



Engineering Division

TOWN OF ARLINGTON
Department of Public Works
51 Grove Street
Arlington, Massachusetts 02476
Office (781) 316-3320 Fax (781) 316-3281

MEMORANDUM

To: Select Board
From: Engineering Division
Re: Approved Contractor License
Date: February 9, 2021

Dear Board Members,

Reference is hereby made to an application by Chris Kallenback of Kallenback Enterprises Inc., to be accepted as an Approved Contractor in the Town of Arlington.

Contact information is as follows:

Kallenback Enterprises Inc.
135 Bass Point Road
Nahant, MA 01908
Chris Kallenback
Phone: 857-400-6185
Email: Chris@kallenbackenterprises.com

Upon review of the provided reference supplied by the contractor, we recommend approval and issuance of an Approved Contractor and Drainlayer license.

Regards,

William C. Copithorne, P.E.
Assistant Town Engineer

cc: Wayne Chouinard, Town Engineer
File



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: Kallenback Enterprises Inc.
Select One: ☒ Corporation ☐ Partnership ☐ Proprietorship ☐ Other: _____
Street Address: 135 Bass Point Road City/Town: Nahant/MA State: MA
Primary Phone: 857-400-6185 E-mail: Chris @Kallenbackenterprises.com
Length of Time in Business under the same Firm Name: 3 yrs.
Full Name(s) of Principal(s): Chris Kallenback
Primary Contact Person: Chris Kallenback

Experience/Previous Work

Nature of Typical/Standard Work: Plumbing
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: _____
Total Amount of such construction last year: _____
Total Amount of such construction next previous year: _____

Municipal References - Please Attach Written Reference Letters

Municipality: _____
Primary Contact Name: _____ Email: _____
Municipality: _____
Primary Contact Name: _____ Email: _____
Municipality: _____
Primary Contact Name: _____ Email: _____

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

Bank Reference: Citizens Bank Phone: 781-581-6400

Federal Tax ID or Social Sec

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

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 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: _____

Date: 11/20/2020

Reset Form

Print Form

OFFICE OF THE SELECT BOARD

JOHN V. HURD, CHAIR
JOSEPH A. CURRO, JR., VICE CHAIR
DIANE M. MAHON
STEPHEN W. DECOURCEY
LENARD T. DIGGINS



730 MASSACHUSETTS AVENUE
TELEPHONE
781-316-3020

781-316-3029 FAX

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

February 11, 2021

Chris Kallenback
Kallenback Enterprises, Inc.
135 Bass Point Road
Nahant, MA 01908

Dear Mr. Kallenback:

The Select Board will be discussing your request for a License to do Drainlaying in the Town of Arlington by remote participation on Monday, February 22, 2021 at 7:15 p.m. Although it is not a requirement that you join this virtual meeting, you are invited to do so.

Information which includes the link to the meeting will be available at the bottom of the Select Board Agenda as well as on the Town Calendar when the meeting is posted Thursday, February 18, 2021 by 7:00 p.m.

Please contact this office by email, lcosta@town.arlington.ma.us, if you have any questions.

Very truly yours,
SELECT BOARD

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

Marie A. Krepelka
Board Administrator

MAK:lc