

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Nonrefundable Application Fee \$250.00

Date 10/3/14

2014 OCT -7 P 3:29
CITY CLERK'S OFFICE
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>10/7/14</u>
Amount Paid	<u>\$250-</u>

- 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: Community Credit Union Phone: 781-598-0820

Applicant's Federal Employer Identification Number: 04-2207787

Applicant's Legal Name: COMMUNITY CREDIT UNION OF LYNN

Applicant's Address (with Zip Code): 1 ANDREW ST. LYNN, MA 01901

Mailing Name (where we should send correspondence to): 377 SUMMER ST.

Mailing Address (with Zip Code): _____

Emergency Contact: DR. NICHOLAS SARANTOPOULOS, CEO Phone: 978-210-9780 (cell)

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: COMMUNITY CREDIT UNION OF LYNN

Name of President: NICHOLAS D. SARANTOPOULOS

Name of Secretary: PETER KATSOS Name of Treasurer: JAMES HOSKER

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: United Sign Co., Inc.

Phone: (978) 927-9346

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. _____
Install one flush mounted wall sign 2'-0" x 24'-0" on the Summer St facade, install one flush mounted
wall sign 2'-0" x 24'-0" on the Cutter Ave facade, and install one projecting sign 16" x 30" on the
Summer St. facade

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: N. Sarantopoulos Date: 10/6/2014

Print Name: NICHOLAS SARANTOPOULOS, PRESIDENT/CEO Phone: 781-244-1515

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: Al Bergant Date: 10/6/14

Print Name: Al Bergant Title: L.B.I.

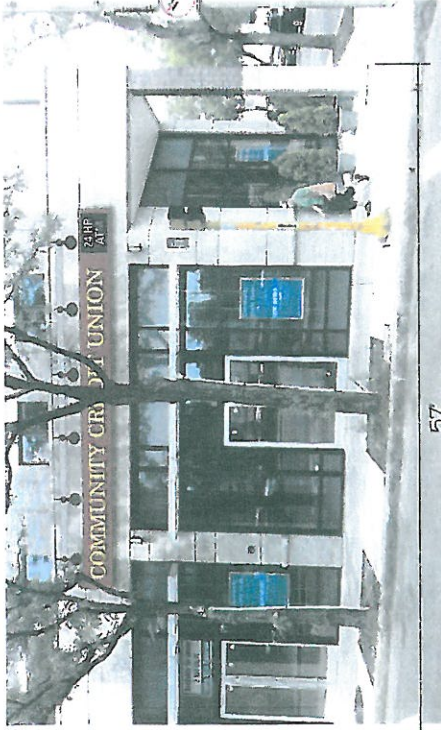
HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

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

The Historic Preservation Commission recommends Approval Denial

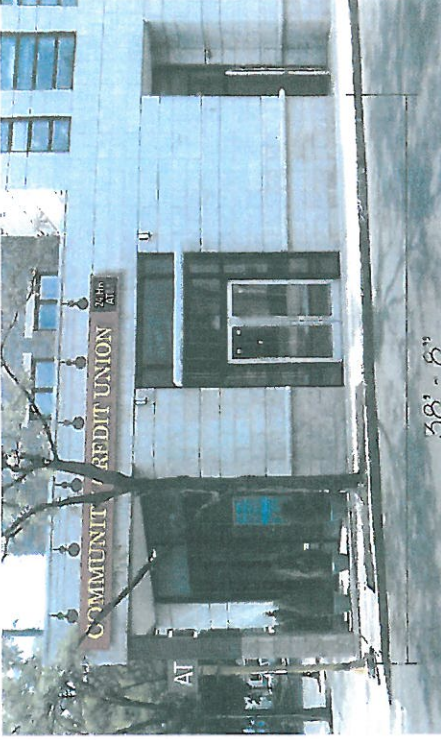
Signature: _____ Date: _____

Print Name: _____ Title: _____



57

SUMMER STREET FACADE
2'-0" X 24'-0" WALL SIGN AND 16" X 30" BLADE SIGN



38' - 8"

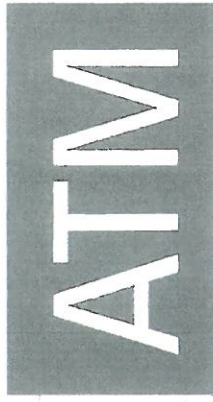
CUTTER AVENUE FACADE
2'-0" X 24'-0" WALL SIGN

14-1249 EXTERIOR WALL SIGNS AND BLADE SIGN

TWO EXTERNALLY ILLUMINATED WALL MOUNTED SIGNS
FABRICATED ALUMINUM WALL PANEL PAINTED MAP BM COTTAGE RED
TITANIUM BRUSHED GOLD COATED STAINLESS STEEL LETTERS
BLACK GOOSENECK LIGHTING MOUNTED TO 2" X 6" WIREWAY FAUX PAINTED
TO MATCH GRAY GRANITE WALL
ATM PORTION OF WALL SIGN TO BE ALUMINUM CABINET
WITH ACRYLIC LETTERS
BLADE SIGN TO BE DOUBLE FACED STENCIL CUT ALUMINUM CABINET
WITH LED FACE LIT PUSH THRU ACRYLIC LETTERS, UL LISTED

SIGN AREA AND ALLOWANCES

SUMMER ST FACADE:
57' LINEAR FRONTAGE X 2 = 114 SF ALLOWED
2' X 24' = 48 SF PROPOSED WALL SIGN
16" X 30" = 4 SF PROPOSED RIGHT ANGLE SIGN
CUTTER AVE FACADE:
38' - 8" LINEAR FRONTAGE X 2 = 77 SF ALLOWED
2' X 24' = 48 SF PROPOSED WALL SIGN



24'-0"

2'-4"

CLIENT	COMMUNITY CREDIT UNION	DATE	8/20/14
LOCATION	SUMMER STREET SOMERVILLE	DESIGNED BY	EJ

THIS DRAWING CONTAINS PROPRIETARY INFORMATION AND DESIGN CONCEPTS AND IS PROPERTY OF UNITED SIGN COMPANY, INC. IT IS PRESENTED TO YOU FOR YOUR EXCLUSIVE USE AND MAY NOT BE COPIED OR SHOWN TO ANYONE OUTSIDE YOUR ORGANIZATION WITHOUT OUR WRITTEN PERMISSION. CHANGING OF COLORS, SIZE, MATERIALS OR ILLUMINATION DOES NOT ALTER THE BASIC DRAWING. © 2014 UNITED SIGN CO., INC. ALL RIGHTS RESERVED.

REVIS ONE:
8/14 3' side sign to front, centered front sign
8/20 wall sign lighting change to goose-neck
9/15 lower: blade sign



33 Tozer Rd. PO Box 3106
Beverly, MA 01915
Phone 978-927-9546
Fax 978-927-9631
www.unitedsign.co

Bond No. 62180252

Effective Date: October 6th, 2014

CITY OF SOMERVILLE

BOND RELATING TO STRUCTURES IN STREETS

KNOW ALL MEN BY THESE PRESENTS

That we, Community Credit Union of Lynn of

Lynn in the Commonwealth of Massachusetts as principal

and WESTERN SURETY COMPANY

as sureties, are held and firmly bound to the City of Somerville, a municipal corporation within said Commonwealth, in the sum of Five Thousand and 00/100 to be paid to the said City of Somerville, for which payment to be well and truly made we bind ourselves and each of us, our heirs, executors, administrators and successors and assigns, jointly and severally, firmly by these presents.

WHEREAS an order was passed by the board of aldermen of said city _____, and approved by the mayor _____, for permission to the principal to place or keep a Installing a sign at 377 Summer St., Somerville MA 02144

wholly or partly in the street in front of the premises No. 377 Summer St., Somerville MA 02144

NOW THEREFORE, the condition of this obligation is such that if the said principal shall indemnify and save harmless said city from all loss, damage, expense and claims arising directly or indirectly out of said permission or out of the acts of said principal, his servants and agents, or otherwise, in connection with said permission, then this obligation shall be void; otherwise it shall remain in full force and virtue.

WITNESS our hands and seals this 6th day of October A. D. 2014

Witnesses

A. Vioron

J. Nelson

(Seal)

WESTERN SURETY COMPANY (Seal)

BY Paul T. Bruflat (Seal)
Paul T. Bruflat Vice President

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruflat of Sioux Falls,
State of South Dakota, its regularly elected Vice President,
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One Street Permit City of Somerville

bond with bond number 62180252

for Community Credit Union of Lynn

as Principal in the penalty amount not to exceed: \$ 5,000.00.

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Vice President with the corporate seal affixed this 6th day of October, 2014.

ATTEST

L. Nelson

L. Nelson, Assistant Secretary

WESTERN SURETY COMPANY

By Paul T. Bruflat

Paul T. Bruflat, Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss



On this 6th day of October, 2014, 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 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.



My Commission Expires August 11, 2016

S. Petrik

Notary Public





City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: COMMUNITY CREDIT UNION

Address of taxpayer/applicant's business in Somerville: 377 SUMMER STREET

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

Taxpayer/applicant's phone: day: 781-244-1515 evening: 978-210-9780 (cell)

I, (print name) NICHOLAS SARANTOPOULOS, PRESIDENT/CEO 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 6th day of OCTOBER, 2014.

N. Sarantopoulos
(Taxpayer's signature) NICHOLAS SARANTOPOULOS
PRESIDENT/CEO
COMMUNITY CREDIT UNION

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: _____

14542 # 315036001 # _____ # _____

NOTES:

CLERK'S INITIALS: CR

ORIGINAL STAMP: 

RECEIVED
10/7/14

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: Community Credit Union
 Address: 1 ANDREW ST
 City: LYNN State: MA Zip: 01901 Phone #: 781-598-0520

- I am an employer with 35 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 FINANCIAL SERVICES

Workers' compensation insurance information (if applicable):

Insurance Company Name: NORGUARD INSURANCE GROUP
 Address: 16 SOUTH RIVER ST PO BOX A-H
 City: WILKES-BARRE State: PA Zip: 18703 Phone #: 800-673-2465
 Policy #: COWC580160 Expiration Date: 4/1/15

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: 10/6/14
 Print Name: PASQUALE LAFRAZIA III VP/CFO

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)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/06/2014

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(ies) 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).

PRODUCER Columbia Insurance Agency 31 Central Square Lynn, MA 01901	CONTACT NAME: John Olson PHONE (A/C, No, Ext): 781-598-5000 FAX (A/C, No): 781-598-4440 E-MAIL ADDRESS: jolson@columbiainsuranceagency.net														
INSURED Community Credit Union One Andrew St. Lynn, MA 01901	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : NorGUARD Insurance Company</td> <td style="text-align: center;">31470</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> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : NorGUARD Insurance Company	31470	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER D :															
INSURER E :															
INSURER F :															

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <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 \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	COWC6580160	04/01/2014	04/01/2015	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Banking/Financial Service Operations

CERTIFICATE HOLDER The Commonwealth of MA Dept of Industrial Accidents Office of Investigations 600 Washington St Boston, MA 02111	CANCELLATION 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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