



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Drain Layer License

K.B. ARUDA CONSTRUCTION INC
319 HURLEY ST.
CAMBRIDGE MA 02141

License #: BL15-000660
File #: 15-543
Fee: 250

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: K.B. ARUDA CONSTRUCTION INC Business Location: 0 OUT OF AREA Business Phone: 617-650-8342	
License Holder: K.B. ARUDA CONSTRUCTION INC 319 HURLEY ST. CAMBRIDGE MA 02141	9 CLINTON PLACE EVERETT 02149
Mailing Address: K.B. ARUDA CONSTRUCTION INC 319 HURLEY ST. CAMBRIDGE MA 02141	9 CLINTON PLACE EVERETT 02149
Business Type: Corporation KEVIN ARUDA JR. KEVIN ARUDA JR. KEVIN ARUDA JR.	
FID: 421695329	
Emergency Contact: KEVIN ARUDA Phone: 617-650-8342	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

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 accepting these conditions, you acknowledge receipt of this manual and agree to adhere to the rules and regulations set forth in this manual.

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature:  Date: 5/3/15

Printed Name: KEVIN ARUDA JR. Phone: SAME

CITY OF SOMERVILLE

SOMERVILLE • MASSACHUSETTS 02145

DPW - ENGINEERING DEPARTMENT

1 FRANEY ROAD ~ 1ST 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.

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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: KEVIN ARUDA JR.
Signature: [Signature]

Date: 5/3/15
Title: PRES

Company: K.B. ARUDA

John Long

From: Kevin A <kbarudaconstruction@yahoo.com>
Sent: Tuesday, June 09, 2015 11:36 AM
To: John Long
Subject: Fwd: K. B. Aruda Construction, Inc. / \$10,000 Somerville Drainlayer Bond #GC0436

Sent from my iPhone

Begin forwarded message:

From: Susan Jones <sjones@tonry.com>
Date: June 9, 2015 at 8:33:50 AM EDT
To: 'jlong@somervillema.gov' <jlong@somervillema.gov>
Cc: kbarudaconstruction@yahoo.com <kbarudaconstruction@yahoo.com>
Subject: K. B. Aruda Construction, Inc. / \$10,000 Somerville Drainlayer Bond #GC0436

- **GC0436 KB Aruda License / Permit Bond Somerville 01/03/2015 Renewal \$10,000 Drainlayer**

John,

We are the bond agent for K. B. Aruda Construction, Inc. Please accept this email as confirmation that the \$10,000 Somerville Drainlayer Bond #GC0436 for K B Aruda Construction is in full force and virtue. The renewal term is 1/3/15-16 and the bond premium has been paid in full. The next renewal date for this \$10,000 Drainlayer bond is January 3, 2016.

Please be advised that a Continuation Certificate was not generated, due to the fact that Somerville Drainlayer's Bond Form is continuous until cancelled.

Should this bond ever be cancelled, the City of Somerville, MA will receive a cancellation notice directly from the surety, Contractors Bonding and Insurance Company.

If you have any questions or concerns, please do not hesitate to call our office.

Thank you,



Insurance and Bonding Professionals

Susan Jones • sjones@tonry.com
Tonry Insurance Group • Albert J. Tonry & Co., Inc.
300 Congress Street • Quincy, MA 02169
617 773-9200 • 617 773-9920 fax • www.tonry.com

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: K. B. ARUDA

Address: Box 300822

City: CAMBRIDGE State: MA Zip: 02139 Phone #: (617) 650-8342

- ☒ I am an employer with 3 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: ON FILE

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: 5/3/15

Print Name: KEVIN ARUDA Jr.

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 _____

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: V.B. AADA
Address: Box 390822
City: CAMBRIDGE State: MA Zip: 02139 Phone #: (617) 650-9342

☒ I am an employer with 2 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 GENERAL CONST.

Workers' compensation insurance information (if applicable):

Insurance Company Name: Town NORTHWEST
Address: 300 CONGRESS ST.
City: Quincy State: MASS Zip: _____ Phone #: (617) 443-9200
Policy #: QC3040SSUB Expiration Date: 3/24/15

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: 5/1/14
Print Name: _____

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 _____