

APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date 7/28/11

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 7/29/11

Amount Paid 250.00 my

☒ New Sign, Awning or Advertising Device

☐ New Facing on an Existing Frame

☐ Renewing Existing Sign, Awning or Advertising Device Permit for a New Owner

Applicant's Legal Name: CASA B, LLC Phone: 617.233.2791

Applicant's Address (with Zip Code): 12 BELMONT ST. SOMERVILLE, MA 02143

Applicant's Email Address: AJOCKOVICH@ME.COM

Applicant's Federal Employer Identification Number: 26-2730718

Business DBA Name (if applicable): N/A

Business Location (with Zip Code): 253 WASHINGTON ST. SOMERVILLE, MA 02143

Mailing Name (where we should send correspondence to): CASA B, LLC

Mailing Address (with Zip Code): 12 BELMONT ST SOMERVILLE, MA 02143

Emergency Contact: ANGELINA JOCKOVICH Phone: 617.233.4772

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust

☒ 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: ALBERTO CABRE

Address with Zip Code: 12 BELMONT STREET SOMERVILLE MA 02143

Partner's/Member's/Secretary's Name: ANGELINA JOCKOVICH

Address with Zip Code: 12 BELMONT ST. SOMERVILLE, MA 02143

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 JUL 29 A 8:55

Name of company erecting sign: T.B.D
Phone: _____

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. _____

ATTACHED SKETCH. Awning AT THE ENTRANCE
OF THE RESTAURANT

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.

Signature of Applicant: [Signature] Date: 7/28/11
Print Name: ALBERTO CARONE Phone: 617.233.2791

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: [Signature] Date: 7-28-11
Print Name: Al Bargoat Title: L. Building Inspector

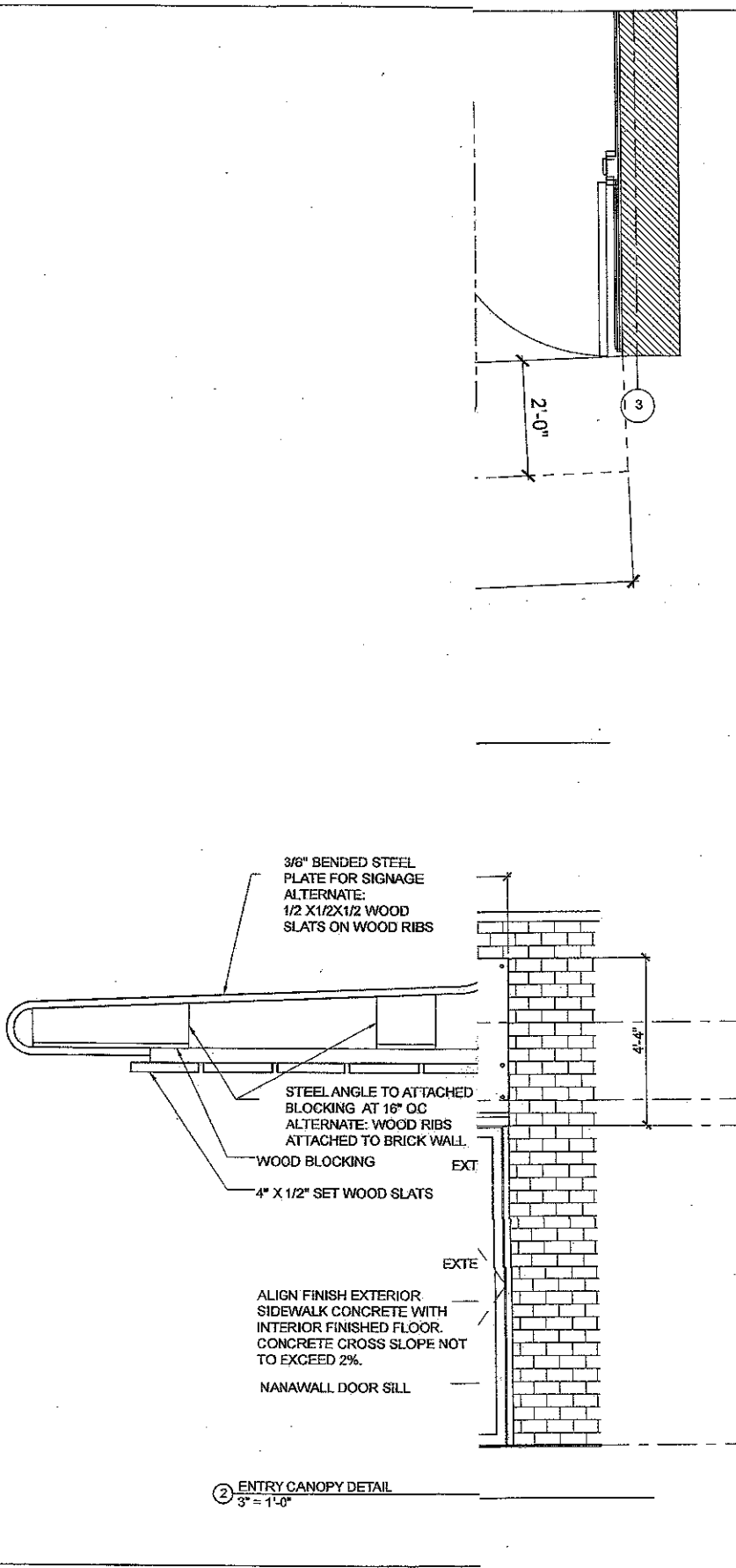
HISTORIC PRESERVATION COMMISSION RECOMMENDATION:

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

The Historic Preservation Commission recommends _____ Approval _____ Denial

Signature: _____ Date: _____

Print Name: _____ Title: _____



(AJC)2

Architecture

(t) 617.253.2791
info@casabrestaurant.com
12 Belmont Street
Somerville, Ma 02143

These drawings are the exclusive property
of the Architect and its consultants and shall
be used by authorized personnel only. The
use, exhibition and for reproduction of these
documents without written permission is
prohibited. (R)

RECEIVED
SOLID LAND
PLANNING DEPT.
2011 JUN -2 AM @ 19

PROJECT:

Casa B

253 Washington St
Somerville, Ma

City of Somerville
PLANNING BOARD

APPROVED
6/20/11

Date: 6/20/11
Case #: PB 2011-11



NORTH

REVISIONS:

ALTERNATE INFORMATION ADDED 5/31/11

PROJECT NO: 10001.00

SCALE: 1/2" = 1'-0"

DRAWN BY: CHECKED BY:

ISSUE:

DATE:

SHEET NAME:

**EXTERIOR
ELEVATION AND
DETAILS**

SHEET NO:

A3.0



2011 00128470
Bk: 57198 Pg: 58 Doc: DECIS
Page: 1 of 8 07/27/2011 09:15 AM



2011 JUN 30 P 4:46

CITY CLERK'S OFFICE
SOMERVILLE, MA

CITY OF SOMERVILLE, MASSACHUSETTS
OFFICE OF STRATEGIC PLANNING & COMMUNITY DEVELOPMENT
JOSEPH A. CURTATONE
MAYOR

PLANNING DIVISION

PLANNING BOARD MEMBERS

KEVIN PRIOR, CHAIRMAN
ELIZABETH MORONEY, CLERK
JOSEPH FAVALORO
JAMES KIRYLO
MICHAEL A. CAPUANO, ESQ.

Case #: PB 2011-11
Site: 253 Washington Street
Date of Decision: June 27, 2011
Decision: Petition Approved with Conditions
Date Filed with City Clerk: June 30, 2011

PLANNING BOARD DECISION

Applicant Name: Angelina Jockovich, Casa B, LLC
Applicant Address: 12 Belmont Street, Somerville, MA 02143
Property Owner Name: Henry Patterson
Property Owner Address: CWC, 109 Seymour Street, Concord, MA 01742
Agent Name: N/A

Legal Notice: Applicant Angelina Jockovich of Casa B LLC & Owner Kepnes Bros. Managed by CWC, Henry Patterson, seeks a special permit under SZO §6.1.22.D.5 to alter the façade of the building including window and door openings as well as signage.

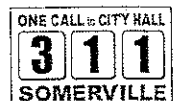
Zoning District/Ward: CCD 55 zone/Ward 3
Zoning Approval Sought: §6.1.22.D.5
Date of Application: May 10, 2011
Date(s) of Public Hearing: 6/9, 6/23 & 6/27/11
Date of Decision: June 23, 2011
Vote: 4-0

Appeal #PB 2011-11 was opened before the Planning Board at Somerville City Hall on June 9, 2011. Notice of the Public Hearing was given to persons affected and was published and posted, all as required by M.G.L. c. 40A, sec. 11 and the Somerville Zoning Ordinance. After two hearings of deliberation, the Planning Board took a vote.



CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE, MASSACHUSETTS 02143
(617) 625-6600 EXT. 2500 • TTY: (617) 666-0001 • FAX: (617) 625-0722

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DECISION:

2011 JUN 30 P 4:46

Present and sitting were Members Elizabeth Moroney, Joseph Favaloro, James Kirylo, and Michael Capuano with Kevin Prior absent. Upon making the above findings, Elizabeth Moroney made a motion to approve the request for a special permit. Michael Capuano seconded the motion. Wherefore the Planning Board voted 4-0 to **APPROVE** the request. In addition the following conditions were attached:

#	Condition	Timeframe for Compliance	Verified (initial)	Notes										
1	Approval is to alter the façade of the building including window and door openings as well as signage under SZO 6.1.22.D.5. This approval is based upon the following application materials and the plans submitted by the Applicant:	CO / BP	Png.											
	<table><tr><th>Date (Stamp Date)</th><th>Submission</th></tr><tr><td>(May 10, 2011)</td><td>Initial application submitted to the City Clerk's Office</td></tr><tr><td>April 18, 2011 (May 23, 2011)</td><td>A0.02 – Demolition Plans and A1.01 – First Floor Plan</td></tr><tr><td>April 11, 2011 (May 23, 2011)</td><td>A2.01 – First Floor Reflected Ceiling Plan</td></tr><tr><td>(June 2, 2011)</td><td>A3.0 – Exterior Elevation and Details</td></tr></table>				Date (Stamp Date)	Submission	(May 10, 2011)	Initial application submitted to the City Clerk's Office	April 18, 2011 (May 23, 2011)	A0.02 – Demolition Plans and A1.01 – First Floor Plan	April 11, 2011 (May 23, 2011)	A2.01 – First Floor Reflected Ceiling Plan	(June 2, 2011)	A3.0 – Exterior Elevation and Details
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Any changes to the approved elevations that are not de minimis must receive SPGA approval. Sign replacement of the same size within the same sign footprint and using the same sign technology shall be permitted by right.														
2	If the bended steel plate façade proves to be cost prohibitive, the Applicant shall install a wood façade with metal lettering for signage in the same font and size as indicated on plan A3.0.	CO	Png.											
3	The Applicant shall at his expense replace any existing equipment (including, but not limited to street sign poles, signs, traffic signal poles, traffic signal equipment, wheel chair ramps, granite curbing, etc) and the entire sidewalk immediately abutting the subject property if damaged as a result of construction activity. All new sidewalks and driveways must be constructed to DPW standard. Specifically, all driveway aprons shall be concrete.	CO	DPW											
4	Applicant shall comply with Fire Prevention Bureau's requirements.	CO	FP											



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5	Signage will be limited to the type of lettering, materials, and lighting technology shown in the elevation. No internally lit signs shall be allowed unless specifically individually approved by the SPGA in a separate special permit application.	CO/Cont 2011 JUN 30 P 4:46 CITY CLERK'S OFFICE SOMERVILLE, MA	Ping	
6	To the extent possible, all exterior lighting must be confined to the subject property, cast light downward and must not intrude, interfere or spill onto neighboring properties or the night sky.	CO	Ping.	
7	The Applicant shall contact Planning Staff at least five working days in advance of a request for a final inspection by Inspectional Services to ensure the proposal was constructed in accordance with the plans and information submitted and the conditions attached to this approval.	Final Sign Off	Ping.	



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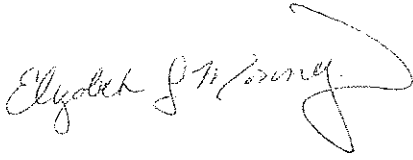
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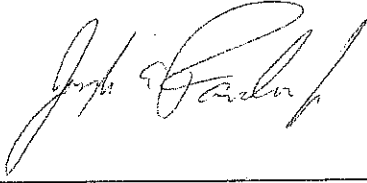
Attest, by the Planning Board:

2011 JUN 30 P 4:46

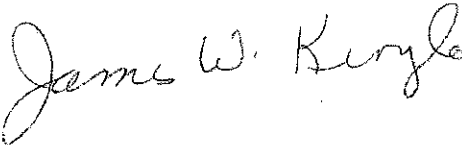
CITY CLERK'S OFFICE
SOMERVILLE, MA



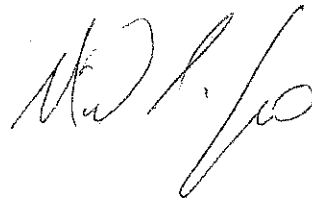
Elizabeth Moroney



Joseph Favaloro



James Kirylo



Michael A. Capuano, Esq.

Copies of this decision are filed in the Somerville City Clerk's office.
Copies of all plans referred to in this decision and a detailed record of the
SPGA proceedings are filed in the Somerville Planning Dept.



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/14/2011

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 W.T. Phelan & Co., Insurance Agency Inc. 645R Massachusetts Avenue Arlington MA 02476	CONTACT NAME: Susan Van Dyke PHONE (A/C, No, Ext): (781) 641-7200 FAX (A/C, No): (781) 646-2410 E-MAIL ADDRESS: Sue.Vandyke@wtphelelan.com PRODUCER CUSTOMER ID #: 00045421																					
INSURED Casa B LLC 253 Washington St Somerville MA 02143	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Peerless Insurance</td><td>24198</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Peerless Insurance	24198	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES **CERTIFICATE NUMBER:** CL1161404920 **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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	CBP 5731426	6/13/2011	6/13/2012	MED EXP (Any one person) \$ 15,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COM/PROP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS					\$
	NON-OWNED AUTOS					\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

The City of Somerville

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

R Ramsey, Jr./VANDSP

Richard R. Ramsey Jr.

**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.

CASA B, LLC

*Signature of Individual or Corporate Name (Mandatory)

ANGELINA JOCKOVICH

By: Corporate Officer (Mandatory, if a corporation)

26-2730718

**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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: CASA B, LLC
Address of taxpayer/applicant's business in Somerville: 253 WASHINGTON ST
SOMERVILLE, MA 02143
Address of taxpayer/applicant's home in Somerville: 12 BELMONT ST
SOMERVILLE, MA 02143
Taxpayer/applicant's phone: day: 617-233-2791 evening: 617-233-2791

I, (print name) ALBERTO CABRE, 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 28 day of JULY, 20 11. [Signature]
(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: _____
11351190 # 119010001 # _____ # _____

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: ALBERTO CABRE (CASA B, LLC)
Address: 12 BELMONT STREET
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-233-279

- ☐ I am an employer with _____ 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
☐ Manufacturing
☐ Entertainment
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
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: [Signature] Date: 8/8/11

Print Name: ALBERTO CABRE

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 _____