For Trench/Disturbance Pe		Permit # _7 & -19 Dig Safe#20190300209
		Date: 01/14/19
TO THE MAYOR AND CITY COUNCIL: DISTURBAN	DISTURBANCE PERMIT/TRENCH SAFETY PERMIT	6507
Permission is hereby requested to excavate the surface of: X City Property Location of Work: 210 Coffin Avg. 2005	X City Property and/or X Private Property Provide Sketch	
N. Front St Belleville Ave. Relay Gas Service	FOR INSPECTION ONLY A 24 HOUR NOTICE IS REQUIRED AND THE CONTRACTOR/APPLICANT IS REQUIRED TO NOTIFY THE D.P.1	
Work will begin (weather permitting) on: January 28, 2019	Repair	ROADWAY CLOSURES WILL REQUIRE AUTHORIZATION FROM THE COMMISSIONOR OF PUBLIC
Applicant Name: Robert Conkline Count (Oakline) Excavator(s) Name:		INFRASTRUCTURE. TRAFFIC MANAGEMEN PLANS MAY BE REQUIRED.
Company Name: Eversource	Hoisting Equipment License Number:	
500 441 5011		
Confact Number:	Name & Contact Number of Insurer:	
Competent Person on Work Site: ON FILE	APPROVED BY: Chin Etc.	DATE: 1-17-19
	TITLE: 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.

EVERSURCE

DIG SAFE #:20190300209

SEQUENCE #: 27

START DATE: 01/17/2019 7:00:00 AM

STATION CODE:"

CP

RCVD DATE: 01/14/2019 5:44:00 AM

NORMAL

REGULAR <u>LOC</u>ATION

Ticket Type:

PREV. REQ. #:

TOWN:

NEW BEDFORD

ADDRESS:

210

COFFINAVE

CROSS STREET: NORTH FRONT ST

CROSS STREET 2:

BELLEVILLE AVE

ADDITIONAL INFO:

GENERAL INFORMATION

NATURE OF WORK: RELAY GAS SERVICE

EXTENT OF WORK: WORKING IN THE STR & STR TO HOUSE

AREA IS PREMARKED. YES ***INTERNET TICKET ***

CONTRACTOR

CALLER:

ROBIN

TITLE: ADMIN

CALL BEFORE: 8 330PM

TELEPHONE: (508)-441-5609 ext.

ALT:

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

EMAIL ADDRESS: robin,alves@eversource.com

CONTRACTOR: NSTAR GAS

SEE ACTIVITY REPORT #_

50 DUCHAINE BLVD, NEW BEDFORD, MA 02745

EXCAVATOR DOING WORK: SAME

LOOK-UP PERSON:	Di	ATE:[CAST IRON (X)] C.I. \$IZE:[]	
LOOK-UP PERSON COMM	MENTS:	· ·			
[] GIS Used []	GIS incorrect				
MARKOUT INFORMATION					
MARKOUT PERSON:		#. <u> </u>			
MARKOUT DATE:	TIME:		AREA PRE-MARKE	D:[]YES []NO	
CHECK ALL THAT APPLY: [) NOT MARKED NOTIFIED	[] MARKED	[] SITE VISIT	[] ON GOING	
ENTER (X) IF:	J CAST IRON WILL BE EXP	OSED OR AFFECT	ED BY EXCAVATION		
I] CAST IRON WILL NOT BE EXPOSED OR AFFECTED BY EXCAVATION				
ı	I NEITHER OF THE ABOVE	CAN BE DETERM	INED AT THIS TIME		
MARKOUT COMMENTS:					

_ FOR ADDITIONAL COMMENTS

