# ARBUMATION FOR DRAIN LAYING

Application Fee \$250.00 CITY CLERK'S OFFICE FOR CITY CLERK'S OFFICE ONLY  SOMERVILLE, MA  Date Recorded 4 8 6 - ms
Date MAY 17,2010 SUMERVILLE, THE Amount Paid \$250.00 CL# 27969
New Application
Renewing Application with Additions or Changes
Renewing Application with NO Additions or Changes
Business Name: ROBERT W. IRVINE & SONS, INC. Phone: 781-581-0464
Business DBA Name (if applicable):
Address with Zip Code: 147 BLOSSOM STREET LYNN, MA. 01902
Tax Identification Number: 04-2513028 Check one: SSN X FEIN
Mailing Name (where we should send correspondence to): ROBERT W. IRVINE & SONS, INC.
Address with Zip Code: 147 BLOSSOM STREET LYNN, MA. 01902
Property Owner Name: DEPARTMENT OF CONSERVATION & Phone: 617-626-1441
Address with Zip Code: 251 CAUSEWAY ST. RECREATION BOSTON, MA. 02118
Emergency Contact 1: MARK J. TRVINE Phone: 781-581-0464
Emergency Contact 1: MARK J. TRVINE Phone: 781-581-0464  Emergency Contact 2: Phone:
·
Type of Business (Check one):Sole ProprietorPartnership (inc. LLP)Trus
XX_Corporation (inc. LLC)Other
IF A SOLE PROPRIETOR:
Owner's Name:
Address with Zip Code:
IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):
Partner's/Member's/President's Name:
Address with Zip Code:
Partner's/Member's/Secretary's Name:
Address with Zip Code:
Partner's/Member's/Treasurer's Name:

Attach a Drain Layers Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

### **ACKNOWLEDGEMENT**

Attach a Drain Layers Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

ACKNOWLEDGEMENT	
I hereby state that all information provided on this application understand that any information that is found to be false forfeiture of this license. This license will be subject to limitations set forth in the Somerville Code of Ordinances laws, and any conditions prescribed by the City of Somerville	e or misleading may result in the all of the terms, conditions, and , any applicable State and Federal
Signature of Applicant:////	Date: MAY 17,2010
Print Name: MARK J.IRVINE	Phone: 781-581-0464
FOR ALL APPLICANTS WITHOUT A CURRENT LICI ENGINEERING DEPARTMENT RECOMMENDATION The Engineering Department recommends that the application Signature	V:

# Robert W. Irvine & Sons Inc.

Reference:

Plumbing Services as needed for Various City and School Departments

Three current references where RWI is providing the same services:

Location	Contact	<u>Telephone</u>
City of Danvers	Bruce Estes	978-762-0232
MA Department of	Mourad Gabra	617-626-8911
Conservation& Recreation		
City of Gloucester	Marc Cole	978-423-1797
City of Lynn	Butch Barnes	781-598-4000
City of Beverly	Chris Rand	978-921-6000



Bond No. LPM7615506

### License and/or Permit Term Bond

KNOW ALL MEN BY THESE PRESENTS: That we, Robert W. Irvine & Sons, Inc. as Principal, and Fidelity and Deposit Company of Maryland incorporated under the laws of the State of Maryland \_\_\_\_\_, with principal office in Schaumburg IL as Surety, are held and firmly bound unto City of Somerville as Obligee, in the penal sum of Ten Thousand and Zero Cents lawful money of the United States, for which payment, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly, by these presents. WHEREAS, the above bounden Principal has obtained or is about to obtain from the said Obligee a license or permit for Drain Layers Bond for the City of Somerville and the term of said license or permit begins the 17th day of May and ends the 17th day of <u>May</u> 2011 WHEREAS, the Principal is required by law to file with City of Somerville a bond for the above indicated term and conditioned as hereinafter set forth. NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, That if the above bounden Principal as such licensee or permittee shall indemnify said Obligee against all loss, costs, expenses or damage to it caused by said Principal's non-compliance with or breach of any laws, statutes, ordinances, rules or regulations pertaining to such license or permit issued to the Principal, which said breach or non-compliance shall occur during the term of this bond, then this obligation shall be void, otherwise to remain in full force and effect. PROVIDED, that if this bond is for a fixed term, it may be continued by Certificate executed by the Surety hereon; and PROVIDED FURTHER, that regardless of the number of years this bond shall continue or be continued in force and of the number of premiums that shall be payable or paid the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the amount of this bond, and PROVIDED FURTHER, that if this is a continuous bond and the Surety shall so elect, this bond maybe cancelled by the Surety as to subsequent liability by giving thirty (30) days notice in writing to said Obligee. Signed, sealed and dated the 17th day of May Robert W. Irvine & Sons, Inc. Principal ARK J.IRVINE, PRESIDENT delity and Deposit Company of Maryland . Attornev-in-Fact

Bond Number:	LPM7615506	
Bond Number:	LPM7615506	

Constance a. Dum

Notary Public July 14, 2011

Constance A. Dunn My Commission Expires:

# Power of Attorney FIDELITY AND DEPOSIT COMPANY OF MARYLAND HOME OFFICE: 600 RED BROOK BOULEVARD, OWINGS MILLS, MD 21117

KNOW ALL MEN BY THESE PRESENTS: That the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, a corporation of	of the State of
Maryland, by Frank E. Martin, Ir., Vice President and Gerald F. Haley. Assistant Secretary, in pursuance of authority granted by Section 2, of the By-Laws of said Company, which are set forth on the next page hereof and are hereby certified to be in full force at the date hereof, does hereby nominate, constitute and appoint John Scanion.  Attorney-in-Fact to make execute, seal and deliver for and constitute are supported by the behalf as superty, and so its and appoint John Scanion.	y Article VI,
LPM7615506 issued on behalf of Robert W. Irvine & Sons, Inc. , as a penalty not to exceed the sum of Twelve Thousand and Zero Cents , as	s Principal in
company, as fully and amply to all intents and purposes, as if it had been duly executed and acknowledged by the regularly elected of Company at its office in Owings Mills. MD, in their own proper persons.	ag upon said officers of the
The said Assistant Secretary does hereby certify that the extract set forth on the next page hereof is a true copy of Article VI. Section 2, of th said Company, and is now in force.  IN WITNESS WHEREOF, the said Vice-President and Assistant Secretary have hereunto subscribed their names and affixed the said FIDELLITY AND DEPOSIT COMMANY OF MANY OF	the Cornorate
Seal of the said FIDELITY AND DEPOSIT COMPANY OF MARYLAND this 17th day of May , A.D. 201  ATTEST: FIDELITY AND DEPOSIT COMPANY OF MARYLAND	0
Gerald F. Haley Assistant Secretary Frank E. Martin, Jr. Vice President	· ·
State of Maryland County of Baltimore ss:	
On this 17th day of May , A.D. 2010 , before the subscriber, a Notary Public of the State of Maccommissioned and qualified, came Frank E. Martin, Jr., Vice President, and Gerald F. Haley, Assistant Secretary of the FIDE DEPOSIT COMPANY OF MARYLAND, to me personally known to be the individuals and officers described in and who executed to instrument, and they each acknowledged the execution of the same, and being by me duly sworn, severally and each for himself of saith, that they are the said officers of the Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Company, and that the said Corporate Seal and their signatures as such officers were duly affixed and subscribed to the said instruauthority and direction of the said Corporation.	ELITY AND the preceding deposeth and e Seal of said
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.	

### EXTRACT FROM BY-LAWS OF FIDELITY AND DEPOSIT COMPANY OF MARYLAND

"Article VI, Section 2. The Chairman of the Board, or the President, or any Executive Vice-President or any Vice President that is specially authorized by the Board of Directors or the Chairman in concurrence with the Corporate Secretary, shall have the power, by and with the concurrence of the Secretary, to appoint Attorney-in-Fact as the business of the Company may require, or to authorize any person or persons to execute on behalf of the Company any bonds, undertakings, recognizances, stipulations, policies, contracts, agreements, deeds, and releases and assignments of judgements, decrees, mortgages and instruments in the nature of mortgages, and also all other instruments and documents which the business of the Company may require, and to affix the seal of the Company thereto."

#### CERTIFICATI

I, the undersigned, Assistant Secretary of the FIDELITY AND DEPOSTI COMPANY OF MARYLAND, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy, is in full force and effect on the date of this certificate; and I do further certify that the Vice-President who executed the said Power of Afforney was one of the additional Vice-Presidents specially authorized by the Board of Directors to appoint any Attorney-in-Fact as provided in Article VI Section 2, of the By-Laws of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 5th day of May, 1994.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed."

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the Corporate Seal of the said Company, this 17th day of May 2010

L.L. Goucher

Assistant Secretary

Ad Soncher

## CERTIFICATE OF CORPORATE AUTHORITY

I, APRIL YOUNG Name of Clerk or Secretary	, Clerk of
ROBERT W.IRVINE & SONS, INC. Name of Corporation	hereby certify that,
at a meeting of the Board of Directors of said Corporation duly held on the	
MAY , 2010 at which a quorum was present and voting through	
vote was duly passed and is now in full force and effect:	
VOTED: That MARK J. IRVINE Name of Officer authorized to sign for the Corporation	be and
hereby is authorized, directed and empowered, in the name and on behalf of	this Corporation, to
sign, seal with the corporate seal, execute, acknowledge and deliver all contra	acts, bonds and
other obligations of the Corporation, the execution of any such contract, bon	d or obligation by
such MARK J.IRVINE Name of Officer authorized to sign for the Corporation	to be valid
and binding upon this Corporation for all purposes. This vote remains in full and	force and effect,
has not been altered, amended or revoked by a subsequent vote of such direct	ctors.
I further certify that MARK J. IRVINE  Name of Officer authorized to sign for the Corporation	
is the duly elected PRESIDENT	of said Corporation.
Signed Clerk or Secretary Young Place of Business 147 BLOSSOM STREET 1	
Date MAY 17,2010	
AFFIX CORPORATE SEAL HERE	
In the event that the Clerk or Secretary is the same person as the Off	icer authorized to
sign that contract, bond or other instrument for the Corporation, this certific	eate must be counter-
signed by another Officer of the Corporation.	
Countersigned	
Name & Title of Countersigning Officer	

## MASSACHUSETTS DEPARTMENT OF REVENUE REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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 Individual or Corporate Name (Mandatory)

\*PRESIDENT

Dy. Corporate Officer (Mandatory, if a corporation)

04-2513028

\*\*Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

- \* This license will not be issued unless this certification clause is signed by the applicant.
- \*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

## The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street Boston, Mass. 02111

## Workers' Compensation Insurance Affidavit - General Businesses

Applican	t informati	on:								
Name:	ROBERT	W.IRVIN	E & SONS	, INC.						
Address:	147 BLO	SSOM ST	REET							···
City:	LYNN			State:	MA	Zip:	01902	Phone #:	781-	-581-0464
XX I am a (full a  full am a emplo We an exem We an volum	an employer nd/or part tin a sole propri byees. The a corporate ption per clude a nonprof teers and ha	me). etor or part ion that ha 52 s1(4), a it organizat we no emp	nership and s exercised and have no ion staffed loyees.	have no our right employed by	t of es.		etail estaurant/E ffice and/o onprofit ntertainme Ianufacturi ealth Care ther MECH	r Sales (reant nt ng	al estate,	auto, etc.)
Workers	s' compensa	tion insur	ance inform	nation (i	if applic	able):				
Insurance	e Company	Name:	MAZONSO	N LLC	<del>,</del>		····		<u>*</u>	
Address:			701 EDG	EWATE	R DRIV	E				,
City:	WAKE	TELD		State:	MA	Zip:	01880	Phone #	:781-2	24-5763
	WAO10									12/31/2010
Failure t		verage as to \$1,500	.00 and/or ( f \$100 00	one year: a day a:	s imprii gainst m	sonment ie. I un	as well as derstand the	nat a copy		osition of crimina he form of a STO statement may b
I do here	by certify y	nder the pa	ins and pen	alties of	perjury 1	that the	information	n provided	above is	true and correct.
Signatur	MIL	1								7,2010
	me: MAR	Z T TDV	TNE		1					
Print Na	He. MAK	C J . IRV	LINU	,	,					
	Offic	cial use on	ly. Do not w	rite in tl	his area.	To be o	ompleted i	by city or t	own offi	cial.
City o	or Town:			Pern	nit/Licen	ıse #:				ard of Health
									Cit	ilding Departmen y/Town Clerk
City				÷	:				Lic	ensing Board lectmen's Office
Cont	act Person:			_ Phor	ne #:					er
(revised	Jan. 2008)									