

# APPLICATION FOR DRAIN LAYING

Nonrefundable Application Fee \$250.00

CITY CLERK'S OFFICE  
SOMERVILLE

CITY CLERK'S OFFICE ONLY

Date

4/27/15

Date Recorded

Amount Paid

☐ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business (DBA) Name: M. T. Mayo Corp Phone: 781-858-7031

Applicant's Federal Employer Identification Number: 27-0586768

Applicant's Legal Name: M. T. Mayo

Applicant's Address (with Zip Code): 27 Bear Hill Rd. Stoneham, MA 02180

Mailing Name (where we should send correspondence to): MT Mayo Corp

Mailing Address (with Zip Code): 27 Bear Hill Rd, Stoneham, MA 02180

Emergency Contact: Math Mayo Phone: 781-858-7031

P.O. Box 3054  
Woburn, MA 01808

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: M. T. Mayo Corp.

Name of President: Matthew T. Mayo

Name of Secretary: same Name of Treasurer: same

☐ **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)

Business (DBA) Name: M.T. Mayo Corp.  
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: [Signature] Date: 4/27/15  
Print Name: Math T. Mayo Phone: 781-858-7031

#### FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

#### 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  
Signature: [Signature] Date: 5.6.15

# 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 <http://www.somervillema.gov/departments/dpw/engineering>.

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 that I am familiar with the rules and regulations set forth in the City of Somerville Permit Manual and I further attest that I will work in conformance with said rules and regulations.

Name: Math. T. Mayo  
Signature: mm

Date: 4/27/15  
Title: President

Company: MT Mayo Corp.

## LICENSE OR PERMIT BOND

BOND NO. S-839762

KNOW ALL MEN BY THESE PRESENTS THAT WE,

M.T. Mayo Corporation

of

PO BOX 3054

Woburn

MA

01888-1854

as Principal, and

NGM Insurance Company

a Florida

corporation with its principal

office at 4601 Touchton Rd East Ste 3400

Jacksonville, FL 32245-6000

as Surety,

are held and firmly bound unto

City of Somerville Engineering Dept.

in the sum of Ten Thousand and 00/100 Dollars

(\$ 10,000.00), for the payment of which sum, well and truly to be made, we bind ourselves, our personal representatives, successors and assigns, jointly and severally, firmly by these presents.

The condition of this obligation is such, that whereas the Principal has obtained, or shall obtain, a license or permit from the Obligee for Drain Layers Bond

at Somerville, MA

for the term commencing on the 26th day of

May

2015

and ending on the 26th day of

May

2016

NOW, THEREFORE, if Principal shall faithfully observe and comply with all terms of the underlying license or permit, and all Ordinances, Rules and Regulations, and any Amendments thereto, applicable to the obligation of this bond, then this obligation shall become void and of no effect, otherwise to be and remain in full force and virtue.

The Surety may, if it shall so elect, cancel this bond by giving thirty (30) days written notice to the Obligee and the bond shall be deemed canceled at the expiration of said period; the Surety remaining liable, however subject to all the terms, conditions and provisions of this bond, for any act or acts covered which may have been committed by the Principal up to the date of such cancellation.

PROVIDED, HOWEVER, that this bond may be continued from year to year by certificate executed by the Surety hereon. Regardless of the number of years or terms this bond remains in effect, and regardless of the number and amount of claims that may be made, the maximum aggregate liability of the Surety is limited to the penal sum of the bond.

SIGNED, SEALED AND DATED on this 26th day of May, 2015.

M.T. Mayo Corporation

By

Matthew Mayo

NGM Insurance Company

By

Michael P. Scotti

Attorney-in-Fact

**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: M. T. Mayo Corp.  
Address: 27 Bear Hill Rd  
City: Stoughton State: MA Zip: 02189 Phone #: 781-838-7031

- ☒ I am an employer with 4 employees Business Type: ☐ Retail  
(full and/or part time). ☐ Restaurant/Bar/Eating Establishment  
☐ I am a sole proprietor or partnership and have no ☐ Office and/or Sales (real estate, auto, etc.)  
employees. ☐ Nonprofit  
☐ We are a corporation that has exercised our right of ☐ Entertainment  
exemption per c152 s1(4), and have no employees. ☐ Manufacturing  
☐ We are a nonprofit organization staffed by ☐ Health Care  
volunteers and have no employees. ☒ Other \_\_\_\_\_

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Atlantic Charter Insurance  
Address: 25 New Chardon Street  
City: Boston State: MA Zip: 02114 Phone #: 617-488-6500  
Policy #: WCV00938804 Expiration Date: 11/30/15

**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: 4/27/15

Print Name: Math. T. Mayo

**Official use only. Do not write in this area. To be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_ ☐ Board of Health  
☐ Building Department  
☐ City/Town Clerk  
☐ Licensing Board  
☐ Selectmen's Office  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ ☐ Other \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

4/29/2015

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

Scotti & Company, Inc.  
19 Mount Vernon Street  
Winchester, MA 01890

## CONTACT

NAME

PHONE (A/C, No, Ext) (781) 729-9200

FAX (A/C No)

E-MAIL

ADDRESS

PRODUCER

CUSTOMER ID #

## INSURERS AFFORDING COVERAGE

NAIC #

## INSURED

MT Mayo Corp

PO Box 3054  
Woburn, MA 01888

INSURER A: Atlantic Charter Insurance Company VDAC

44326

INSURER B:

INSURER C:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS (In Thousands)
	<b>GENERAL LIABILITY</b>						
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	<input type="checkbox"/>	<input type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea Occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADM INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COM/PROP AGG \$
	<b>GEN'L AGGREGATE LIMIT APPLIES PER</b>						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	<b>AUTOMOBILE LIABILITY</b>						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea Accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Ea Accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Ea Accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						
	<b>UMBRELLA LIABILITY</b>						
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$
	<input type="checkbox"/> DEDUCTIBLE \$						AGGREGATE \$
	<input type="checkbox"/> RETENTION						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WCV00938804	11/20/2014	11/20/2015	<input checked="" type="checkbox"/> STATUTORY LIMITS <input type="checkbox"/> OTHER
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Mandatory in NH	Y/N	N/A	Policy Coverage State: MA			EACH ACCIDENT \$ 500,000
	If yes, describe under SPECIAL PROVISIONS below						DISEASE - POLICY LIMIT \$ 500,000
							DISEASE - EACH EMPLOYEE \$ 500,000
	<b>OTHER</b>	<input type="checkbox"/>	<input type="checkbox"/>				

DESCRIPTION OF OPERATION(S)/LOCATION(S)/VEHICLE(S) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## CERTIFICATE HOLDER

City of Somerville  
Inspectional Services  
1 Franey Rd, 1st Floor  
Somerville, MA 02143

ACORD 25 (2008/09)

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 12 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE