



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 13, 2022

Dear Board Members,

Reference is hereby made to an application by Adriano Mendes of North Heritage Construction Corp. to be accepted as an Approved Contractor in the Town of Arlington.

Contact information is as follows:

North Heritage Construction Corp
14 Bradford Road
North Chelmsford, MA 01863
Adriano Mendes
Phone: 508-353-2368
Email: Adriano@northheritage.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: North Heritage Construction Corp
Select One: ☒ Corporation ☐ Partnership ☐ Proprietorship ☐ Other: _____
Street Address: 14 Bradford Road City/Town: North Chelmsford State: MA
Primary Phone: 508-353-2368 E-mail: adriano@northheritage.com
Length of Time in Business under the same Firm Name: 7 years
Full Name(s) of Principal(s): Adriano Mendes
Primary Contact Person: Adriano Mendes

Experience/Previous Work

Nature of Typical/Standard Work: _____
Have you ever performed this type of work in Arlington: ☐ Yes ☒ No
If Yes, Please provide Location: _____ Approximate Date: _____
Total Amount of such construction this year: NONE
Total Amount of such construction last year: 1
Total Amount of such construction next previous year: 1

Municipal References - Please Attach Written Reference Letters

Municipality: Lowell DPW
Primary Contact Name: TING CLANG Email: ENGINEERING PORTAL@LOWELL.MA.GOV
Municipality: NEWTON DPW
Primary Contact Name: LOU TAVERNA Email: LTAVERNA@NEWTON.MA.GOV
Municipality: _____
Primary Contact Name: _____ Email: _____

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

Bank Reference: Enterprise Bank & Trust Phone: 978-995-5386
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: 05/09/22

Reset Form

Print Form

OFFICE OF THE SELECT BOARD

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



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

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

August 16, 2022

Adriano Mendes
North Heritage Construction Corp.
14 Bradford Road
North Chelmsford, MA 01863
Adriano@northheritage.com

Dear Mr. Mendes:

The Select Board will be discussing your request for a License to do Drainlaying in the Town of Arlington by remote participation on Monday, August 22, 2022 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, August 18th by 7:00 p.m.

Please contact this office by email, lcosta@town.arlington.ma.us, if you have any questions.

Very truly yours,
SELECT BOARD

A handwritten signature in cursive script that reads "Lauren Costa".

Lauren Costa
Administrative Assistant