

APPLICATION FOR A SIGN OR AWNING OVER ~~IN A PUBLIC WAY~~ <sup>05</sup>

Application Fee \$250.00

Date April 28, 2011

FOR CITY CLERK'S OFFICE ONLY  
CITY CLERK'S OFFICE 5/2/11-MS  
Date Recorded SOMERVILLE, MA  
Amount Paid \$250.00 CK# 707

- New Sign, Awning or Advertising Device
- New Facing on an Existing Frame
- Renewing Existing Sign, Awning or Advertising Device Permit for a New Owner

Business Name: SSG Development, LLC Phone: (617) 938-6478

Business DBA Name (if applicable): \_\_\_\_\_

Address with Zip Code: 651 Washington Street #200, Brookline, MA 02446

Tax Identification Number: 20-5924668 Check one:  SSN  FEIN

Mailing Name (where we should send correspondence to): SSG Development, LLC

Address with Zip Code: 651 Washington Street #200, Brookline, MA 02446

Property Owner Name: DiSilva Truck Service Corp. Phone: (781) 894-7842

Address with Zip Code: 50 Middlesex Avenue, Somerville, MA 02144

Emergency Contact 1: Dave Fulton Phone: (617) 480-9909

Emergency Contact 2: Gerald Cohen Phone: (617) 877-3660

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: Gerald Cohen, Manager

Address with Zip Code: 651 Washington Street #200, Brookline, MA 02446

Partner's/Member's/Secretary's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Name of company erecting sign: Not Yet Known

Phone: \_\_\_\_\_

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

Erecting window fins, signage and canopies over the sidewalk on Middlesex Avenue. Parapets as well if applicable.

**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.

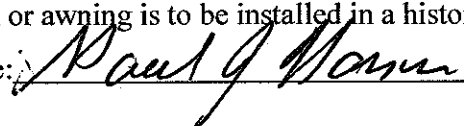
Signature of Applicant:  Date: 4/28/11

Print Name: Gerald C. Man Phone: (617) 938-6478

**INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:**

The Inspectional Services Department recommends:  Approval  Denial

This sign or awning is to be installed in a historic district:  True  False

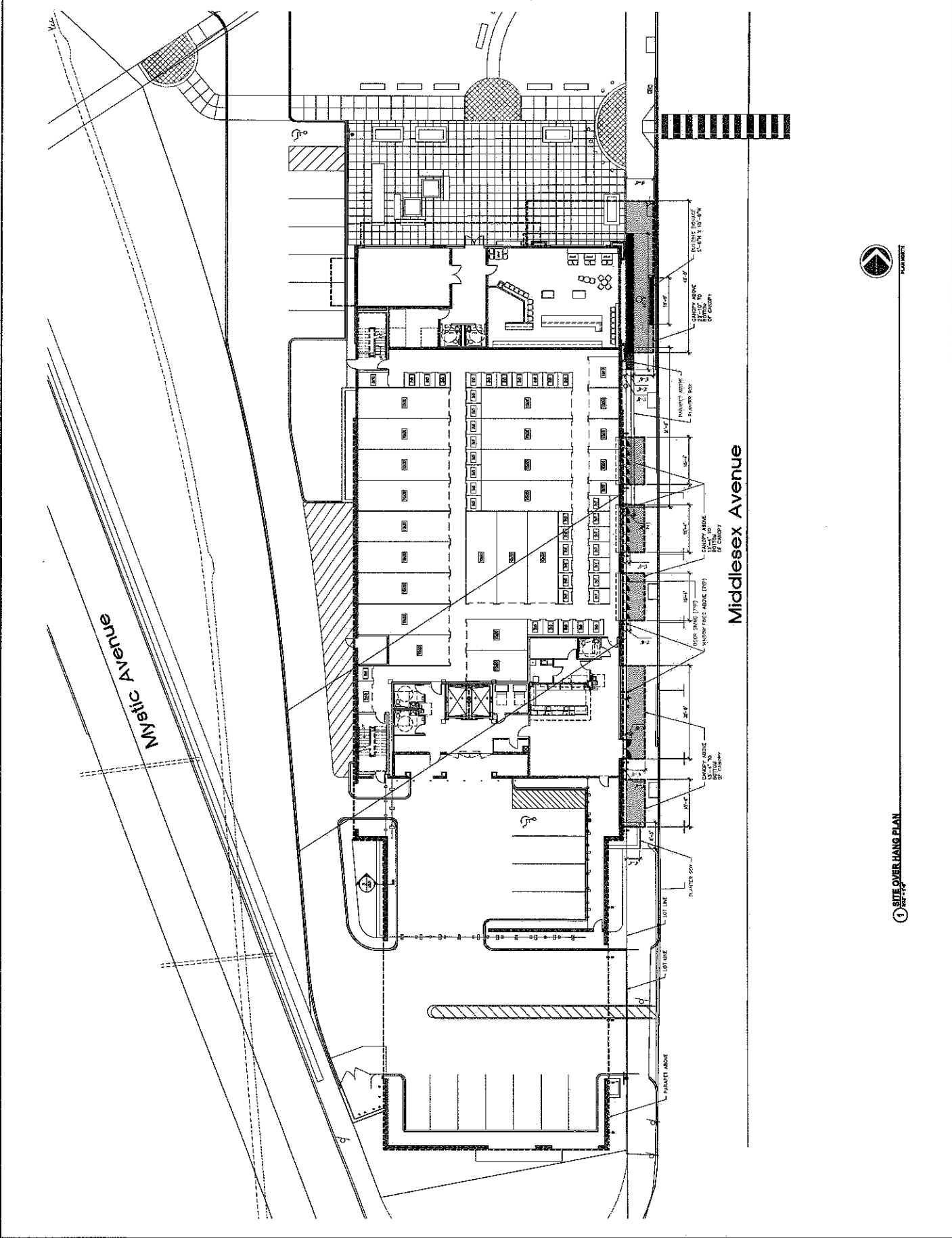
Signature:  Date: 5/2/11

**HISTORIC PRESERVATION COMMISSION RECOMMENDATION:**

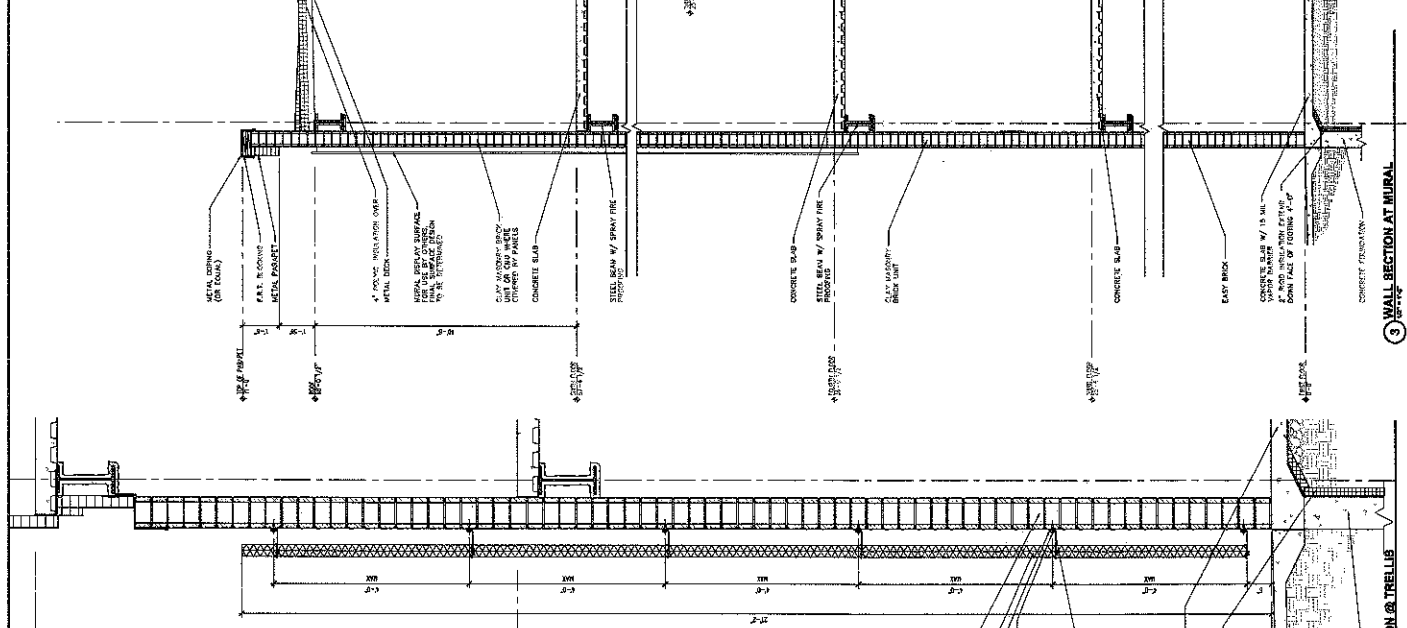
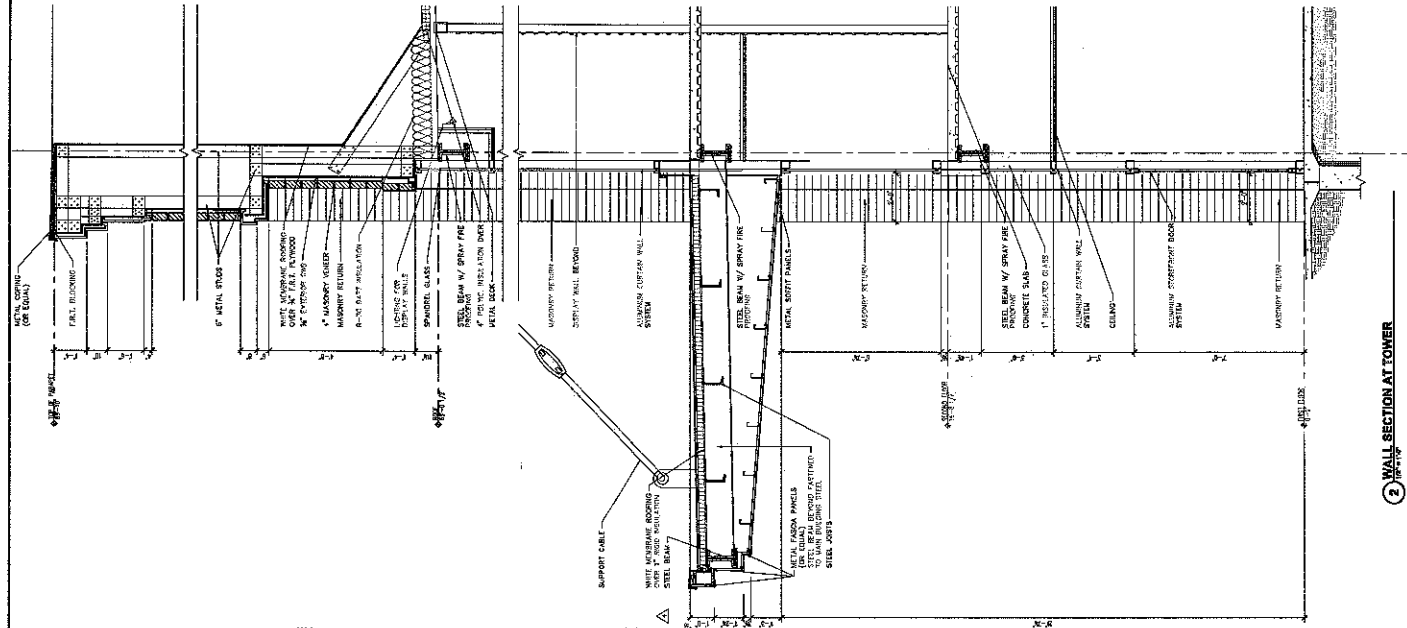
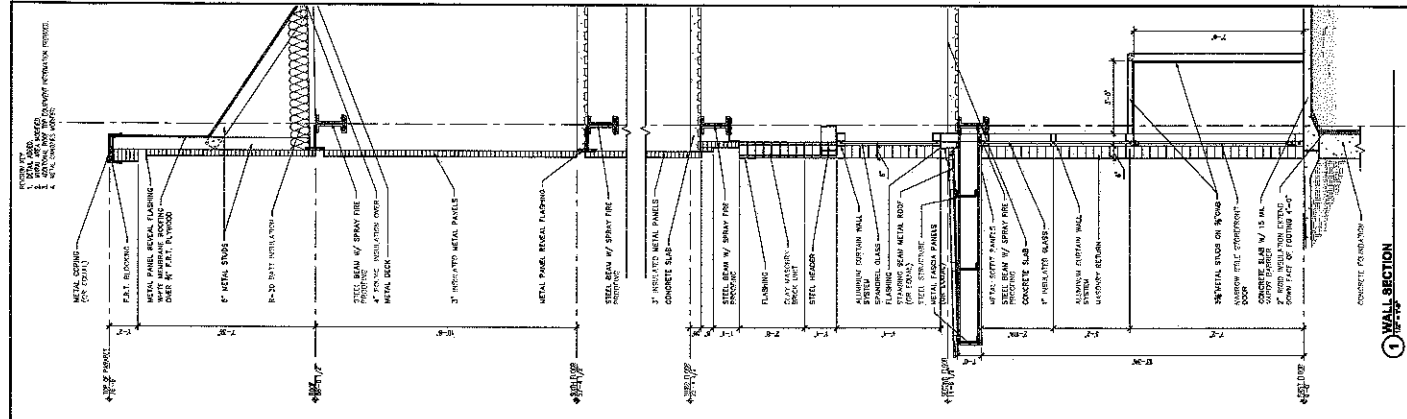
(only required for signs or awnings in historic districts)

The Historic Preservation Commission recommends  Approval  Denial

Signature: N/A Date: \_\_\_\_\_



① SITE OVER HANG PLAN



BLN1935868

### Bond for Signs and Awnings

Bond # BLN1935868

#### Know all Men by these Presents,

That we, (name and address) SSG Development LLC, 651 Washington St. Ste. 200 Brookline  
in the Commonwealth of Massachusetts, as Principal, and (name) Hanover Ins. Co., 440 Lincoln St. Worcester, MA  
as Surety, are held and firmly bound unto the City of Somerville, a municipal corporation within said Commonwealth, in the  
sum of Five Thousand Dollars, to be paid to the said City, its successors or assigns, for which payment to be well and truly  
made, we bind ourselves and each of us, our heirs, executors, administrators, successors, and assigns, jointly and severally,  
firmly by these presents.

Whereas the said Principal has this day been granted a permit for permission to place or keep a sign, awning or advertising  
device by the Board of Aldermen of said City, according to the provisions of certain ordinances of said City relating to signs  
and awnings over public ways, and whereas a bond is required for permission to the Principal to place or keep a sign, awning  
or advertising device of the following description: 50 Middlesex Ave., Somerville, MA  
~~to obstruct street~~  
at the following address: 50 Middlesex Ave., Somerville, MA

Now, therefore, the condition of this obligation is such that if the said Principal shall indemnify and save harmless said City  
from all loss, damage, expense and claims arising directly or indirectly out of said permission or out of the acts of said  
Principal, our servants and agents, or otherwise, in connection with said permission, then this obligation shall be void;  
otherwise it shall remain in full force and virtue.

In witness whereof we hereunto set our hands and seals this 29th day of April, 20 11, in the presence of:

For the Principal (Affix Seal and Attach Certificate of Corporate Authority):

Signature [Signature]

Witness [Signature]

For the Surety (Affix Seal and Attach Power of Attorney):

Signature [Signature]

Witness \_\_\_\_\_

THE HANOVER INSURANCE COMPANY  
MASSACHUSETTS BAY INSURANCE COMPANY  
CITIZENS INSURANCE COMPANY OF AMERICA

POWERS OF ATTORNEY  
CERTIFIED COPY

KNOW ALL MEN BY THESE PRESENTS: That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, do hereby constitute and appoint **George M. Abodeely, Jr., William J. Abodeely, and/or Linda Horne**

of **Webster, MA** and each is a true and lawful Attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, or, if the following line be filled in, only within the area therein designated

any and all bonds, recognizances, undertakings, contracts of indemnity or other writings obligatory in the nature thereof, as follows:  
**Any such obligations in the United States, not to exceed Twenty Million and No/100 (\$20,000,000) in any single instance**

and said companies hereby ratify and confirm all and whatsoever said Attorney(s)-in-fact may lawfully do in the premises by virtue of these presents. These appointments are made under and by authority of the following Resolution passed by the Board of Directors of said Companies which resolutions are still in effect:

"RESOLVED, That the President or any Vice President, in conjunction with any Assistant Vice President, be and they are hereby authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as its acts, to execute and acknowledge for and on its behalf as Surety any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons." (Adopted October 7, 1981 - The Hanover Insurance Company; Adopted April 14, 1982 - Massachusetts Bay Insurance Company; Adopted September 7, 2001 - Citizens Insurance Company of America)

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by a Vice President and an Assistant Vice President, this **26th** day of **December, 2007**.



THE HANOVER INSURANCE COMPANY  
MASSACHUSETTS BAY INSURANCE COMPANY  
CITIZENS INSURANCE COMPANY OF AMERICA

*Mary Jeanne Anderson*  
Mary Jeanne Anderson, Vice President

*Robert K. Grennan*  
Robert K. Grennan, Assistant Vice President

THE COMMONWEALTH OF MASSACHUSETTS )  
COUNTY OF WORCESTER ) ss.

On this **26th** day of **December 2007**, before me came the above named Vice President and Assistant Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said instrument by the authority and direction of said Corporations.



*Barbara A. Garlick*  
Notary Public

My commission expires on November 3, 2011

I, the undersigned Assistant Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Powers of Attorney are still in force and effect.

This Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America.

"RESOLVED, That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or any Vice President in conjunction with any Assistant Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile." (Adopted October 7, 1981 - The Hanover Insurance Company; Adopted April 14, 1982 Massachusetts Bay Insurance Company; Adopted September 7, 2001 - Citizens Insurance Company of America)

GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this **29th** day of **April, 2011**.

THE HANOVER INSURANCE COMPANY  
MASSACHUSETTS BAY INSURANCE COMPANY  
CITIZENS INSURANCE COMPANY OF AMERICA

*Stephen L. Braut*  
Stephen L. Braut, Assistant Vice President



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/28/2011

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 Phone: (508) 943-1221 Fax: (508) 943-1517<br><b>G. M. ABODEELY INSURANCE AGENCY, INC.</b><br>PO BOX 870<br>135 THOMPSON ROAD<br>WEBSTER MA 01570-0870 | CONTACT NAME: <b>Linda J. Horne</b><br>PHONE (A/C No. Ext): <b>(508) 943-1221</b> FAX (A/C No.): <b>(508) 943-1517</b><br>E-MAIL ADDRESS: <b>lh@abodeely.com</b><br>PRODUCER CUSTOMER ID: <b>31661</b>   |                               |        |  |  |   |  |   |  |             |  |             |  |             |
|--|--|-------------------------------|--------|--|--|---|--|---|--|-------------|--|-------------|--|-------------|
|  | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : <b>HANOVER INSURANCE COMPANY</b></td> <td></td> </tr> <tr> <td>INSURER B : <b>ST. PAUL FIRE &amp; MARINE INSURANCE CO.</b></td> <td></td> </tr> <tr> <td>INSURER C : <b>NATIONAL UNION FIRE INS CO OF PA</b></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : <b>HANOVER INSURANCE COMPANY</b> |  | INSURER B : <b>ST. PAUL FIRE &amp; MARINE INSURANCE CO.</b> |  | INSURER C : <b>NATIONAL UNION FIRE INS CO OF PA</b> |  | INSURER D : |  | INSURER E : |  | INSURER F : |
| INSURER(S) AFFORDING COVERAGE  | NAIC #   |                               |        |  |  |   |  |   |  |             |  |             |  |             |
| INSURER A : <b>HANOVER INSURANCE COMPANY</b>   |  |                               |        |  |  |   |  |   |  |             |  |             |  |             |
| INSURER B : <b>ST. PAUL FIRE &amp; MARINE INSURANCE CO.</b>  |  |                               |        |  |  |   |  |   |  |             |  |             |  |             |
| INSURER C : <b>NATIONAL UNION FIRE INS CO OF PA</b>  |  |                               |        |  |  |   |  |   |  |             |  |             |  |             |
| INSURER D :  |  |                               |        |  |  |   |  |   |  |             |  |             |  |             |
| INSURER E :  |  |                               |        |  |  |   |  |   |  |             |  |             |  |             |
| INSURER F :  |  |                               |        |  |  |   |  |   |  |             |  |             |  |             |
| INSURED<br><b>SSG CONSTRUCTION, LLC</b><br><b>SSG DEVELOPMENT, LLC</b><br>851 WASHINGTON ST., SUITE 200<br>BROOKLINE MA 02446                                  |  |                               |        |  |  |   |  |   |  |             |  |             |  |             |

COVERAGES CERTIFICATE NUMBER: 37404 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 EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          | ZHN8695266    | 04/16/11                | 04/16/12                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED. EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS   |           |          | AMN0037785    | 04/16/11                | 04/16/12                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$<br>\$   |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 10,000  |           |          | QK06900619    | 04/16/11                | 04/16/12                | EACH OCCURRENCE \$ 15,000,000<br>AGGREGATE \$ 15,000,000<br>PROD/COMP OP AGG \$ 15,000,000<br>\$<br>\$  |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       | N/A      | WC9763935     | 04/16/11                | 04/16/12                | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH ER \$<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE-EA EMPLOYEE \$ 500,000<br>E.L. DISEASE-POLICY LIMIT \$ 500,000                    |

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

The City of Somerville is included as an Additional insured by Permit, Contract or Agreement on General Liability as respects Project @ 50 Middlesex Rd., Somerville, MA

WORKERS COMPENSATION DOES NOT INCLUDE SSG DEVELOPMENT, LLC ENTITY

|  |   |
|--|---|
| <b>CERTIFICATE HOLDER</b><br><br>City of Somerville<br>City Hall<br>93 Highland Ave.<br>Somerville, MA 02143<br><br>Attention: | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br><br>Linda J. Horne |
|--|---|

**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)

SSG Development, LLC

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

20-5924668

\_\_\_\_\_  
\*\*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**

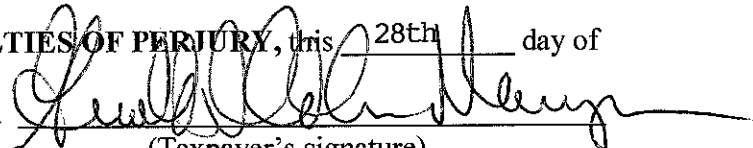
Exact name of taxpayer/applicant's business: SSG Development, LLC

Address of taxpayer/applicant's business in Somerville: 50 Middlesex Avenue

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: (617) 938-6478 evening: (617) 877-3660

I, (print name) Gerald Cohen, 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 28th day of April, 20 11.   
(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: \_\_\_\_\_  
# 04203070      # 144056001 # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UB ORIGINAL STAMP: \_\_\_\_\_

 **RECEIVED**  
UB  
5-2-11

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: SSG Construction, LLC  
Address: 651 Washington Street, Suite 200  
City: Brookline State: MA Zip: 02446 Phone #: (617) 938-6478

- 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: National Union Fire Ins. Co. of PA  
Address: 175 Water Street  
City: New York State: NY Zip: 10038 Phone #: (800) 645-2259  
Policy #: WC9763935 Expiration Date: 4/16/2012

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: [Handwritten Signature] Date: 4/27/11  
Print Name: Bertrand John Thompson

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

(revised Jan. 2008)