

APPLICATION/AGREEMENT

Permit # 111-19
Dig Safe#20190402684
Date: 01/24/19*Electric over* For Trench/Disturbance Permit within the City of New Bedford

TO THE MAYOR AND CITY COUNCIL: DISTURBANCE PERMIT/TRENCH SAFETY PERMIT

650512Permission is hereby requested to excavate the surface of: X City Property and/or X Private Property
Provide SketchLocation of Work: 254-256 Church St. P109 L111Central Ave. - Query St.Gas Line MaintenanceWork will begin (weather permitting) on: February 7, 2019Applicant Name: Robert Conklin Robert Conklin (@) Excavator(s) Name: _____Company Name: Eversource

Hoisting Equipment License Number: _____

Grade: _____ Expiration Date: _____

Contact Number: 508-441-5817

Name & Contact Number of Insurer: _____

Competent Person on Work Site: ON FILEAPPROVED BY: Adam Teich DATE: 1-28-19TITLE: Sup. Civil Engineer**This permit shall be posted at the work site, and shall remain until the work is completed. It is subject to inspection at all times.**FOR INSPECTION ONLY A 24 HOUR
NOTICE IS REQUIRED AND THE
CONTRACTOR/APPLICANT IS
REQUIRED TO NOTIFY THE D.P.I.
@ 508 979-1550 Press 4 Repair
PERMIT EXPIRES ~~1 YEAR~~ 3 monthsROADWAY CLOSURES WILL REQUIRE
AUTHORIZATION FROM THE
COMMISSIONER OF PUBLIC
INFRASTRUCTURE. TRAFFIC MANAGEMENT
PLANS MAY BE REQUIRED.

EVERSOURCE

DIG SAFE #: 20190402684 SEQUENCE #: 64
START DATE: 01/28/2019 12:30:00 PM STATION CODE:
ACVD DATE: 01/23/2019 12:26:00 PM CP

LOCATION

REGULAR

PREV. REQ. #:

Ticket Type: NORMAL

TOWN: NEW BEDFORD

ADDRESS: 254 -256 CHURCH ST

CROSS STREET: CENTRAL AVE

ADDITIONAL INFO:

CROSS STREET 2: QUERRY ST

GENERAL INFORMATION

NATURE OF WORK: GAS LINE MAINTENANCE
EXTENT OF WORK: WORKING IN THE STR. & STR TO HOUSE

AREA IS PREMARKED: YES
INTERNET TICKET

CONTRACTOR

CALLER: ROBIN

TITLE: ADMIN

CALL BEFORE: B 330PM

TELEPHONE: (508)-441-5809 ext.

ALT:

FAX #: (508)-441-5890 ext.

EMAIL ADDRESS: robin.alves@eversource.com

CONTRACTOR: NSTAR GAS

50 DUCHANE BLVD, NEW BEDFORD, MA 02745

EXCAVATOR DOING WORK: SAME

LOOK-UP PERSON:

DATE: () CAST IRON (X) () C.I. SIZE: ()

LOOK-UP PERSON COMMENTS:

() GIS Used () GIS Incorrect

MARKOUT INFORMATION

MARKOUT PERSON: _____ #: _____

MARKOUT DATE: _____ TIME: _____ AREA PRE-MARKED: () YES () NO

CHECK ALL THAT APPLY: () NOT MARKED NOTIFIED () MARKED () SITE VISIT () ON GOING

ENTER (X) IF: () CAST IRON WILL BE EXPOSED OR AFFECTED BY EXCAVATION

() CAST IRON WILL NOT BE EXPOSED OR AFFECTED BY EXCAVATION

() NEITHER OF THE ABOVE CAN BE DETERMINED AT THIS TIME

MARKOUT COMMENTS:

SEE ACTIVITY REPORT # _____ FOR ADDITIONAL COMMENTS