



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

2015 MAR 26 A 11:02

Application to Renew Drain Layer License

FERRANTE CONSTRUCTION LLC
274 NORTH ROAD
BEDFORD MA 01730

CITY CLERK'S OFFICE
SOMERVILLE, MA

License #: BL15-001117
File #: 15-885
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: FERRANTE CONSTRUCTION LLC Business Location: 0 OUT OF AREA Business Phone: 781-760-0231	
License Holder: FERRANTE CONSTRUCTION LLC 274 NORTH ROAD BEDFORD MA 01730	
Mailing Address: FERRANTE CONSTRUCTION LLC 274 NORTH ROAD BEDFORD MA 01730	
Business Type: Corporation ROSARIO FERRANTE	
FID: 593779206	
Emergency Contact: ROSARIO FERRANTE Phone: 781-760-0231	

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: _____

3/18/11

Printed Name: _____

Rosario (Sonny) Ferrante

Phone: _____

81 760 0231

CITY OF SOMERVILLE

SOMERVILLE • MASSACHUSETTS 02145

DPW - ENGINEERING DEPARTMENT

1 FRANEY ROAD ~ 1ST FLOOR

PHONE: 617-625-6600 • FAX: 617-625-4454

January 2015

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.

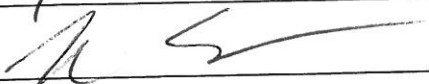
The Engineering Department welcomes the opportunity to work with you and your company in 2015. Please feel free to contact this office if there are any questions.

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: Sunny Ferrante Date: 3/10/15

Signature:  Title: owner

Company: Ferrante Construction

LICENSE OR PERMIT BOND

BOND NO. S-831869

KNOW ALL MEN BY THESE PRESENTS THAT WE,

Ferrante Construction, LLC

of

274 North Road

Bedford

MA 01730

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

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 Oblige for
Street

at Somerville, MA for the term commencing on the 27th day of

May

, 2014

and ending on the 27th day of

May

, 2015.

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 Oblige 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 27th day of May, 2014.

Ferrante Construction, LLC

By

Rosario Ferrante

NGM Insurance Company

By

Thomas Murray

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: Ferrante Construction
Address: 274 North Rd
City: Bedford State: MA Zip: 01730 Phone #: 781 2751629

- ☒ I am an employer with 0 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: Ace Group
Address: 152 North Ave
City: Newton State: MA Zip: 02462 Phone #: 617 964 5340
Policy #: 65620B-4576P21-1-14 Expiration Date: 5/25/15

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: 3/18/15
Print Name: Sony Ferrante

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