



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

2015 MAR 23 A 9:33

**Application to Renew Drain Layer License**

**E.B. ROTONDI & SONS INC**  
21 MANISON ST  
STONEHAM MA 02180

CITY CLERK'S OFFICE  
SOMERVILLE, MA

License #: BL15-000667  
File #: 15-550  
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)
<b>Business/DBA Name:</b> E.B. ROTONDI & SONS INC <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 781-438-5005	
<b>License Holder:</b> E.B. ROTONDI & SONS INC 21 MANISON ST STONEHAM MA 02180	
<b>Mailing Address:</b> E.B. ROTONDI & SONS INC 21 MANISON ST STONEHAM MA 02180	
<b>Business Type:</b> Corporation A. JOSEPH ROTONDI MICHAEL ROTONDI MICHAEL ROTONDI	
<b>FID:</b> 042643937	
<b>Emergency Contact:</b> DENNIS LAWHORNE <b>Phone:</b> 781-254-7534	

**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:



Date:

3-17-2015

Printed Name:

Phone:

# CITY OF SOMERVILLE

SOMERVILLE • MASSACHUSETTS 02145

DPW - ENGINEERING DEPARTMENT

1 FRANEY ROAD ~ 1<sup>ST</sup> FLOOR

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

January 2015

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 2015. 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: Dennis Lawhorne Date: 3-18-2015  
Signature: [Signature] Title: Project Manager  
Company: E. B. Rotondi & Sons Inc.





The Hanover Insurance Company | 440 Lincoln Street, Worcester, MA 01653  
Citizens Insurance Company of America | 645 West Grand River Avenue, Howell, MI 48843  
Massachusetts Bay Insurance Company | 440 Lincoln Street, Worcester, MA 01653

## CONTINUATION CERTIFICATE

**Principal:**

E. B. Rotondi and Sons Inc.

21 Mansion Street

Stonham

MA 02180

**Bond No.:** BLN8869780

**Date:** July 10, 2014

**Continuation Term:** Drainlayer Permit Bond

**From:** July 7, 2014 **To:** July 7, 2015

**Obligee:**

City of Somerville

93 Highland Ave.

Somerville

MA 02143

**Agent:**

Saltmarsh Insurance Agency

PO Box 458, 751 Main Street

Winchester, MA 01890-0658

**Bond Amount:** \$ \$10,000.00

**Premium:** \$ \$100.00

It is hereby agreed that the above referenced captioned numbered Bond issued by The Hanover Insurance Company (hereinafter the "Surety") is continued in force in the above amount for the Continuation Term period of the continued term stated above, and is subject to all the covenants and conditions of said Bond.

This Continuation Certificate shall be deemed a part of the original Bond, and not a separate obligation, no matter how long the Bond has been in force or how many premiums are paid for the Bond, unless otherwise provided for by statute or ordinance applicable.

Surety's liability under said Bond and for all continuation certificates issued in connection therewith shall not be cumulative and in no event shall the liability of the Surety exceed the amount as set forth in the Bond or in any additions, riders, or endorsements properly issued by the Surety as supplements thereto.

In witness whereof, the company has caused this instrument to be duly signed, sealed and dated as of the above "continuation effective date."

The Hanover Insurance Company



By: Kathleen McSwain  
Attorney-In-Fact

CC: 3200963

**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: E.B. Rotondi & Sons Inc  
Address: 21 Marison St  
City: Stoughton State: MA Zip: 02180 Phone #: 781 438 5005

- ☒ I am an employer with 50 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 General Contractor

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

Insurance Company Name: Aim Mutual  
Address: 54 Third St  
City: Burlington State: MA Zip: 01803 Phone #: \_\_\_\_\_  
Policy #: VWC-10010 015509-2014 B Expiration Date: 9/1/15

**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: 3-18-2015  
Print Name: Dennis Lawhorne

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