

APPLICATION / AGREEMENT
For DISTURBANCE PERMIT within the City of New Bedford

Permit #	421-2020
Dig Safe #	
Date Issued:	October 1, 2020

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.

TO THE MAYOR AND CITY COUNCIL: _____ DISTURBANCE PERMIT

Permission is hereby requested to excavate the surface of: _____ City Property

Location of work: 140 Nauset Street, off Mount Pleasant Street

Substantially as per plan annexed, for the purpose of: Water service

Water H 34101

Work will begin (weather permitting) on: 10-15-2020

Work will end (weather permitting) on: 1-15-2021

Applicant Name: _____ Excavator(s) Name: _____

Company Name: K.R. Rezendes, Inc. Hoisting Equipment License Number: _____

508-644-5795 Grade: _____ Expiration Date: _____

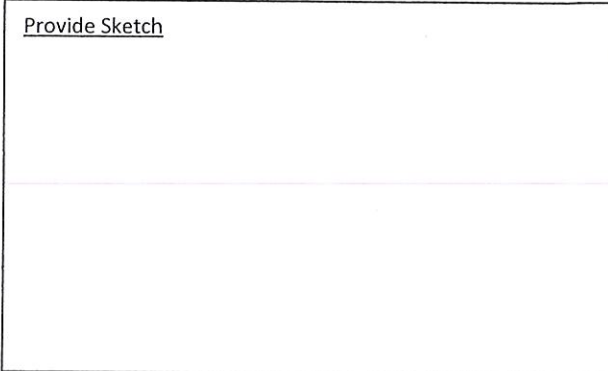
Contact Name: Thomas Capelard Name & Contact Number of Insurer: HUB International New England

Approved By: Dennis M. Amadio Date: 10/19/2020

Title: Admin Manager

Roadway closures will require authorization from the Commissioner of Public Infrastructure.
Traffic management plans may be required.
For inspection, 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 in 3 Months from work start date.

Provide Sketch



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For DISTURBANCE PERMIT within the City of New Bedford

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Dig Safe # _____
Date Issued: **OCTOBER 1, 2020**

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TO THE MAYOR AND CITY COUNCIL: _____ DISTURBANCE PERMIT

Permission is hereby requested to excavate the surface of: _____ City Property

Location of work: **140 NAUSET STREET, OFF MOUNT PLEASANT STREET**

Substantially as per plan annexed, for the purpose of: **WATER SERVICE**

Work will begin (weather permitting) on: _____

Work will end (weather permitting) on: _____

Applicant Name: **Samuel Correira**

Excavator(s) Name: _____

Company Name: **K.R. REZENDES, INC.**

Hoisting Equipment License Number: _____

Grade: _____

Expiration Date: _____

Contact Name: _____

Name & Contact Number of Insurer: **HUB INTERNATIONAL NEW ENGLAND**

Approved By: _____ Date: _____

Title: _____

Roadway closures will require authorization from the Commissioner of Public Infrastructure.
Traffic management plans may be required.

For inspection, 24 hour notice is required and the Contractor / Applicant is required to
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Provide Sketch

K.R. REZENDES, INC.

128156

Vendor 14450 City of New Bedford Check 128156 10/01/20

Trx No	Invoice No	Inv Date	Job/Description	Gross	Discount	Check Amount
16870	10120	10/01/20	KRR20-120	500.00		500.00
				500.00	0.00	500.00

Water
Service

MISCELLANEOUS PAYMENT RECPT#: 3033272
City of New Bedford
133 William St.
New Bedford MA 02740

DATE: 10/19/20 TIME: 07:41
CLERK: a450mmh DEPT:
CUSTOMER#: 0

COMMENT:

CHG: DPIDIS DPI DEPOSITS HE 500.00

REVENUE:
1 1014 255500 500.00
Deposits Held
CASH:
TW05 101009 500.00
Cash Treasurer Dep W

AMOUNT PAID: 500.00

PAID BY: KR REZENDES, INC.
PAYMENT METH: CHECK
REFERENCE: MR128156

AMT TENDERED: 500.00
AMT APPLIED: 500.00
CHANGE: .00

Untitled Map
Write a description for your map.

