohio, Oklahoma, (nt, Virginia, Washington,	Arizona, Arkansas, Cal Indiana, Iowa, Kansas, ana, Nebraska, Nevada, Oregon, Pennsylvania, I	ifornia, Colorado, Connecticut, Kentucky, Louisiana, Maine, New Hampshire, New Jersey, Rhode Island, South Carolina,
· · · · · · · · · · · · · · · · · · ·		Sio	ux Falls
Paul T. Bruflat State ofSouth Dakota	, its regularly elected	Senior Vic	e President ,
as Attorney-in-Fact, with full power and authority hits behalf as Surety and as its act and deed, the follone _Drainlayer City of Somerville	nereby conferred upon him llowing bond:	n to sign, execute, ackno	owledge and deliver for and on
bond with bond number 61061770 for Your Space Landscape & Constructio			
as Principal in the penalty amount not to exceed:			
Western Surety Company further certifies that the fully adopted and now in force, to-wit: Section 7. All bonds, policies, undertakings, Power name of the Company by the President, Secretary, any Board of Directors may authorize. The President, any Attorneys-in-Fact or agents who shall have authority to inot necessary for the validity of any bonds, policies, undesuch officer and the corporate seal may be printed by face	following is a true and exact ers of Attorney, or other obli- Assistant Secretary, Treasu y Vice President, Secretary, issue bonds, policies, or und- lertakings, Powers of Attorne	gations of the corporation rer, or any Vice President, , any Assistant Secretary, ertakings in the name of th	shall be executed in the corporate or by such other officers as the or the Treasurer may appoint e Company. The corporate seal is
In Witness Whereof, the said WESTERN S Senior Vice President with the 2011	SURETY COMPANY has e corporate seal affixed th	s caused these presents 13th day o	ents to be executed by its f,
J. Nelson	By.	Tal 7	RETY COMPANY
L. Nelson, Assistant S	Secretary	Pa	ul T. Bruflat, Senior Vice President

STATE OF SOUTH DAKOTA SECOUNTY OF MINNEHAHA

On this 13th day of May, 2011, 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 Senior 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.

D. KRELL

SEAL NOTARY PUBLIC SEAL

SOUTH DAKOTA

Tobasasasasasasasas

My Commission Expires November 30, 2012

De Krell

Notary Public

CERTIFICATE OF CORPORATE AUTHORITY

I, Yvonne M. Pepse , Clerk of
I, Yvonne M. Pepe , Clerk of Name of Clerk or Secretary , Clerk of Name of Corporation hereby certify that,
at a meeting of the Board of Directors of said Corporation duly held on the Date day of
Acrost , John , at which a quorum was present and voting throughout, the following
vote was duly passed and is now in full force and effect: VOTED: That be and
Name of Officer authorized to sign for the Corporation
hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to
sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and
other obligations of the Corporation, the execution of any such contract, bond or obligation by
such STEVEN L PEPE to be valid Name of Officer authorized to sign for the Corporation to be valid
and binding upon this Corporation for all purposes. This vote remains in full force and effect, and
has not been altered, amended or revoked by a subsequent vote of such directors.
I further certify that STEVEN L. PEPE Name of Officer authorized to sign for the Corporation
is the duly elected President of said Corporation.
Signed Gerk or segretary Place of Business 2 Blunchard Rd., Burlington, Date May 15, 2011
AFFIX CORPORATE SEAL HERE
In the event that the Clerk or Secretary is the same person as the Officer authorized to
sign that contract, bond or other instrument for the Corporation, this certificate must be counter-
signed by another Officer of the Corporation.
Countersigned
Name & Title of Countersigning Officer

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)

Secret

By: Corporate Officer (Mandatory, if a corporation)

642 879 362

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a

^{**}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: Your Space			····			
Landscape & Construction, Address: 2 BLANCHARD BOAD	III.					
BURLINGTON, MA 01803	State:	Zip:	Phone #;	781	27	3 - 18s
I am an employer with employer (full and/or part time). I am a sole proprietor or partnership are employees. We are a corporation that has exercised exemption per c152 s1(4), and have not we are a nonprofit organization staffed volunteers and have no employees. Workers' compensation insurance information in the staff of the staff o	es Business Type d have no d our right of employees. d by	Retail Restaurant/Ba Office and/or Nonprofit Entertainmen Manufacturin Health Care Other	ar/Eating Es Sales (real o	tablishmer	nt	
workers compensation insurance mior	been le	viej.				
Insurance Company Name: Thomas Address: 601 Edgeweter City: Wakeford	Course rixe	7				
Address: 601 Edgeweter	Ur. S. Z.	<u> </u>				
City: Wakefold	State: MA	Zip: 01880	Phone #:	181	-914	-1000
Policy #: WC 371370	5		Expiration	Date: 7	· i ·	11
Applicant certification:						
Failure to secure coverage as required to penalties of a fine up to \$1,500.00 and/or WORK ORDER and a fine of \$100.00 forwarded to the Office of Investigations of	one years' impriso a day against me	nment as well as of . I understand that	civil penaltic	s in the fo	orm of	a STOP
I do hereby certify under the pains and per	nalties of perjury th	at the information	provided ab	ove is true	and co	rrect.
Signature:	SPI		Date: ご	13.	li	
Print Name: STEVEN L. PEPE						
Official use only. Do not			city or tow			
City or Town: Contact Person:	Permit/License Phone #:	? #:		Board of Building City/To Licensi Selecting Other	g Depa wn Cle ng Boa	rtment rk rd

(revised Jan. 2008)

THIS CERTIFICATE IS ISSUED AS A MATTER'S THOMAS Gregory Associates Inc. 601 Edgewater Drive \$235 Makefield Ma 01800 Power \$181-914-000 Fax: 781-246-2601 NSURERS AFFORDING COVERAGE HISSURED AS PREFIGER INSURANCE CO. BISSURED AS PROBLEMANCE INSTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PENDO INDICATED NOT ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE WAY BE SOME POLICIES OF REMAINING CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE WAY BE SOME ROLLING TO THE INSURED NAMED ABOVE FOR THE POLICY PENDO INDICATED NOT ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE WAY BE SOME ROLLING TO THE CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE WAY BE SOME ROLLING TO THE CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE WAY BE SOME ROLLING TO THE CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE WAY BE SOME ROLLING TO THE CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE WAY BE SOME ROLLING TO THE CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE WAY BE SOME ROLLING TO THE CONTRACT OR OTHER DOCUMENT WITH THE COVER PROPORTION OF THE CONTRACT OR OTHER DOCUMENT WITH THE COVER PROPORTION OF THE CONTRACT OR OTHER DOCUMENT WITH THE COVER PROPORTION OF THE ROLLING TO THE CONTRACT OR OTHER DOCUMENT WITH THE COVER PROPORTION OF THE ROLLING TO THE CONTRACT OR OTHER DOCUMENT WITH THE COVER PROPORTION OF THE ROLLING TO THE ROLLING TO THE ROLLING TO THE ROLLING THE CONTRACT OR OTHER DOCUMENT WITH THE COVER PROPORTION OF THE ROLLING TO THE ROLLING THE CONTRACT OR OTHER THE COVER PROPORTY OF THE ROLLING TO THE ROLLING THE CONTRACT OR OTHER THE COVER THE COVER PROPORTY OF THE ROLLING THE COVER PROPORTY OF THE ROLL	DATE (MM/DD/YYYY) 08/11/10	OPID MO YOURS-1	RANCE	TY INSU	ATE OF LIABILIT	ORD CERTIFIC	ACO
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NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAIL				1	TOWNWAT		
Town of Watertown	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN						
DPW - Agenisitration	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR				n		
124 Orchard Street REPRESENTATIVES		_	VES. ↑	REPRESENTATIV			

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