



PERMIT NO.
24927

CITY OF NEW BEDFORD
SEWER AND/OR STORM DRAIN PERMIT

DATE 4-22-2021
4-22-2022

This certifies that permission is granted to

Property Owner

Address

Tel.

To connect a sewer and/or storm drain located at

Assessor's Plot 130D 475 Lot 107 to the sewer and/or storm drain in

107th St

Farland Ave NB

Circle x Phillips St

To be laid in accordance with the conditions in this application and the City of New Bedford ordinances.

TYPE OF USE: RESIDENTIAL COMMERCIAL INDUSTRIAL FLOW G.P.D.

If applicant other than actual property owner, attach Letter of Authorization from Property Owner.

Name

Farland CV

Address

21 Ventura Dr

Tel.

Mailing Address

21 Ventura Dr

DK

N Dart

The Bonded Contractor/Drain Layer authorized to perform this work is:

Name

Farland CV

Address

21 Ventura Dr

Tel.

Type of Pipe Required:

6" SDR 35

PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE

- Requires separate connections for sewage and storm drain where applicable. Storm water cannot be discharged to a sanitary sewer.
- All work must be inspected and approved by a D.P.I. inspector before backfilling.
- If this connection is to be part of a private service shared jointly with other building owners, attach copy of Recorded Joint Maintenance Agreement.
- Permits can be issued to Industrial and/or Commercial Applicants only upon receipt and approval by the Commissioner of Public Infrastructure of required plans and supplemental information.
- In addition, a City-issued Industrial User Discharge Permit and/or a Sewer Extension/Connection Permit issued by the Commonwealth of Massachusetts D.E.P. shall be required by the City for Industrial Discharge into the sewer system.

Industrial User Discharge Permit No.

Date

Comm. Mass. Sewer Conn./Ext. Permit No. Date: where applicable, must accompany this application.

A Filing and Inspection Fee of \$ 450, plus an Entrance Fee of \$ ---

Bank#

Barclays

Check#

10035

Date 4-22-2021

Receipt#

3302214

Other requirements:

installing 14" SDR 21 PVC Force Main

Connection made to

Sewer

Part of jointly-shared private line

YES

NO

Storm Drain

Applicant agrees to abide by the above terms, as well as all pertinent ordinances of the City of New Bedford, and such other special rules as the Commissioner of Public Infrastructure and/or City Engineer may deem necessary

Stephen Langston
City Engineer

See attached for signature
Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: _____

DATE: _____

COMMENTS: _____

APPROVED

DISAPPROVED

SIGNATURE

SKETCH PLAN



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SEWER AND/OR STORM DRAIN PERMIT

DATE

This certifies that permission is granted to

Property Owner

Address

Tel.

To connect a sewer and/or storm drain located at

Assessor's Plot 130 D Lot 475, to the sewer and/or storm drain in

To be laid in accordance with the conditions in this application and the City of New Bedford ordinances.

TYPE OF USE:

RESIDENTIAL

COMMERCIAL

INDUSTRIAL

FLOW G.P.D.

If applicant other than actual property owner, attach Letter of Authorization from Property Owner.

Name

Mailing Address

Tel.

The Bonded Contractor/Drain Layer authorized to perform this work is:

Name

Address

Tel.

Type of Pipe Required:

PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE

- Requires separate connections for sewage and storm drain where applicable. Storm water cannot be discharged to a sanitary sewer.
- All work must be inspected and approved by a D.P.I. inspector before backfilling.
- If this connection is to be part of a private service shared jointly with other building owners, attach copy of Recorded Joint Maintenance Agreement.
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- In addition, a City-issued Industrial User Discharge Permit and/or a Sewer Extension/Connection Permit issued by the Commonwealth of Massachusetts D.E.P. shall be required by the City for Industrial Discharge into the sewer system.

Industrial User Discharge Permit No.

Date

Comm. Mass. Sewer Conn./Ext. Permit No.

Date

A Filing and Inspection Fee of \$450, plus an Entrance Fee of \$ where applicable, must accompany this application.

Bank#

Check#

Date

Receipt#

Other requirements:

Connection made to

Sewer

Storm Drain

Part of jointly-shared private line

YES

NO

Applicant agrees to abide by the above terms, as well as all pertinent ordinances of the City of New Bedford, and such other special rules as the Commissioner of Public Infrastructure and/or City Engineer may deem necessary.

See Attached Letter of Authorization
City Engineer

See Attached Letter of Authorization
Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY:

DATE:

COMMENTS:

APPROVED

DISAPPROVED

Signature
SIGNATURE

SKETCH PLAN

Farland Corporation Inc.

21 Ventura Drive
Dartmouth, MA 02747
508-717-3479

Baycoast Bank

53-7223/2113
9613

10025

PAY TO THE
ORDER OF

City of New Bedford
Four Hundred Fifty ⁰⁰/₁₀₀

12-23-2020

\$ 450.00

DOLLARS

[Signature]

AUTHORIZED SIGNATURE

MEMO

Sewer Permit

Sub # 20-787.65W

⑈010025⑈ ⑆211372239⑆ 810979803⑈



Security features included. Details on back.

MISCELLANEOUS PAYMENT RECPT#: 3302214
City of New Bedford
133 William St.
New Bedford MA 02740

DATE: 04/22/21 TIME: 12:35
CLERK: a450mm DEPT:
CUSTOMER#: 0

COMMENT:

CHG: DPISEW DPI SEWER PERMI 450.00

REVENUE:

1 63906000 422185 450.00
Sewer Permit Fee

CASH:

TW05 101009 450.00
Cash Treasurer Dep W

AMOUNT PAID: 450.00

PAID BY: FARLAND CORPORATION
PAYMENT METH: CHECK
MR10025

REFERENCE:

AMT TENDERED: 450.00
AMT APPLIED: 450.00
CHANGE: .00



Department of Public Infrastructure

Jamie Ponte
Commissioner

Water
Wastewater
Highways
Engineering
Cemeteries
Park Maintenance
Forestry
Energy

CITY OF NEW BEDFORD

Jonathan F. Mitchell, Mayor

To Whom It May Concern:

I Paul Vaz 89 Howard Ave, New Bedford, being
(Name) (Mailing Address)

Owner of property located at

Plot 130D, Lot 475, hereby agree to allow Farland Corp
(Name)

21 Ventura Drive, Dartmouth to act on my behalf including affixing my
(Mailing Address)

signature in securing permit for:

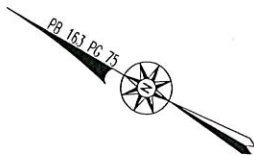
☒ Sewer/Drain Service Permits
☒ Water Service Permits
☒ Driveway Installation Permits
☒ Sidewalk Installation Permits

I further agree to conform to, and abide by, All City rules and ask regulations applicable to the permit (s) being applied for:

Name Paul Vaz
Signature

89 Howard Ave, New Bedford
Address

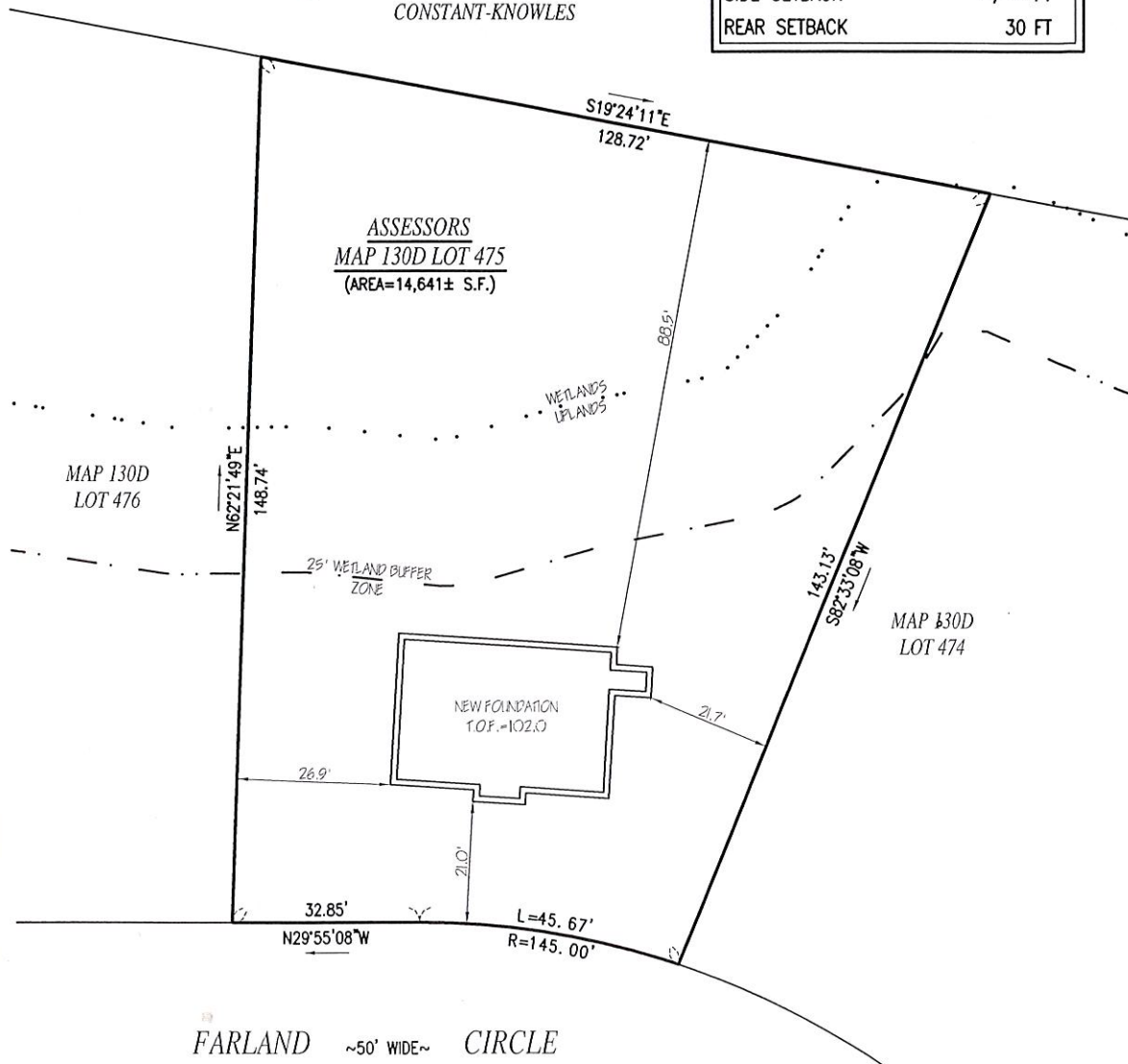
12-24-20
Date Telephone Number



MAP 130D LOT 295
NIF
RYAN M KNOWLES &
KATHERINE R.
CONSTANT-KNOWLES

— ZONING DATA —

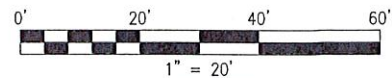
DISTRICT: RA - RESIDENTIAL A	
DESCRIPTION	REQUIRED
FRONT SETBACK	20 FT
SIDE SETBACK	10/12 FT
REAR SETBACK	30 FT



NOTE:

AS-BUILT SURVEY PERFORMED BY FARLAND CORP IN MARCH 2021

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NO PART OF THIS DOCUMENT MAY BE REPRODUCED, STORED IN A RETRIEVAL SYSTEM, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC,
MECHANICAL, PHOTOCOPYING, RECORDING OR OTHERWISE, WITHOUT THE EXPRESS WRITTEN CONSENT OF FARLAND CORP.
ANY MODIFICATIONS MADE TO THIS DOCUMENT WITHOUT THE WRITTEN PERMISSION OF FARLAND CORP. SHALL RENDER IT INVALID AND UNUSABLE



FOUNDATION AS-BUILT

LOT 6 FARLAND CIRCLE

ASSESSORS MAP 130D LOT 475

NEW BEDFORD, MASSACHUSETTS



www.FarlandCorp.com

21 VENTURA DRIVE
DARTMOUTH, MA 02747
P.508.717.3479

- ENGINEERING
- SITEWORK
- LAND SURVEYING
- DEVELOPMENT

PREPARED FOR:

VAZ CONSTRUCTION
51 BRIGHAM STREET
NEW BEDFORD, MA 02740



SCALE: 1"=20'

MARCH 8, 2021

DRAWN BY: AJR

JOB NO: 20-421



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 Partners Insurance Group, LLC 560 Wilbur Avenue Swansea MA 02777	CONTACT NAME: Maria Arruda
	PHONE (A/C, No, Ext): 508-491-3176 FAX (A/C, No): 508-491-3108
	E-MAIL ADDRESS: MArruda@partnersinsgrllc.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : TRAVELERS INSURANCE COMPANY
	INSURER B : Lloyd's of London
	INSURER C : The Ohio Casualty Insurance Company
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES CERTIFICATE NUMBER: 742301561 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y		4T-CO-6G656644-TCT-21	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			810-OP185896-21-2S-G	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Included \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	UB-9J635485	1/1/2021	1/1/2022	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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 Cl & 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

CERTIFICATE HOLDER

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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10.5C SET
24 INCHES GRANITE BOUND W/ DRILL HOLE



Commonwealth of Massachusetts
Division of Professional Licensure

Hoisting Engineer

HE-166212

Expires: 03/16/2023

MICHAEL ATKINSON
647 HIGHLAND AVENUE
NORTH DARTMOUTH MA 02747



Commissioner *Layla R. D'Emilia*

CITY OF NEW BEDFORD

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



FOUNDATION PERMIT

4/21/2021

No. B-21-83

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

FEE PAID \$100.00

This certifies that Kevin W. Clapper

owner/contractor has permission to:


WS- FARLAND CRC


on:

130D
-475Foundations Only 1-2 Family - 100.00

Providing that the person accepting this permit shall in every respect conform to the terms of application therefore on file in this office; to the provisions of the statute of the Commonwealth and to the by-laws of the City of New Bedford relating to the inspection, erection, enlarging, altering, raising, moving, repairing, or tearing down of a building.

Permit is issued subject to the following special requirements: (Restrictions)


Wiring Inspector


Plumbing Inspector


Building Inspector
YOUR AREA INSPECTOR IS: Thomas Welch

Tel. (508) 979-1540 Between 8:00am - 9:00am

NOTICE: NOTIFY INSPECTOR 48 HOURS IN
ADVANCE OF APPLYING SHEATHING OR LATHING

OCCUPANCY PERMIT REQUIRED BEFORE OCCUPANCY
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

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

SUBJECT TO MASSACHUSETTS
STATE BUILDING CODE

