

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Nonrefundable Application Fee \$250.00

Date 2/4/14

FOR CITY CLERK'S OFFICE ONLY
CITY CLERK'S OFFICE
SOMERVILLE, MA
Date Recorded _____
Amount Paid _____

☒ 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: United States Postal Service Phone: 202-268-2000

Applicant's Federal Employer Identification Number: 41-0760000

Applicant's Legal Name: Michael Bezner

Applicant's Address (with Zip Code): 6 Griffin Road North, Windsor, CT 06006 16-18 Bow St

Mailing Name (where we should send correspondence to): Robert MacLeod (Architect/USPS Agent)

Mailing Address (with Zip Code): 164 Washington Street, Norwell, MA 02061

Emergency Contact: Robert MacLeod Phone: 781-878-6223

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: _____

Names of All Managers Who Own More Than 10%: _____

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

Note: United States Government Agency

Name of company erecting sign: BWK Construction (General Contractor)

Phone: 978-777-0607

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. _____
The new sign will be an unlighted, painted wood sign (14'-3"x3'-7"x1-1/4"). The graphics on the
sign will meet the USPS criteria for a retail location. The text and logo will be blue and the
background will be white.

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.

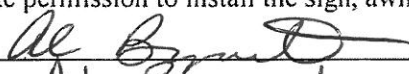
Signature of Applicant:  Date: 2/5/14

Print Name: Robert MacLeod Phone: 781-878-6223

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:  Date: 2/6/14

Print Name: AL Bargeot Title: L.B.I.

HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

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

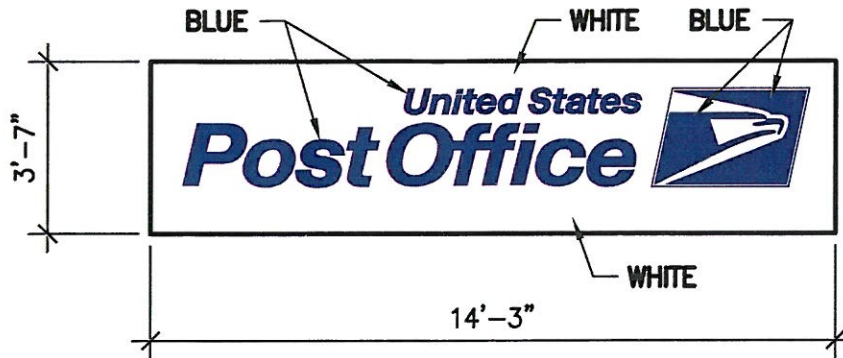
The Historic Preservation Commission recommends _____ Approval _____ Denial

Signature: _____ Date: _____

Print Name: _____ Title: _____

CONSTRUCTION SKETCH

CSK: A-10



1

PAINTED WOODEN WALL SIGN

SCALE: N.T.S.

NEW PAINTED WOODEN RETAIL SIGN.
CENTERED OVER CUSTOMER ENTRY.



2

STOREFRONT ELEVATION

SCALE: N.T.S.



ARCHITECTS
ENGINEERS
PLANNERS
POST OFFICE BOX 336
164 WASHINGTON STREET
NORWELL, MASSACHUSETTS 02061
781-276-6923
FAX: 781-978-6920

February 4, 2014

City Hall - Aldermanic Chamber
93 Highland Avenue
Somerville, MA 02143

Attn: John Long, City Clerk

Re: Alt Quarters - Union Street
Somerville, MA
USPS Project No. B51207
A/E Project No. 12023.00

Dear John:

Enclosed are the application forms and check required by the City of Somerville to be submitted for review of the Board of Aldermen.

Please note when reviewing these documents that the United States Postal Service is applying for this permit. The USPS is a United States Government Agency and therefore does not pay taxes and is self-insured. For this reason I have marked two (2) of the included forms as not applicable.

Should you have any questions please give me a call.

Sincerely,

Robert N. MacLeod
Project Architect

RNM/tac

16-18 Bow Street

2014 FEB - 6 P 12:20
CITY CLERK'S OFFICE
SOMERVILLE, MA



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: N/A United States Postal Service

Address of taxpayer/applicant's business in Somerville: N/A

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: _____ 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 _____ day of _____, 20____. _____
(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: _____

_____ # _____ # _____ # _____

NOTES:

CLERK'S INITIALS: _____ **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: Robert MacLeod (Architect/USPS Agent)

Address: 164 Washington Street

City: Norwell

State: MA

Zip: 02061

Phone #: 781-878-6223

- | | |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <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 checked="" type="checkbox"/> Other <u>United States Government Agency</u> |

Workers' compensation insurance information (if applicable):

Insurance Company Name: N/A - USPS is self-insured

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: _____

Date: _____

Print Name: Robert MacLeod (Architect/USPS Agent)

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 _____

(revised Jan. 2008)