



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: June 25, 2020

Dear Board Members,

Reference is hereby made to an application by Cidia Moura of New England Style, Inc., to be accepted as an Approved Contractor in the Town of Arlington.

Contact information is as follows:

New England Style, Inc.
244 Howard Street
Northborough, MA 01532
Cidia Moura
Phone: 978-648-0415
Email: newenglandconstruction@msn.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: NEW ENGLAND STYLE, INC.
Select One: ☒ Corporation ☐ Partnership ☐ Proprietorship ☐ Other: _____
Street Address: 244 HOWARD ST. City/Town: NORTH BOROUGH State: MA
Primary Phone: 978-648-0415 E-mail: NEWENGLANDCONSTRUCTION@MSN.COM
Length of Time in Business under the same Firm Name: 10 YEARS
Full Name(s) of Principal(s): CIDIA MOURA
Primary Contact Person: CIDIA MOURA

Experience/Previous Work

Nature of Typical/Standard Work: WATER & SEWER LINES (CAP & CUT)
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: 01
Total Amount of such construction last year: 05
Total Amount of such construction next previous year: 30

Municipal References - Please Attach Written Reference Letters

Municipality: SOMERVILLE - MA
Primary Contact Name: KARLA CUAREZMA Email: KCUAREZMA@SOMERVILLE
MA.GOV
Municipality: WALTHAM - MA
Primary Contact Name: JANICE DEVENNEY Email: JDEVENNEY@CITY.WALTHAM
MA.US
Municipality: WELLESLEY - MA
Primary Contact Name: MATTHEW HERNON Email: MHERNON@WELLESLEYMA
GOV

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

Bank Reference: BANK OF AMERICA Phone: 508-485-8903

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: 06/17/2020

Reset Form

Print Form