### APPLICATION FOR DRAIN LAYING

10 17: 49	
Nonrefundable Application Fee \$250.00 9 12: 49	FOR CITY CLERK'S OFFICE ONLY
THE TOK'S DEFINE	ate Recorded
Date 4-6-15 CITY CLERK'S OFFICE A	mount Paid
✓ New Application	
Renewing Application with Additions or Changes	
Renewing Application with NO Additions or Changes	
Business (DBA) Name: Tresons ConsTRUCTION	
Applicant's Federal Employer Identification Number:	4-3530380
Applicant's Legal Name: John V RUSSO	
Applicant's Address (with Zip Code): 13 First ST. 4	Johnn MA.01801
Mailing Name (where we should send correspondence to): 4 Hr	ILLBERGFARK TRCONST
Mailing Address (with Zip Code): 4 HAU Beno PA	AK N. REMOIN MA. 01864
Emergency Contact: STepHen Russo	Phone: 781-953-7173
Type of Business (Check Only One and Provide the Name	es 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: TR4504	S CONSTRUCTION
Name of President: What I P 355 0	
Name of Secretary: John & Russo Name of	Treasurer: STEPHEN Russo
LLC: Name of LLC:	
Names of All Managers Who Own More Than 10%:_	
Other (Attach a Description of the Form of Ownership	p and the Names of Owners)

Business (DBA) Name: TRUSONS CON STRUCT PON
Attach a Drain Layers Bond in the amount of \$10,000.
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. 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: 4-6-15
Signature of Applicant:         Date:         4-6-15           Print Name:         John V RUSSO         Phone:         781-844-8121
FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:
THE PROPERTY OF THE PROPERTY O
ENGINEERING DEPARTMENT RECOMMENDATION:
Fax letters of recommendation from three municipal references to the Engineering Department at 617 625-4454. After you've faxed the references, contact them at 617 625-6600 x5400 to arrange for the following sign-off.
The Engineering Department recommends that the application be: Approved Denied Date Date

# **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 2014

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.

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 <a href="http://www.somervillema.gov/departments/dpw/engineering">http://www.somervillema.gov/departments/dpw/engineering</a>.

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 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 2014. Please feel free to contact this office if there are any questions.

Signed,

Somerville DPW - Engineering Department

I hereby certify													
Somerville Perm	it Manual	and I	further	attest	that I	will	work	in co	nfori	nance	with	said	rules
and regulations.													
T.1	.1 0		~}			D.		4-	/	15	-		

Signature: Title: PRESIDENT

Company: TRYSON'S CONSTRUCTION



#### LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:	Bond No. <u>62352068</u>
That we, Jr & Sons Construction, Inc.	
	, State of _Massachusetts, as Principal, n 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
sum of Ten Thousand and 00/100 lawful money of the United States, to be paid to the we bind ourselves and our legal representatives, firm	DOLLARS (\$10,000.00), ne Obligee, for which payment well and truly to be made, mly by these presents.
THE CONDITION OF THE ABOVE OBLIGA	TION IS SUCH, That whereas, the Principal has been
licensed Drainlayer	
	by the Obligee.
with the laws and ordinances, including all ame applied for, then this obligation to be void,  April 6th, 2016, unless  This bond may be terminated at any time by the U.S. Mail, to the Obligee and to the Principal at the of thirty-five (35) days from the mailing of said not shall thereupon be relieved from any liability for a date. Regardless of the number of years this bond and the number of premiums we liability shall not be cumulative from year to year or the same applied for the number of premiums we liability shall not be cumulative from year to year or the same applied for the	he Surety upon sending notice in writing, by First Class e address last known to the Surety, and at the expiration tice, this bond shall ipso facto terminate and the Surety ny acts or omissions of the Principal subsequent to said and shall continue in force, the number of claims made hich shall be payable or paid, the Surety's total limit of a period to period, and in no event shall the Surety's total in above. Any revision of the bond amount shall not be
Dated this day of	
	Principal  WESTERN SURETY COMPANY  By  Paul T. Bruflat, Senior Vice President

Form 532-12-2011

# Western Surety Company

#### **POWER OF ATTORNEY**

KNOW	ALL	MEN	BY	THESE	PRESENTS	3:
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Delaware, District of Columbia, Florida, Georg Maryland, Massachusetts, Michigan, Minnesota, New Mexico, New York, North Carolina, North South Dakota, Tennessee, Texas, Utah, Verm- States of America, does hereby make, constitute	Mississippi, Missouri, Montana	lana, Iowa, Kansas,	fornia, Colorado, Connecticu
States of America, does hereby make, constitute	Danota, Offic, Ottanoma, Oro	a, Nebraska, Nevada, gon, Pennsylvania, F	New Hampshire, New Jersey Rhode Island, South Carolina
		est Virginia, Wiscons	in, Wyoming, and the Unite
Paul T Bruflat		Sio	ıx Falls
Paul T. Bruflat State of South Dakota	its regularly elected	Vice Pr	esident
as Attorney-in-Fact, with full power and authority	hereby conferred upon him to	sign, execute, acknowledge	wledge and deliver for and o
its behalf as Surety and as its act and deed, the f			
One Drainlayer City of Somerville	<u> </u>		
bond with bond number 62352068			
for <u>Jr &amp; Sons Construction</u> , <u>Inc.</u>			
as Principal in the penalty amount not to exceed:	\$ <u>10,000.00</u> .		
Western Surety Company further certifies that the duly adopted and now in force, to-wit:			
Section 7. All bonds, policies, undertakings, Powname of the Company by the President, Secretary, and Board of Directors may authorize. The President, a Attorneys-in-Fact or agents who shall have authority to not necessary for the validity of any bonds, policies, un	ny Assistant Secretary, Treasurer, any Vice President, Secretary, an o issue bonds, policies, or undertal	or any Vice President, y Assistant Secretary, kings in the name of the	or by such other officers as the or the Treasurer may appoir Company. The corporate seal i
such officer and the corporate seal may be printed by fa		3	
In Witness Whereof, the said WESTERN	SURETY COMPANY has c	aused these presen	nts to be executed by it
	ne corporate sear anixed this _	OCII day of	APITI
ATTEST	W	ESTERNSUF	Bufft
		111	-() 114
2 20.1			Boul T Daylet Vice Presiden
J. nelson	By	1 00-1.	Paul T. Bruflat, Vice President
J. Nelson, Assistant	t Secretary By	1 22-7.	4.54844
J. nelson	t Secretary By	, we - , .	SPOR S
J. Nelson, Assistant	t Secretary By	, we - , .	S O O O O O O O O O O O O O O O O O O O
J. Nelson, Assistant	t Secretary By	,	WET OF A SEA
STATE OF SOUTH DAKOTA  COUNTY OF MINNEHAHA  On this6th day ofAp.	oril,2015	_, before me, a Notal	y Public, personally appeared
State of south dakota county of Minnehaha	oril,2015and	_, before me, a Nota L. Ne1son	y Public, personally appeared
S. Relson, Assistant  L. Nelson, Assistant  STATE OF SOUTH DAKOTA ss	t Secretary By	, we - , .	SEA SEA

My Commission Expires August 11, 2016

# 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: JR4-Sous Cons	TRUCTION				
Address: 4 HALLBERG PA	RK				
City: N Reapine	State: MA. 2	Zip: 01864	Phone #: /	978-664-07	53
☐ I am an employer with /o employed (full and/or part time). ☐ I am a sole proprietor or partnership an employees. ☐ We are a corporation that has exercised exemption per c152 s1(4), and have no We are a nonprofit organization staffed volunteers and have no employees.	d have no our right of employees.	Restaurant/Ba	Sales (real est	ate, auto, etc.)	
Workers' compensation insurance infor	mation (if applicable	e):			
Insurance Company Name: LORC	oran & H	AULin			
Address: 287 Linden S.					
City: Wellesley	State: MA. 2	Zip:02482	Phone #: 7	81-235-3100.	
Policy #: 62013 2E340 2	6214 -		Expiration Da	ate: 7-7-15	
Applicant certification:					
Failure to secure coverage as required upenalties 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 the secure of the secur	one years' imprisonn a day against me. I	nent as well as co	ivil penalties	in the form of a STOP	
I do hereby certify under the pains and pen					
				-6-15	
Print Name: John V Russ	0				
Official use only. Do not w	rite in this area. To	be completed by	city or town o	official.	
City or Town:				Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office	
Contact Person:			□	Other	1
(revised Jan. 2008)	the territory of the first of the second of the		tion of the second	A LOS	