



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 27, 2020

Dear Board Members,

Reference is hereby made to an application by Dean Ioakimidis of Steve & Sons Contracting, Inc., to be accepted as an Approved Contractor in the Town of Arlington.

Contact information is as follows:

Steve & Sons Contracting, Inc.
156 North Street
Medford, MA 02155
Constandinos ("Dean") Ioakimidis
Phone: 781-646-7955
Email: dean@steveandsonsinc.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: 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: Steve & Sons Contracting Inc.

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

Street Address: 156 North St. City/Town: Medford State: MA

Primary Phone: 7816467955 E-mail: dean@steveandsonsinc.com

Length of Time in Business under the same Firm Name: 23 Years

Full Name(s) of Principal(s): Constandinos "Dean" Ioakimidis

Primary Contact Person: _____

Experience/Previous Work

Nature of Typical/Standard Work: General Contractor

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

If Yes, Please provide Location: 17 Orient Ave Approximate Date: 7-8-2015

Total Amount of such construction this year: \$50,000.00

Total Amount of such construction last year: I was the Superintendent on a project in cambridge , water, sewer , 6" sprinkler, curb sidewalk. 2017/18 \$ 125K

Total Amount of such construction next previous year: See above.

Municipal References - Please Attach Written Reference Letters

Municipality: Town Of Arlington Building Inspector

Primary Contact Name: Michael Byrne Email: inspectionalservices@town.arlington.ma.us

Municipality: Water and Sewer Department

Primary Contact Name: Mike Tassinari Email: mtassinari@town.arlington.ma.us

Municipality: City of Cambridge DPW Project Name 859 Mass ave

Primary Contact Name: Jeya Niranjn Email: jniranjan@cambridgema.gov

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

Bank Reference: Citizens Bank Phone: 6175516151

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:

Call

Date: 4-21-19

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

March 2, 2020

Constandinos ("Dean") Ioakimidis
Steve & Sons Contracting, Inc.
156 North Street
Medford, MA 02155

Dear Mr. Ioakimidis:

The Select Board will be discussing your request for a License to do Drainlaying in the Town of Arlington on Monday, March 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, reading "Marie A. Krepelka".

Marie A. Krepelka
Board Administrator

MAK:lc