



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: August 29, 2019

Dear Board Members,

Reference is hereby made to an application by Rafael Schmidt of USA Excavating Inc., to be accepted as an Approved Contractor in the Town of Arlington.

Contact information is as follows:

USA Excavating Inc.
100 Sophia Lane
Bridgewater, MA 02324
Rafael Schmidt
Phone: 781-808-1539
Email: usaexcavating@yahoo.com

Upon review of the provided references 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: 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: RAFAEL SCHMIDT
Select One: ☒ Corporation ☐ Partnership ☐ Proprietorship ☐ Other: _____
Street Address: 100 SOPHIA LN City/Town: BRIDGEWATER State: MA
Primary Phone: 781-808-1539 E-mail: USA EXCAVATING @ YAHOO.COM
Length of Time in Business under the same Firm Name: 1 YEAR
Full Name(s) of Principal(s): RAFAEL SCHMIDT
Primary Contact Person: _____

Experience/Previous Work

Nature of Typical/Standard Work: EXCAVATING, WATER, SEWER, DRAIN, FOUNDATION
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: \$ 120,000
Total Amount of such construction last year: 60,000
Total Amount of such construction next previous year: _____

Municipal References - Please Attach Written Reference Letters

Municipality: BOSTONIAN
Primary Contact Name: SOE - 617-840-3551 Email: MISSOREOROCKY@ICLOUD.COM
Municipality: ~~SAUB~~ MATT CONSTRUCTION
Primary Contact Name: MATT - 781-333-0159 Email: _____
Municipality: JANEY CONSTRUCTION
Primary Contact Name: 617-267-6200 BOB Email: BOBW@JANEYCO.COM

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

Bank Reference: BANK OF AMERICA Phone: _____
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 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: 8/5/19

Reset Form

Print Form

OFFICE OF THE SELECT BOARD

DIANE M. MAHON, CHAIR
DANIEL J. DUNN, VICE CHAIR
JOSEPH A. CURRO, JR.
JOHN V. HURD
STEPHEN W. DECOURCEY



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

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

August 29, 2019

Rafael Schmidt
USA Excavating Inc.
100 Sophia Lane
Bridgewater, MA 02324

Dear Mr. Schmidt:

The Select Board will be discussing your request for a License to do Drainlaying in the Town of Arlington on Monday, September 9th in the Select Board 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,
SELECT BOARD

A handwritten signature in cursive script that reads "Marie A. Krepelka".

Marie A. Krepelka
Board Administrator

MAK:ls