Kurt Kelley

From:

Kurt Kelley [kpkelley@town.arlington.ma.us]

Sent:

Monday, October 19, 2015 10:56 AM

To: Cc: Fran Reidy Eileen Messina

Subject:

Approved Contractor/Drainlayer Application - J. Derenzo Company

Attachments:

J. Derenzo Company.pdf

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 J. Derenzo Company of Brockton, 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 V	Vork					
Please i	ndicate the scope of wor	k you intend to perfort	n as a DPW App	roved Contractor	in the To	wn of Arlington (check all that apply):		
➤ Water	■ Sanitary Sewer	Stormwater Drainag	ge Sewe	r/Drain Inspection	×	Driveway Work		Vork	
Applicant Information									
Applicant/Firm Name: J. Derenzo Co.									
Select One:	▼ Corporation	Partnership	Proj	orietorship	Oth	er:			
Street Addres	ss:	338 Howard Street		City/Town:		Brockton	State: M	ſΑ	
Primary Pho	rimary Phone: (508) 962-3418		E-mail:		bbiagir	ni@jderenzo.com			
Length of Tin	ne in Business under the sa	65 years							
Full Name(s)	of Principal(s):		David Howe & Tony LoConte						
Primary Con	tact Person:	Bradd Biagini							
		E	xperience/Prev	ious Work					
Nature of Ty	oical/Standard Work:	Site Work & Utility Work							
Have you ever performed this type of work in Arlington:			Yes		⊠ No				
If Yes, Please	provide Location:	Approximate Date:							
Total Amoun	t of such construction <u>this</u>	130,000,000							
Total Amoun	t of such construction <u>last</u>	110,000,000							
Total Amoun	t of such construction <u>next</u>	previous year:	100,000,000						
Municipal References - Please Attach Written Reference Letters									
Municipality:	Municipality: Town of Georgetown								
Primary Contact Name:			Peter Durkee		Email:	pdurkee@georgetownma.gov			
Municipality: Town of Marshfield									
	Primary Contact Name:		Paul Duross		Email:	pduross@t	townofmarshfield.org		
Municipality	lity: Town of Holbrook								
	Primary Contact Name		Dan Moriarty		Email:	inspection@h	olbrookmassachusetts.us		
	Banking/Fi	nancial References	- Please Attac	n Written Refe	rence Le	tters if Availab	ole		
Bank Referen	ice:	Rockland Trust- F	Eric Carlson	W	Phon	ie:	781-982-6292		
Federal Tax ID or Social Security #:				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					
Note to	Town Staff: Redact Socia	sing document	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/End	orsement					
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 Sig	nature:		5°		Date:	9/22/15	Reset Form Print Form		

OFFICE OF THE BOARD OF SELECTMEN

KEVIN F. GREELEY, CHAIR DIANE M. MAHON, VICE CHAIR DANIEL J. DUNN STEVEN M. BYRNE JOSEPH A. CURRO, JR.



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

TOWN OF ARLINGTON MASSACHUSETTS 02476-4908

October 20, 2015

Bradd Biagini J. Derenzo Co. 338 Howard Street Brockton, MA 02302

Dear Mr. Biagini:

The Board of Selectmen will be discussing your request for a License to do Drainlaying in the Town of Arlington on Monday, November 9th in the Selectmen's Chambers, Town Hall, 2nd Floor. The meeting begins at 7:15 p.m. It is not a requirement that you attend the meeting.

If you have any questions, please do not hesitate to contact this office.

Very truly yours, BOARD OF SELECTMEN

Marie A. Krepelka

Board Administrator

MAK:fr