



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: May 17, 2021

Dear Board Members,

Reference is hereby made to an application by Dennis Lawhorne. of NCCL Enterprises LLC. to be accepted as an Approved Contractor in the Town of Arlington.

Contact information is as follows:

NCCL Enterprises LLC  
60 Concord St.  
North Reading, MA 01864  
Dennis Lawhorne  
Phone: 781-307-7340  
Email: [dmnl@ncclenterprises.com](mailto:dmnl@ncclenterprises.com)

As a previously approved contractor in good standing and based on references provided, we recommend approval and issuance of an Approved Contractor and Drainlayer license.

Regards,

William C. Copithorne  
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: NCCL ENTERPRISES  
Select One: ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Other: LLC  
Street Address: 60 CONCORD ST City/Town: NORTH READING State: MA  
Primary Phone: 781 307 7340 E-mail: DMR@NCCLENTERPRISES.COM  
Length of Time in Business under the same Firm Name: \_\_\_\_\_

Full Name(s) of Principal(s): DENNIS LAWHORNE  
Primary Contact Person: DENNIS LAWHORNE

### Experience/Previous Work

Nature of Typical/Standard Work: WATER, SEWER, DRAIN  
Have you ever performed this type of work in Arlington: ☒ Yes ☐ No  
If Yes, Please provide Location: 82 HUTCHINSON ST Approximate Date: 2016  
Total Amount of such construction this year: 0  
Total Amount of such construction last year: 0  
Total Amount of such construction next previous year: HOUSE BOND TO WATER & SEWER

### Municipal References - Please Attach Written Reference Letters

Municipality: READING MA  
Primary Contact Name: PETER REINHART Email: PREINHART@CI-READING-MA.US  
Municipality: SOMERVILLE MA  
Primary Contact Name: MARK LAWHORNE Email: MLAWHORNE@SOMERVILLEMA-  
GOV  
Municipality: MCDONALD MA  
Primary Contact Name: PETER KINCCIL Email: PETERKINCCIL20@AOL.COM

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

Bank Reference: EASTERN BANK Phone: \_\_\_\_\_

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: 5/10/2021

Reset Form

Print Form

## OFFICE OF THE SELECT BOARD

STEPHEN W. DECOURCEY, CHAIR  
DIANE M. MAHON, VICE CHAIR  
JOHN V. HURD  
LENARD T. DIGGINS  
ERIC D. HELMUTH



730 MASSACHUSETTS AVENUE  
TELEPHONE  
781-316-3020

781-316-3029 FAX

### TOWN OF ARLINGTON MASSACHUSETTS 02476-4908

May 17, 2021

Dennis Lawhorne  
NCCL Enterprises LLC  
60 Concord Street  
North Reading, MA 01864

Dear Mr. Lawhorne:

The Select Board will be discussing your request for a License to do Drainlaying in the Town of Arlington by remote participation on Wednesday, May 26, 2021 at 7:00 p.m. Although it is not a requirement that you join this virtual meeting, you are invited to do so.

Information which includes the link to the meeting will be available at the bottom of the Select Board Agenda as well as on the Town Calendar when the meeting is posted Monday, May 24, 2021 by 4:00 p.m.

Please contact this office by email, [lcosta@town.arlington.ma.us](mailto:lcosta@town.arlington.ma.us), if you have any questions.

Very truly yours,  
SELECT BOARD

A handwritten signature in cursive script, reading "Marie A. Krepelka".

Marie A. Krepelka  
Board Administrator

MAK:lc