



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: September 9, 2020

Dear Board Members,

Reference is hereby made to an application by Sean S. Tocci of Sean S. Tocci Excavating, Inc., to be accepted as an Approved Contractor in the Town of Arlington.

Contact information is as follows:

Sean S. Tocci Excavating, Inc.
72 Meadow Road
Townsend, MA 01469
Sean S. Tocci
Phone: 781-863-8680
Email: tocci2@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: SEAN S TOCCI EXCAVATING INC
Select One: ☒ Corporation ☐ Partnership ☐ Proprietorship ☐ Other: _____
Street Address: 72 MEADOW ROAD City/Town: TOWNSEND State: MA
Primary Phone: 7818638680 E-mail: TOCCI2@MSN.COM
Length of Time in Business under the same Firm Name: 33 YEARS
Full Name(s) of Principal(s): SEAN S TOCCI, SUSAN TOCCI
Primary Contact Person: SEAN S TOCCI

Experience/Previous Work

Nature of Typical/Standard Work: EXCAVATION / SITE WORK
Have you ever performed this type of work in Arlington: ☒ Yes ☐ No
If Yes, Please provide Location: _____ Approximate Date: 2010?
Total Amount of such construction this year: 20% OF WORK IS WATER
Total Amount of such construction last year: 20% OF WORK IS WATER
Total Amount of such construction next previous year: 20% OF WORK IS WATER

Municipal References - Please Attach Written Reference Letters

Municipality: TOWN OF LEXINGTON - ENGINEERING DEPT - APPROX 25+ YEARS
Primary Contact Name: TRICIA MALATESTA Email: tmalatesta@lexingtonma.gov
Municipality: TOWN OF WESTON - WATER DEPT.
Primary Contact Name: _____ Email: fava.d@westonmass.org
Municipality: TOWN OF ARLINGTON
Primary Contact Name: _____ Email: dstoncking@town.arlington.ma.us

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

Bank Reference: BANK OF AMERICA Phone: 1.888.287.4637
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:

Sean S Tocci

Date: 8/25/20

Reset Form

Print Form