



259-17

APPLICATION FOR
PERMIT FOR STREET OBSTRUCTION
(Under New Bedford City Code, Chapter 22)

To the Mayor and City Council:

New Bedford, Mass: 8-21-17

The undersigned respectfully requests permission to obstruct

Location of obstruction applied for
(Number of building and side of street)

27 Seventh Street

for purpose of lift - painting - replace stringer

Material of outside walls of building _____

Time provided in contract for completion of work _____; if no contract, the estimated time required to complete the construction, rebuilding or repairs _____

Time for which space is applied 8-22-17, 9-22-17

Space proposed to be obstructed in street or sidewalk:

Length 20 ft of sidewalk

Projection into sidewalk 6' 1" -

Projection into roadway 10' 1" -

Nature of obstructions construction equip - lifts.

Provisions made for travelers opposite side.

As further consideration for this permit, the applicant shall hold the City of New Bedford harmless and indemnify it for any and all injury to loss, cost, damage, expense, (including reasonable attorneys' fees) and liability on account of the obstruction in the street and/or sidewalk and any work done in connection therewith.

Signature of Applicant

Company

Address

Telephone #

EAST COAST Property Mgmt.

172 William Street

New Bedford, MA 02740

508-992-3488

Consent of the Commissioner of Public Infrastructure

New Bedford, Mass.

☒ I do consent to the above application.
☐ do not

FOR INSPECTION ONLY A 24 HOUR
NOTICE IS REQUIRED AND THE
CONTRACTOR/APPLICANT IS
REQUIRED TO NOTIFY THE D.P.I.

I suggest the following conditions be included in permit @ 508 979-1550 Press 3 Repair

☒ I do consent to the above application
☐ do not

Consent of the Commissioner of Buildings

Commissioner of Public Infrastructure

Admin. Manager

I suggest the following conditions be included in permit _____

Danny O'Rourke
Commissioner of Buildings

TIME RECEIVED
AUGUST 21, 2017 11:43:55 AM EDT

REMOTE CSID

DURATION
45

PAGES
1

STATUS
Received

08-21-'17 11:40 TO- 5089791451

FROM-

P0001/0001 T-478 F-660

ACORD

CERTIFICATE OF LIABILITY INSURANCE

8/21/17

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

Paul D. Labonte Insurance Agency
41 Alden Rd
Fairhaven, MA 02719

CONTACT NAME:
PHONE
FAX No Ext:
FAX
E-MAIL
ADDRESS:

(508) 996-6850
(508) 994-8079
PAX No: (508) 994-8079

INSURERS AFFORDING COVERAGE

INSURER A: ACCEPTANCE INDEMNITY

NAIC #

INSURED

DENNIS ARSENAULT DBA EAST
COAST PROPERTY MANAGEMENT
172 WILLIAM ST
NEW BEDFORD, MA 02740

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

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.

INSURER LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION RIGHTS	POLICY NUMBER	POLICY EFFECT DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR		CL000161194	5/26/17	5/26/18	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 RISE IN DAMAGE COMPARED SINGLE LIMIT (Per accident) \$ 50,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ WC STATUTORY LIMITS EL - EACH ACCIDENT \$ EL - DISEASE - EA EMPLOYEE \$ EL - DISEASE - POLICY LIMIT \$
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY ☐ PRO- ☐ FCT ☐ LOC					
	AUTO/MOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED HIRED AUTOS					
	UMBRELLA LIAB EXCESS LIAB					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					

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

SHANE TAVARES IS PART OF EAST COAST PROPERTY MANAGEMENT

CERTIFICATE HOLDER

CANCELLATION

CITY OF NEW BEDFORD
133 WILLIAM ST
NEW BEDFORD, MA 02740

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

Paul D. Labonte

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ACORD 25 (2010/05)

Phone:

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E-Mail:

Fax: