



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 1, 2021

Dear Board Members,

Reference is hereby made to an application by Leandro Chaves Guarizi and Luisa Norcia of Good Hands Contractor Inc. to be accepted as an Approved Contractor in the Town of Arlington.

Contact information is as follows:

Good Hands Contractor Inc.  
P.O Box 832  
Andover, MA 01810  
Luisa Norcia  
Phone: 978-202-2679  
Email: goodhandscontractor.leo@gmail.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 PE,  
Town Engineer



# 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: Good Hands Contractor Inc

Select One: ☒ Corporation ☐ Partnership ☐ Proprietorship ☐ Other: \_\_\_\_\_

Street Address: P.O. Box 832 City/Town: Andover State: MA

Primary Phone: (978) 606-7591 E-mail: goodhandscontractors.lee@gmail.com

Length of Time in Business under the same Firm Name: 10 years

Full Name(s) of Principal(s): Leandro Chaves Guarizi, Luisa Norcia

Primary Contact Person: Luisa Norcia (978) 202-2679

### Experience/Previous Work

Nature of Typical/Standard Work: driveways, walkways, patios, stairs, retaining walls

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

If Yes, Please provide Location: 24 Hawthorn Circle Arlington, MA  
40 Kenilworth Rd. Arlington, MA Approximate Date: 2021  
2018, 2020

Total Amount of such construction this year: \$554,000.00

Total Amount of such construction last year: \$538,000.00

Total Amount of such construction next previous year: \$555,000.00

### Municipal References - Please Attach Written Reference Letters

Municipality: City of Somerville - Engineering Division

Primary Contact Name: Eamon Duane Email: edwane@somervillema.gov

Municipality: City of Cambridge - Department of Public Works

Primary Contact Name: Paul Almeida Email: palmeida@cambridgema.gov

Municipality: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Bank Reference: TD Bank (Reference not available) Phone: (978) 684-6553

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. Licensees 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: Luisa Norcia Date: 03/18/21

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

September 21, 2021

Luisa Norcia  
Good Hands Contractor Inc.  
P.O. Box 832  
Andover, MA 01810  
[Goodhandscontractor.leo@gmail.com](mailto:Goodhandscontractor.leo@gmail.com)

Dear Luisa:

The Select Board will be discussing your request for a License to do Drainlaying in the Town of Arlington by remote participation on Monday, September 27, 2021 at 7:15 p.m. Although it is not a requirement that you join this virtual meeting, you are invited to do so.

Information which includes a 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 Thursday, September 23rd by 7:00 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