

From: "Kurt Kelley" <kpkelley@town.arlington.ma.us>
To: "'Fran Reidy'" <FReidy@town.arlington.ma.us>
Cc: "'Eileen Messina'" <EMessina@town.arlington.ma.us>
Date: 09/08/2015 08:28 AM
Subject: Approved Contractor/Drainlayer Application - Express Excavation

Hi Fran,

Attached please find an application that was recently received by our office from a contractor hoping to become licensed to work here in Town. Based on a check of references and information provided on their application, the Town recommends issuance of an Approved Contractor/Drainlayer license to Express Excavation of Billerica, MA.

I will be forwarding a copy of their original application and \$75 Application Fee through interoffice mail this morning.

Thank You.

Town of Arlington

Department of Public Works

Engineering Division

51 GROVE STREET

ARLINGTON, MA 02476

PHONE: 781-316-3386

FAX: 781-316-3281

[WEB](#)



TOWN OF ARLINGTON DEPARTMENT OF PUBLIC WORKS

APPLICATION FOR TOWN OF ARLINGTON DPW CONTRACTOR LICENSE

Directions: Please complete ALL fields below and deliver the completed application to the Department of Public Works Engineering Department at 51 Grove Street for Processing and Submission to the Board of Selectmen. Please also include in your submission a \$75.00 application fee in the form of a check payable to the "Town of Arlington". Any questions regarding this application form or procedure should be directed to the Town of Arlington Engineering Department at 781-316-3386.

Scope of Work

Please indicate the scope of work you intend to perform as a DPW Approved Contractor in the Town of Arlington (check all that apply):

☒ Water ☒ Sanitary Sewer ☒ Stormwater Drainage ☒ Sewer/Drain Inspection ☒ Driveway Work ☒ Curb/Sidewalk Work

Applicant Information

Applicant/Firm Name: Express Excavation Inc.

Select One: ☒ Corporation ☐ Partnership ☐ Proprietorship ☐ Other: _____

Street Address: 56 Sullivan Rd City/Town: Billerica State: Ma

Primary Phone: 508-328-5507 E-mail: expressexcavation@gmail.com

Length of Time in Business under the same Firm Name: 25 years -

Full Name(s) of Principal(s): Gilbert Gaudet

Primary Contact Person: Gilbert Gaudet

Experience/Previous Work

Nature of Typical/Standard Work: Excavation of site work and utilities

Have you ever performed this type of work in Arlington: ☐ Yes ☒ No

If Yes, Please provide Location: _____ Approximate Date: _____

Total Amount of such construction this year: 300,000

Total Amount of such construction last year: 280,000

Total Amount of such construction next previous year: 350,000

Municipal References - Please Attach Written Reference Letters

Municipality: Belmont DPW.

Primary Contact Name: Peter Castanmo Email: _____

Municipality: Woburn DPW.

Primary Contact Name: Fred Russell. Email: _____

Municipality: Woburn DPW.

Primary Contact Name: Jay Duran. Email: _____

Banking/Financial References - Please Attach Written Reference Letters if Available

Bank Reference: Santander Bank Phone: 978-250-2422

Federal Tax ID or Social Security _____

Note to Town Staff: Redact Social Security # before releasing document

Your social security number or federal identification number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses 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 Massachusetts General Law, Chapter 62C, Section 49A.

Signature/Endorsement

By signing below, I certify that under the penalties of perjury that to the best of my knowledge and belief all information on this application is true and correct. I also certify by signature below that I/we have filed all state tax returns and paid all state taxes as required by law. I also hereby agree to conform in all respects to the conditions governing such license as printed in the By-Laws of the Town, and such other rules and regulations as the Selectmen and/or Department of Public Works may establish.

Applicant Signature: Gilbert Gaudet President Date: 9/1/15

Reset Form

Print Form

OFFICE OF THE BOARD OF SELECTMEN

KEVIN F. GREELEY, CHAIR
DIANE M. MAHON, VICE CHAIR
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JOSEPH A. CURRO, JR.



730 MASSACHUSETTS AVENUE
TELEPHONE
781-316-3020
781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

September 9, 2015

Gilbert Gaudet
Express Excavation, Inc.
56 Sullivan Road
Billerica, MA 01862

Dear Mr. Gaudet:

The Board of Selectmen will be discussing your request for a License to do Drainlaying in the Town of Arlington on Monday, September 21st in the Selectmen's Chambers, Town Hall, 2nd Floor. The meeting begins at 7:15 p.m. Although it is not a requirement that you attend the meeting, you are invited to be in attendance.

Very truly yours,
BOARD OF SELECTMEN

A handwritten signature in cursive script, reading "Marie A. Krepelka".

Marie A. Krepelka
Board Administrator

MAK:fr