

# APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Nonrefundable Application Fee \$250.00

Date 4/13/15

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>4/23/15</u> 2015 APR 23 A 1:29
Amount Paid	<u>\$250</u>

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: Pleasant Exchange Phone: 617-718-0567

Applicant's Federal Employer Identification Number: 272550411

Applicant's Legal Name: Michael Lerner

Applicant's Address (with Zip Code): 370 Mystic Ave Somerville MA 02145

Mailing Name (where we should send correspondence to): Michael Lerner

Mailing Address (with Zip Code): 370 Mystic Ave Somerville MA 02145

Emergency Contact: Boris Lerner Phone: 978-973-7763

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

☒ **Sole Proprietor:** Name of Owner: Michael Lerner

☐ **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: Sign-a-rama  
Phone: 617-492-3324

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. \_\_\_\_\_  
Above windows, right against building face  
\_\_\_\_\_  
\_\_\_\_\_

### 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: [Signature] Date: 4/13/15  
Print Name: Michael Lerner Phone: \_\_\_\_\_

### 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: [Signature] Date: 4/13/15  
Print Name: Al Bargoot Title: L.B.I.

### HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

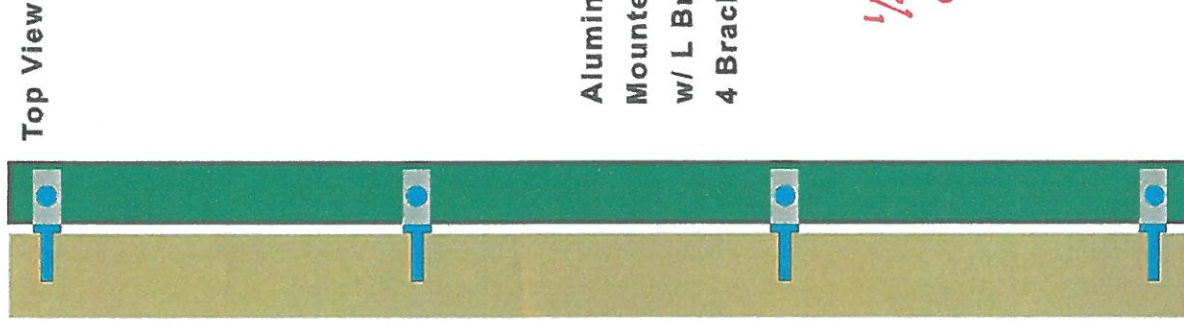
(only required for signs or awnings in a historic district)

The Historic Preservation Commission recommends \_\_\_\_\_ Approval \_\_\_\_\_ Denial

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_





Aluminum Panel Frame Sign  
Mounted Directly to Building Face  
w/ L Brackets & Tapcon Masonry Screws.  
4 Brackets Top, 4 Brackets Bottom.

1/4" HILTI KWIK-CON II  
CONNECTORS w/ 1 3/4"  
EMBEDMENT



Photo #1

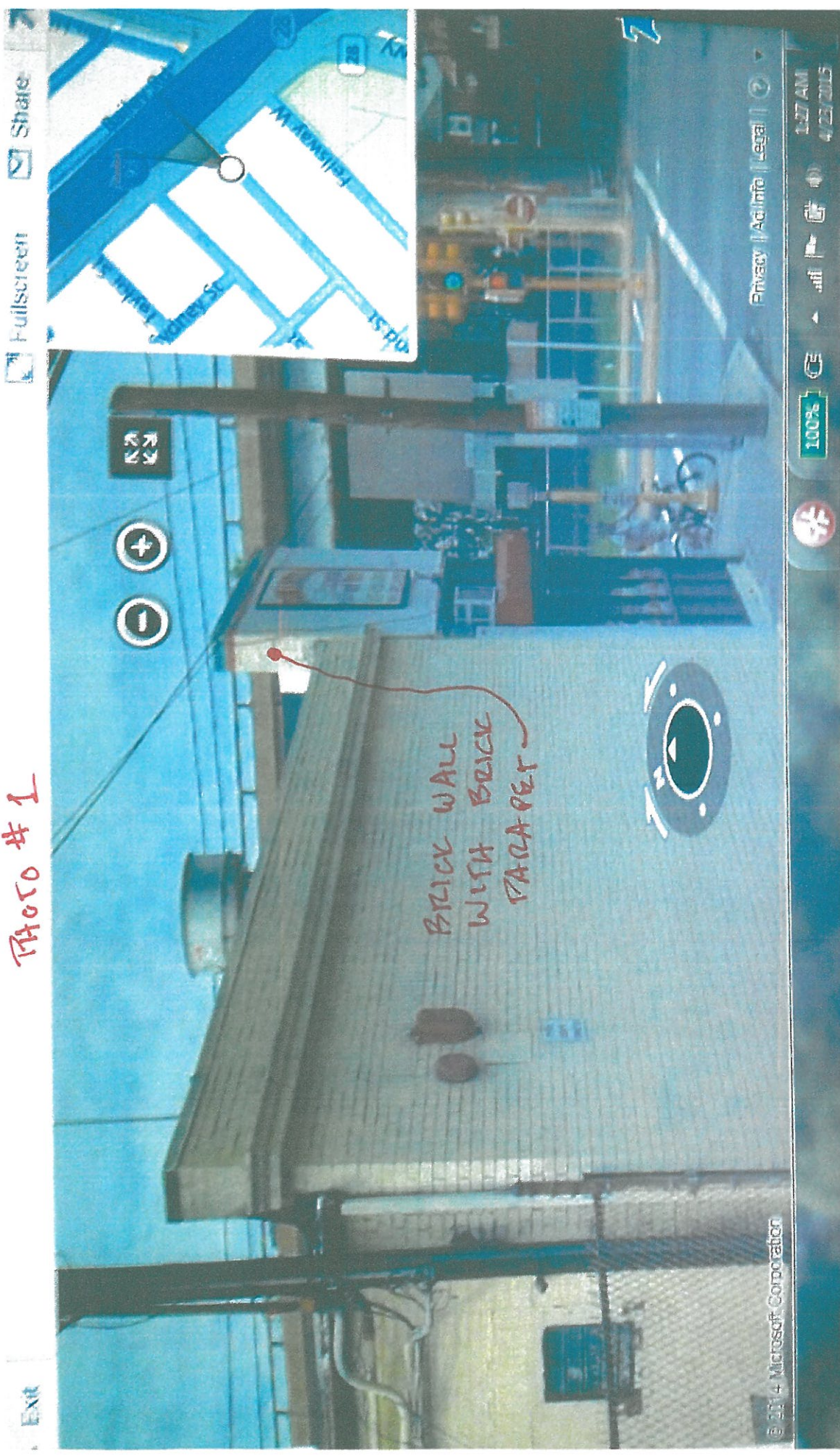




PHOTO #2







City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Pleasant Exchange  
Address of taxpayer/applicant's business in Somerville: 370 Mystic Ave.  
Address of taxpayer/applicant's home in Somerville: N/A  
Taxpayer/applicant's phone: day: 617-718-0567 evening: 978-239-1913

I, (print name) Michael Lerner, 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 23rd day of April, 2015.  
[Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

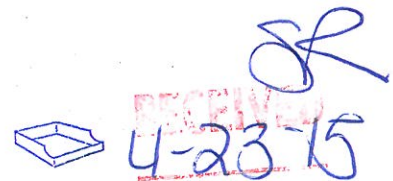
**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>NA</u>	# <u>NA</u>	# <u>NA</u>	# _____

**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: Michael Lerner

Address: 370 Mystic Ave.

City: Somerville State: MA Zip: 02145 Phone #: 617-718-0567

- ☐ I am an employer with \_\_\_\_\_ 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: \_\_\_\_\_

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: [Signature] Date: 4/23/15

Print Name: Michael Lerner

**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 \_\_\_\_\_