

CITY OF NEWBURYPORT



IN CITY COUNCIL

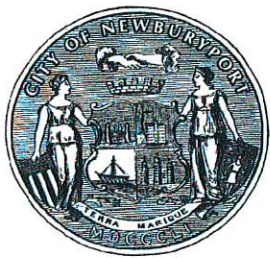
ORDERED:

June 27, 2022

THAT the City Council of the City of Newburyport approves the following Licensed Contractor application for the 2020 construction year for Water, Sewer, Drain Layer, Roadway, and Sidewalk work:

M. L. Mazzotta
76 Homestead St.
Haverhill, MA 01830

Councillor Bruce Vogel



CITY OF NEWBURYPORT
RECEIVED
CITY CLERK'S OFFICE
NEWBURYPORT, MA

2022 JUN 23 AM 9:07

DEPARTMENT
OF
PUBLIC SERVICES

MEMORANDUM

ANTHONY J. FURNARI
DIRECTOR

TO: Richard Jones, City Clerk
FROM: Anthony Furnari, DPS Director
DATE: 4/29/22
RE: Licensed Contractor Application

JAMIE TUCCOLO
DEPUTY DIRECTOR /
DIRECTOR OF OPERATIONS

Enclosed is a copy of a new Licensed Contractor application with bond and references to be forwarded to the city council for approval for;

16A PERRY WAY
NEWBURYPORT, MA 01950

TEL: 978-465-4464

FAX: 978-465-1623

M. L. Mazzotta

WWW.CITYOFNEWBURYPORT.COM

For the following work;

Water Service
Sewer Service
Drain Laying
Roadway
Sidewalk

Thank you for your attention to this matter.



CITY OF NEWBURYPORT
DEPARTMENT OF PUBLIC SERVICES
 16A PERRY WAY
 NEWBURYPORT, MA 01950

ANTHONY J. FURNARI, DIRECTOR
 JAMIE TUCCOLO, DEPUTY DIRECTOR

PHONE: 978-465-4464
 FAX: 978-465-1623

**Application to become a
 Licensed Contractor**

Submit completed application to the above address

Today's Date: 03/02/2022

Name of Company: M. L. Mazzotta

Name of Owner: Michael Mazzotta

Contact Person: Michael Mazzotta

Street Address: 76 Homestead Street City: Haverhill State: MA Zip Code: 01830

Phone #: 978-360-3406 Cell #: 978-360-3406 Fax #: _____

Insurance Certificate #: _____ Policy Expiration Date: 04/10/20

Name and Contact Information of Insurer: Foster Sullivan Insurance, Lisa Lariviere, (978) 686-2266 X301

Bond # S-892950 Bond Expiration Date: 03/03/2023

Type of Work Qualified for: (check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Water Service/Main | <input checked="" type="checkbox"/> Sewer Service/Main | <input checked="" type="checkbox"/> Drain Laying |
| <input checked="" type="checkbox"/> Roadway (incl. curb cuts) | <input checked="" type="checkbox"/> Sidewalk | |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Electric | <input type="checkbox"/> Communications |

Submit the Following with this completed Application:

- Certificate of Insurance incl. Worker's Compensation Insurance Affidavit (per M.G.L. .c152)
- \$5000 Bond ORIGINAL ONLY (\$10,000 Bond for laying Wire or Conduit)
- \$500 Check non-refundable payable to City of Newburyport (not required for ROW Occupancy)
- Minimum 3 Municipal References within the last 5 years (Renewals do not require references)

AGENCY: 20-0222 Foster Sullivan Ins Group

CONTINUATION CERTIFICATE	BOND	S-892950
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Principal:

Michael Mazzotta DBA ML Mazzotta Construction
76 Homestead St
Haverhill, MA 01830

Obligee:

City of Newburyport
16A Perry Way
Newburyport MA 01950

Bond Term in Months: 12

Effective Date: 3/2/2022

Expiration Date: 3/2/2023

Penalty Amount: \$5,000.00

Type of Bond: License/Permit

Classification: Drainlayer Automatic Renewals

Remarks:

Drainlayer

It is hereby agreed that the captioned numbered Bond is continued in force in the above amount for the period of the continued term stated above and is subject to all the covenants and conditions of said Bond.

This continuation shall be deemed a part of the original Bond, and not a new obligation, no matter how long the Bond has been in force or how many premiums are paid for the Bond, unless otherwise provided for by statute or ordinance applicable.

In witness whereof, the company has caused this instrument to be duly signed, sealed and dated as of the above "continuation effective date".

NGM INSURANCE COMPANY

By:



Attorney-in-fact



This Continuation Certificate needs to be filed with the obligee. No other proof of renewal has been sent to any other party.

Direct Bill

LICENSE OR PERMIT BOND

BOND NO. S-892950

KNOW ALL MEN BY THESE PRESENTS THAT WE,
Michael Mazzotta DBA ML Mazzotta Construction

_____ of
76 Homestead St _____ Haverhill _____ MA 01830 _____ as Principal, and
NGM Insurance Company _____, a Florida _____ corporation with its principal
office at 4601 Touchton Rd East Ste 3400 _____ Jacksonville, FL 32245-6000 _____, as Surety,
are held and firmly bound unto
City of Newburyport

in the sum of Five Thousand and 00/100 Dollars

(\$ 5,000 _____), for the payment of which sum, well and truly to be made, we bind ourselves, our
personal representatives, successors and assigns, jointly and severally, firmly by these presents.

The condition of this obligation is such, that whereas the Principal has obtained, or shall obtain, a license or permit from
the Obligee for Drainlayer

at Newburyport, MA _____ for the term commencing on the 2nd day of
March _____, 2020 and ending on the 2nd day of _____ March _____, 2021.

NOW, THEREFORE, if Principal shall faithfully observe and comply with all terms of the underlying license or permit, and
all Ordinances, Rules and Regulations, and any Amendments thereto, applicable to the obligation of this bond, then this
obligation shall become void and of no effect, otherwise to be and remain in full force and virtue.

The Surety may, if it shall so elect, cancel this bond by giving thirty (30) days written notice to the Obligee and the bond
shall be deemed canceled at the expiration of said period; the Surety remaining liable, however subject to all the terms,
conditions and provisions of this bond, for any act or acts covered which may have been committed by the Principal up to
the date of such cancellation.

PROVIDED, HOWEVER, that this bond may be continued from year to year by certificate executed by the Surety hereon.
Regardless of the number of years or terms this bond remains in effect, and regardless of the number and amount of
claims that may be made, the maximum aggregate liability of the Surety is limited to the penal sum of the bond.

SIGNED, SEALED AND DATED on this 2nd day of _____ March _____, 2020.

Michael Mazzotta DBA ML Mazzotta Construction

By _____

NGM Insurance Company

By _____

Nancy Giordano-Ramos

Attorney-in-Fact





KNOW ALL MEN BY THESE PRESENTS: That NGM Insurance Company, a Florida corporation having its principal office in the City of Jacksonville, State of Florida, pursuant to Article IV, Section 2 of the By-Laws of said Company, to wit:

"SECTION 2. The board of directors, the president, any vice president, secretary, or the treasurer shall have the power and authority to appoint attorneys-in-fact and to authorize them to execute on behalf of the company and affix the seal of the company thereto, bonds, recognizances, contracts of indemnity or writings obligatory in the nature of a bond, recognizance or conditional undertaking and to remove any such attorneys-in-fact at any time and revoke the power and authority given to them."

does hereby make, constitute and appoint Nancy Giordano-Ramos its true and lawful Attorney-in-fact, to make, execute, seal and deliver for and on its behalf, and as its act and deed bond number S-892950 dated March 2, 2020, on behalf of **** Michael Mazzotta DBA ML Mazzotta Construction **** in favor of City of Newburyport

for Five Thousand and 00/100 Dollars (\$ 5,000)

and to bind NGM Insurance Company thereby as fully and to the same extent as if such instrument was signed by the duly authorized officers of NGM Insurance Company; this act of said Attorney is hereby ratified and confirmed.

This power of attorney is signed and sealed by facsimile under and by the authority of the following resolution adopted by the Directors of NGM Insurance Company at a meeting duly called and held on the 2nd day of December 1977.

Voted: That the signature of any officer authorized by the By-Laws and the company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof; such signature and seal, when so used being hereby adopted by the company as the original signature of such officer and the original seal of the company, to be valid and binding upon the company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, NGM Insurance Company has caused these presents to be signed by its Vice President, General Counsel and Secretary and its corporate seal to be hereto affixed this 7th day of January, 2020.

NGM INSURANCE COMPANY By: *Kimberly K. Law*



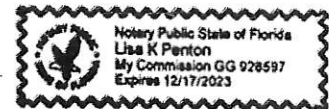
Kimberly K. Law
Vice President, General Counsel and Secretary

State of Florida,
County of Duval

On this 7th day of January, 2020, before the subscriber a Notary Public of State of Florida in and for the County of Duval duly commissioned and qualified, came Kimberly K. Law of NGM Insurance Company, to me personally known to be the officer described herein, and who executed the preceding instrument, and she acknowledged the execution of same, and being by me fully sworn, deposed and said that she is an officer of said Company, aforesaid: that the seal affixed to the preceding instrument is the corporate seal of said Company, and the said corporate seal and her signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Company; that Article IV, Section 2 of the By-Laws of said Company is now in force.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed by official seal at Jacksonville, Florida this 7th day of January, 2020.

Lisa K. Penton



I, Nancy Giordano-Ramos, Vice President of NGM Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by said Company which is still in force and effect. IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company at Jacksonville, Florida this 2nd day of March, 2020.

Nancy Giordano-Ramos



WARNING: Any unauthorized reproduction or alteration of this document is prohibited.

TO CONFIRM VALIDITY of the attached bond please call 1-800-225-5646.

TO SUBMIT A CLAIM: Send all correspondence to 55 West Street, Keene, NH 03431 Attn: Bond Claims.



TOWN OF MERRIMAC
 PUBLIC WORKS DEPARTMENT
 2 School Street, Merrimac, MA 01860
 978-346-0525

APPLICATION FOR APPROVED DRAINLAYER

APPLICANT INFORMATION
 (Please print)

Company Name: M.L. Mazzotta
 Company Address: 76 Homestead Street
 Telephone: 978-360-3406
 Contact Name/Position or Title: Michael Mazzotta/Owner
 Application Type: New Renewal (skip to APPLICANT SIGNATURE)

COMPANY INFORMATION

Provide names and addresses of all persons having a financial interest in this company. In the case of a corporation, provide names of all officers and directors. In the case of a partnership, provide names of all partners. Attach additional sheet if necessary.

Name	Address

LICENSES / CERTIFICATES

List current, valid approvals from other municipalities. If a master plumber, provide certificate/license number.

Municipality/District	State	Certificate/License Number

EXPERIENCES / REFERENCES

How many years have you or your company been in the business of underground utility installation: _____ years
 Provide references of three (3) underground utility installations completed with corresponding letters of reference from these three (3) agencies.

Contact Name	Municipality/District/Governing Agency	Phone Number

The APPLICANT hereby certifies to the accuracy of the information represented in this application. The undersigned hereby applies to become an approved drainlayer in the Town of Merrimac and agrees to conform to all lawful rules and regulations relative to the installation of utilities in the Town of Merrimac and to provide access for purposes of inspection by authorized agents of the Town. Signature of APPLICANT is required along with application fee. Checks shall be payable to *Town of Merrimac*.

Applicant Signature: Date: 12/16/19
 Print name: Michael K. Mazzotta

**APPROVED BY THE PUBLIC WORKS DIRECTOR
 ON BEHALF OF THE WATER AND SEWER DEPARTMENTS**

Date: _____

 Public Works Director



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/8/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Foster Sullivan Insurance Group, LLC 163 Main Street North Andover, MA 01845	CONTACT NAME: Lisa Lariviere
	PHONE (A/C, No, Ext): (978) 686-2266 301 FAX (A/C, No): (978) 686-6410 E-MAIL ADDRESS: certificates@fostersullivangroup.com
INSURED Michael Mazzotta dba ML Mazzotta Construction 76 Homestead Street Haverhill, MA 01830	INSURER(S) AFFORDING COVERAGE
	INSURER A: Ohio Security Insurance Company NAIC # 24082
	INSURER B:
	INSURER C:
	INSURER D:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKS55487889	4/10/2022	4/10/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAS55487889	4/10/2022	4/10/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO55487889	4/10/2022	4/10/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER City of Newburyport Department of Public Works 16A Perry Way Newburyport, MA 01950	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/08/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER FOSTER SULLIVAN INSURANCE GROUP 163 MAIN STREET NORTH ANDOVER MA 01845		CONTACT NAME: Lisa Lariviere PHONE (A/C, No, Ext): (978) 686-2266 E-MAIL ADDRESS: llariviere@fostersullivangroup.com FAX (A/C, No):	
INSURED MICHAEL K MAZZOTTA DBA ML MAZZOTTA CONSTRUCTION 76 HOMESTEAD ST HAVERHILL MA 01830		INSURER(S) AFFORDING COVERAGE INSURER A: LM INS CORP INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 33600	

COVERAGES **CERTIFICATE NUMBER:** 762489 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			N/A			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			N/A			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			N/A			EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	N/A	WC531S621076012	04/22/2022	04/22/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
				N/A				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Workers' Compensation benefits will be paid to Massachusetts employees only. Pursuant to Endorsement WC 20 03 06 B, no authorization is given to pay claims for benefits to employees in states other than Massachusetts if the insured hires, or has hired those employees outside of Massachusetts.

This certificate of insurance shows the policy in force on the date that this certificate was issued (unless the expiration date on the above policy precedes the issue date of this certificate of insurance). The status of this coverage can be monitored daily by accessing the Proof of Coverage - Coverage Verification Search tool at www.mass.gov/lwd/workers-compensation/investigations/.

Sole proprietor has not elected coverage.

CERTIFICATE HOLDER **CANCELLATION**

City of Newburyport Department of Public Works 16 A Perry Way Newburyport MA 01950	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Daniel M. Crowley, CPCU, Vice President - Residual Market - WCRIBMA
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TOWN OF MERRIMAC

Highway Department

16 E. Main Street

Merrimac, Ma 01860

Phone (978) 346-8939

Fax (978) 346-0531

E-Mail: Tbarry@townofmerrimac.com

David Shaw
Collection System
Superintendent

2/22/21

Hi David, this is a letter of recommendation for Mike Mazzotta. He has helped us out on a few projects in town. He does quality work in a safe and timely manner. I do not hesitate to call him when we need help to get a project done. Let me know if you have any questions.

Thank you.

Tom Barry
Merrimac Highway Superintendent



Town of Groveland

Water and Sewer

183 Main Street

Groveland, MA 01834

Phone: 978.556.7200 Fax: 978.373.6147

May 13, 2021

To whom it may concern,

During the last 8 years, while I have been employed with the Town of Groveland Water and Sewer Department, Mike Mazzotta has maintained his Drainlayers status in Groveland. Mike has completed drainage, water, and sewer projects within the Town of Groveland. All projects were completed as designed and approved.

Mike has a vast knowledge of the work that he performs, and he completes all jobs to the proper specifications. He is attentive to details, conscientious of safety, and always has the right tools to get the job done.

As the Water and Sewer Superintendent, I know when Mike does a job, we will not find problems during inspections because of his professional approach to all jobs big or small. He is prompt with permitting, follows all Town requirements and faithfully submits As-built drawings as required. Mike always maintains open communication with my office and the field crew during projects.

If you have any further questions, please feel free to contact me via email cstokes@grovelandma.com or via phone (978) 407-1566.

Respectfully,

Colin Stokes

Superintendent

Groveland Water and Sewer Department



TOWN OF MERRIMAC

Highway Department

16 E. Main Street

Merrimac, Ma 01860

Phone (978) 346-8939

Fax (978) 346-0531

E-Mail: Tbarry@townofmerrimac.com

David Shaw
Collection System
Superintendent

2/22/21

Hi David, this is a letter of recommendation for Mike Mazzotta. He has helped us out on a few projects in town. He does quality work in a safe and timely manner. I do not hesitate to call him when we need help to get a project done. Let me know if you have any questions.

Thank you.

Tom Barry
Merrimac Highway Superintendent



Haverhill

Engineering Department, Room 300
Tel: 978-374-2335 Fax: 978-373-8475
John H. Pettis III, P.E. - City Engineer
JPettis@CityOfHaverhill.com

April 26, 2021

To whom it may concern,

Mike Mazzotta is a current licensed and bonded drain layer with the City of Haverhill. Relative to that, we have found Mr. Mazzotta to competently perform his construction activities in full compliance with City requirements.

Sincerely,

John H. Pettis III, P.E.
City Engineer