



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: RJV Construction Corp.

Select One: Corporation Partnership Proprietorship Other: _____

Street Address: 21 Lincoln Street **City/Town:** Canton **State:** MA

Primary Phone: (781) 821-1479 **E-mail:** qp@rjvconstruction.com

Length of Time in Business under the same Firm Name: 24 Years

Full Name(s) of Principal(s): Joseph A. Pacella, Querino Pacella, Victor Q. Pacella, Ronald W. Pacella Jr.

Primary Contact Person: Querino Pacella

Experience/Previous Work

Nature of Typical/Standard Work: Utility Contractor

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

If Yes, Please provide Location: Various Streets In Arlington **Approximate Date:** 2003-2005

Total Amount of such construction this year: 7,000,000

Total Amount of such construction last year: \$0.00

Total Amount of such construction next previous year: 3,000,000

Municipal References - Please Attach Written Reference Letters

Municipality: Boston Water & Sewer Commission

Primary Contact Name: Irene McSweeney **Email:** mcsweeneyif@bwsc.org

Municipality: Massachusetts Water Resources Authority

Primary Contact Name: Cori Barrett **Email:** Cori.Barrett@mwra.com

Municipality: Lowell Regional Wastewater Utility

Primary Contact Name: Mark Young **Email:** MYoung@lowellma.gov

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

Bank Reference: Erik McHugh **Phone:** 781-767-1888

Federal Tax ID or Social S _____

Note to Town Staff: exact 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:** 03/04/15

OFFICE OF THE BOARD OF SELECTMEN

KEVIN F. GREELEY, CHAIR
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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

Querino Pacella
RJV Construction Corp.
21 Lincoln Street
Canton, MA 02021

Dear Mr. Pacella:

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

A handwritten signature in cursive script that reads "Marie A. Krepelka".

Marie A. Krepelka
Board Administrator

MAK:fr