



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: May 28, 2020

Dear Board Members,

Reference is hereby made to an application by Peter Tufts of Tufts Construction, Inc., to be accepted as an Approved Contractor in the Town of Arlington.

Contact information is as follows:

Tufts Construction, Inc.  
96 - 100 Tremont Street  
Everett, MA 02149  
Peter M. Tufts  
Phone: 617-917-3146  
Email: [office@tuftsconstruction.com](mailto:office@tuftsconstruction.com)

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

Regards,

A handwritten signature in blue ink, appearing to read "William C. Copithorne".

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: Tufts Construction, Inc.

Select One:     Corporation     Partnership     Proprietorship     Other: \_\_\_\_\_

Street Address: 96-100 Tremont Street    City/Town: Everett    State: MA

Primary Phone: (617) 917-3146    E-mail: office@tuftsconstruction.com

Length of Time in Business under the same Firm Name: 7 Years

Full Name(s) of Principal(s): Peter M. Tufts

Primary Contact Person: Peter M. Tufts

### Experience/Previous Work

Nature of Typical/Standard Work: Commercial, Residential and Municipal Ordinary and Emergency Water and Sewer Services

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: \$0.00

Total Amount of such construction last year: \$0.00

Total Amount of such construction next previous year: \$0.00

### Municipal References - Please Attach Written Reference Letters

Municipality: City of Malden

Primary Contact Name: Glen Calla    Email: Glen Calla <gcalla@CITYOFMALDEN.ORG>

Municipality: City of Chelsea

Primary Contact Name: Louis V. Mammolette    Email: lmammolette@chelseama.gov

Municipality: City of Medford

Primary Contact Name: Davis Proctor    Email: pkerger2@gmail.com

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

Bank Reference: Century Bank / Michelle English    Phone: (781) 393-6520

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:     Date: 5/1/2020

Reset Form

Print Form