

CITY OF NEW BEDFORD MASSACHUSETTS

NHERING- 508-979-1550

SIDEWALK/DRIVEWAY CONSTRUCTION OF PAVED

Special Requirements: Permit / Inspection fee of \$150.00 must accompany this application. Engineering Dept. receipt. Contractor to call 24 hrs. in advance for pre-inspection (prior to pouring). If curbing is removed, it must be returned in whole pieces within 24 hrs. to the D.P.I. City Yard on Liberty St. (btwn Parker St. & Durfee St.) accompanied with original curbing Rejected Approved - Bldg. Permit #_ MINION OF THE PARTY OF THE PART Signature Rejected JUNDANO Date

50 00 000db

PAID:

Check#

Print name: (property owner/representative)

Signature: (property owner/representative)

1105 Shawmut Avenue, New Bedford, MA 02746 Telephone 508-979-1550 Fax 1-508-961-3054



CITY OF NEW BEDFORD MASSACHUSETTS ENGINEERING- 508-979-1550

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/ DRIVEWAY

Expires: 4-22-2022

Permit / Inspection fee of \$150.00 must accompany this application. Special Requirements: Contractor to call 24 hrs. in advance for pre-inspection (prior to pouring). If curbing is removed, it must be returned in whole pieces within 24 hrs. to the D.P.I. City Yard on Liberty St. (btwn Parker St. & Durfee St.) accompanied with original curbing receipt. PAID: 150 Check # 1004	Engineering Dept. Approved Rejected Date Signature Approved Signature	Signature Approved (New Building) Approved – Bldg. Permit #_ Rejected Signature Signature	Traffic Commission: Approved Rejected Date	reby request permission to construct a paved:	Application No. [168] Property Owner: Raul Vaz Tel: 508 - Adress: 21 Vantura City State zi
pre-inspection (prior to be returned in whole ard on Liberty St. (btwn ith original curbing) Check # / (Da)	Date		Date	sidewalk lot 47 in accordance e City of New Bedford. Width (ft) 8 × 10 / oncrete Tel: 608 717.347	22 2021 25/8 717 3479 215 code

Supervising Civil Engineer

Print name: (property owner/representative)

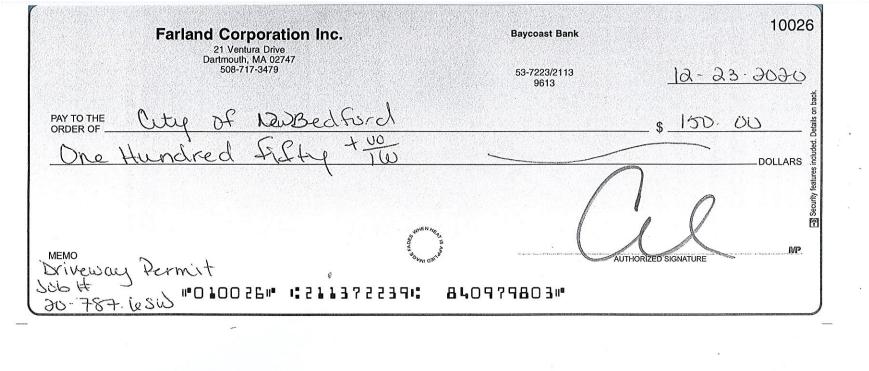
See attacked for sugrature

(property owner/representative)

× See attacked for sugnature

1105 Shawmut Avenue, New Bedford, MA 02746 Telephone 508-979-1550 Fax 1-508-961-3054

Signature:



DATE: 04/22/21 CLERK: a450mmb CUSTOMER#: 0 COMMENT: CHG: DPIDRV DPI DRIVEWAY PE CASH: PAID BY: PAYMENT METH: AMT TENDERED: AMT APPLIED: CHANGE: REFERENCE: AMOUNT PAID: 03406000 454010 DPI - Driveway-Sidewalk Permit TWOS Cash Treasurer Dep 101009 FARLAND CORPORATION : CHECK MR10026 150.00 150.00 150.00 .00 150.00 150.00 150.00

MISCELLANEOUS PAYMENT City of New Bedford 133 William St. New Bedford MA 02740

DEPT:



Department of Public Infrastructure

Jamie Ponte Commissioner

Water
Wastewater
Highways
Engineering
Cemeteries
Park Maintenance
Forestry
Energy

CITY OF NEW BEDFORD Jonathan F. Mitchell, Mayor

1 Faul Vat 89 Howard Ave, New Bedford, being (Manne) Owner of property located at
Plot 130), Lot 475, hereby agree to allow for land Vor p
2) Verture Drive Dortmostyto act on my behalf including affixing my
signature in securing permit for:
Water Service Permits Driveway Installation Permits Sidewalk Installation Permits
I further agree to conform to, and abide by, All City rules and ask regulations applicable to the permit (s) being applied for:
Name Signature Signature 89 (word) Who Be (find)
Date 12-24-20 Telephone Number



Division of Professional Licensure Commonwealth of Massachusetts

Hoisting Engineer

HE-166212

NORTH DARTMOUTH MA 02747 647 HIGHLAND AVENUE MICHAEL ATKINSON

pires: 03/16/2023



Commissioner Jayla R. D'Enilla

OFESS

Commonwealth of Massachusetts



CITY OF NEW BEDFORD



City Hall, Room 308, 133 William Street New Bedford, MA 02740 (508) 979-1540

<u>N</u>0. B-21-83

4/21/2021

MSBC Sect. 111.8 - Any permit issued shall be deemed abandoned and invalid unless the work authorized by it shall have been commeced within six (6) months after its issuance.

FEE PAID \$100.00

This Card Must Be Displayed in a Conspicuous Place on the Premises and Not Torn Down or Removed Until Completion of Work

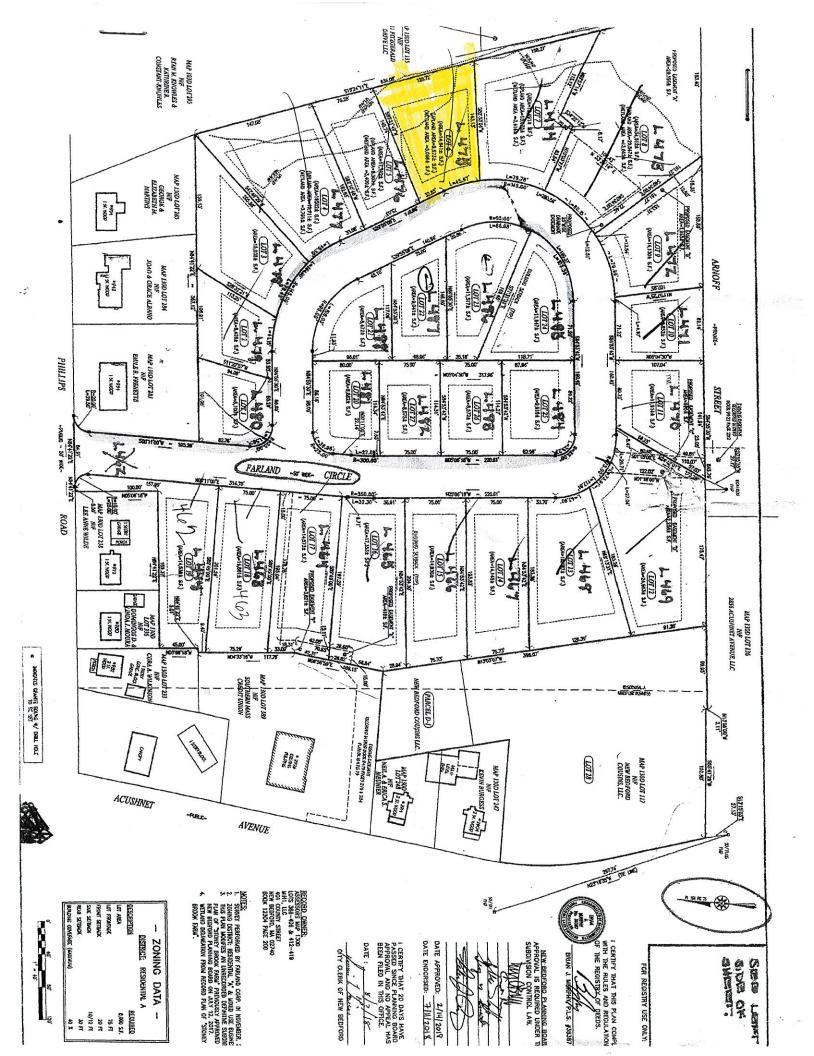
No Building or Structure shall be used or occupied until the Certificate of Use and Occupancy shall have been issued by the Building Commissioner - MSBC, Sect. 120.1

OCCUPANCY PERMIT REQUIRED BEFORE OCCUPANCY

SUBJECT TO MASSACHUSETTS STATE BUILDING CODE

NOTICE: NOTIFY INSPECTOR 48 HOURS IN

ADVANCE OF APPLYING SHEATHING OR LATHING





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/4/2021

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	С	CONTACT NAME: Maria Arruda				
Partners Insurance Group, LLC		PHONE (A/C, No, Ext): 508-491-3176	(A/C, No): 508-491-3108			
560 Wilbur Avenue Swansea MA 02777		E-MAIL ADDRESS: MArruda@partnersinsgrpllc.com				
A COLOR OF THE SECTION OF THE SECTIO		INSURER(S) AFFORDING COVERA	GE NAIC#			
		INSURER A: TRAVELERS INSURANCE COMP	PANY 25682			
INSURED	FARLA-1	INSURER B : Lloyd's of London				
Farland Corp. Inc. Christian Farland		INSURER c: The Ohio Casualty Insurance Con	npany 24074			
21 Ventura Drive		INSURER D :				
Dartmouth MA 02747		INSURER E:				
		INSURER F:				

CERTIFICATE NUMBER: 742301561 COVERAGES

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, FXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ISR TR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
-	GENERAL LIABILITY	Υ		4T-CO-6G656644-TCT-21	1/1/2021	1/1/2022	EACH OCCURRENCE	\$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
ļ							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	POLICY X PRO- JECT LOC						COMBINED SINGLE LIMIT	\$
Α	AUTOMOBILE LIABILITY			810-0P185896-21-2S-G	1/1/2021	1/1/2022	(Ea accident)	\$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
1	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
Ì	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$ Included
								S
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB-9J635485	1/1/2021	1/1/2022	X WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	III.A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C B A	Equipment Floater Professional BPP			BMO57097682 HSAEC190032 4T-CO-6G656644-TCT-21	1/1/2021 1/1/2021 1/1/2021	1/1/2022 1/1/2022 1/1/2022	Equipment Prof/Per CI & Aggreg BPP	842,950 1,000,000 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) CITY OF NEW BEDFORD AS ADDITIONAL INSURED-XCU COVERAGE INCLUDED

OFDI	FICA	TEL	101	DED
CERTI	FILE	ILL	IUL	DER

CANCELLATION

City of New Bedford 133 Williams St. New Bedford MA 2740

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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