



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: NPD CONST
Select One: Corporation Partnership Proprietorship Other: _____
Street Address: PO BOX 551 City/Town: WOBURN State: MA
Primary Phone: 617 719 1497 E-mail: DNDEL31@GMAIL.COM
Length of Time in Business under the same Firm Name: 6
Full Name(s) of Principal(s): NOEL DANAHER
Primary Contact Person: SAITE

Experience/Previous Work

Nature of Typical/Standard Work: CONCRETE WALKS DRIVEWAYS STAIRS CURBING
Have you ever performed this type of work in Arlington: Yes No
If Yes, Please provide Location: ARGYLE RD Approximate Date: AUG 2014
Total Amount of such construction this year: _____
Total Amount of such construction last year: _____
Total Amount of such construction next previous year: _____

Municipal References - Please Attach Written Reference Letters

Municipality: WINCHESTER
Primary Contact Name: PAUL GANGE Email: _____
Municipality: _____
Primary Contact Name: _____ Email: _____
Municipality: _____
Primary Contact Name: _____ Email: _____

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

Bank Reference: T D BANK Phone: 781 376 0100

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: Noel Danaher Date: 4/23/15

OFFICE OF THE BOARD OF SELECTMEN

KEVIN F. GREELEY, CHAIR
DIANE M. MAHON, VICE CHAIR
DANIEL J. DUNN
STEVEN M. BYRNE
JOSEPH A. CURRO, JR.



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

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

April 29, 2015

Noel Danaher
NPD Construction
P.O. Box 551
Woburn, MA 01801

Dear Mr. Danaher:

The Board of Selectmen will be discussing your request for a License to do Drainlaying in the Town of Arlington on Monday, May 11th in the Selectmen's Chambers, Town Hall, 2nd Floor. The meeting begins at 7:00 p.m. Although it is not a requirement that you attend the meeting, you are invited to be in attendance.

Very truly yours,
BOARD OF SELECTMEN

Marie A. Krepelka
Marie A. Krepelka
Board Administrator

MAK:fr