



PERMIT NO.
24985

CITY OF NEW BEDFORD
SEWER AND/OR STORM DRAIN PERMIT

DATE 12-10-2024

Expire date: 12-10-2026

This certifies that permission is granted to

Hudson James Mgmt for 15 Bank 13081 Wilcox St. 02746-1334-2501

Property Owner

Address

Tel.

To connect a sewer and/or storm drain located at:

Assessor's Plot 130 Lot 277 to the sewer and/or storm drain in 1/4" Force Main on Bristol St. to existing

Street

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: R.J. Canessa Tel. 508 971-4911

Mailing Address: R.J. Canessa

The Bonded Contractor/Drain Layer authorized to perform this work is: R.J. Canessa

Name: R.J. Canessa Tel. 508 971-4911

Type of Pipe Required: 1/4" Address: R.J. Canessa

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. 21-1100 Date: 12-10-2024 where applicable, must accompany this application.

A Filing and Inspection Fee of \$ 450 plus an Entrance Fee of \$ 0

Bank# Bay Coast Check# 11907 Date 12-10-2024 Receipt# 3651472

Other requirements:

Connection made to Sewer 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

Stephen Captain Asst. City Engineer

*R. Canessa Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: _____

DATE: _____

COMMENTS: _____

APPROVED _____

DISAPPROVED _____

SIGNATURE

SKETCH PLAN



CITY OF NEW BEDFORD
Jonathan F. Mitchell, Mayor

Department of Public Infrastructure

Ronald H. Labelle
Commissioner

Water
Wastewater
Highways
Engineering
Cemetery

To Whom It May Concern:

I Hudson Homes Mnt for US Bank NA, being
(Name) (Mailing Address)

Owner of property located at
954 Bristol St New Bedford MA 01945

Plot 0130, Lot 0217, hereby agree to allow RT Carson Excavation
(Name)

P.O. box 51643 New Bedford to act on my behalf including affixing my
(Mailing Address) MA 01945

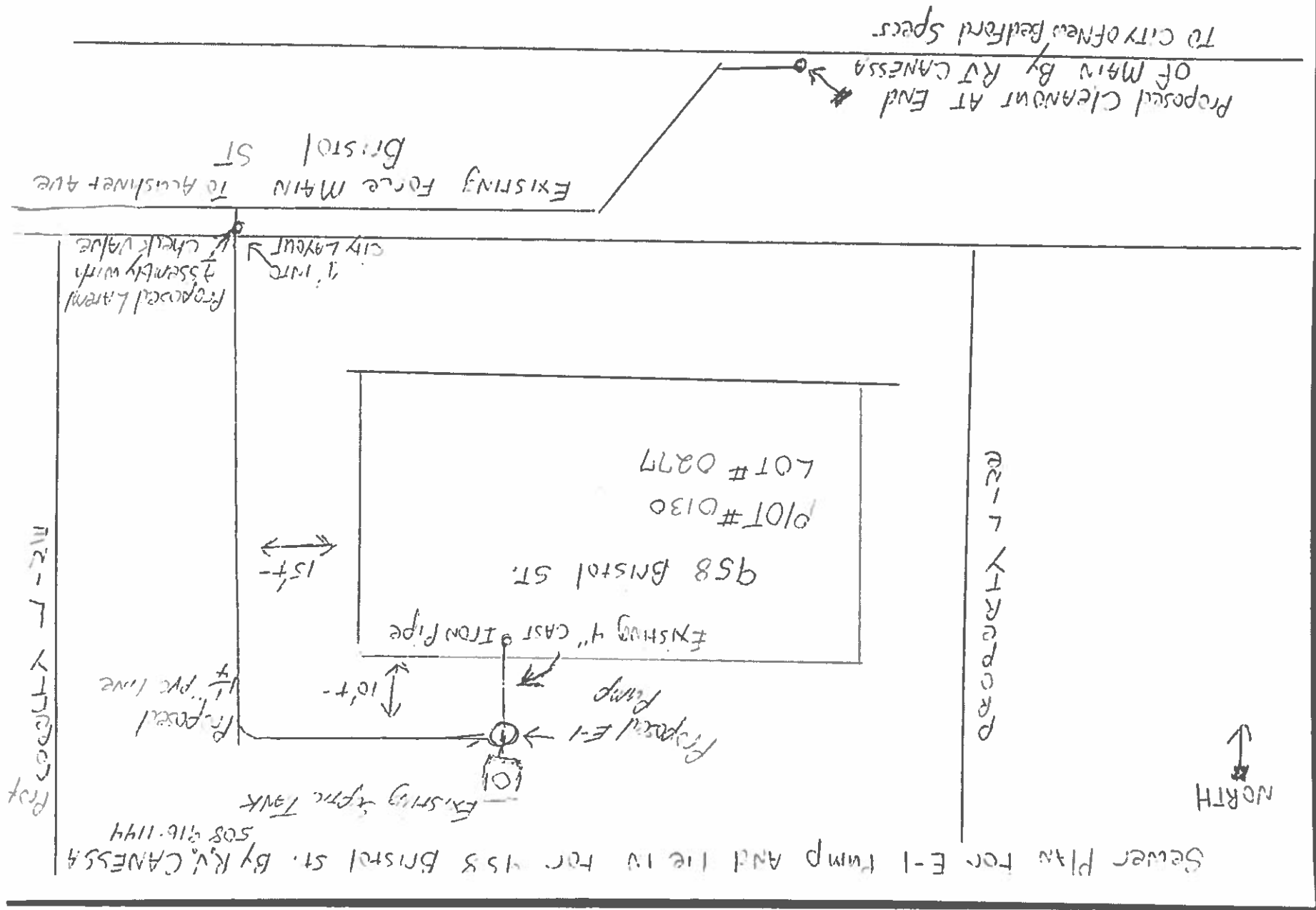
signature in securing permit for:

☒ 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 Robert Landrum Signature RT Carson
Address 34 Bristol St. New Bedford
Date 11-5-21 Telephone number 774-269-4321

1105 Shawmut Avenue, New Bedford, MA 02746 Telephone 508-979-1556 Fax 1-508-961-3054
RONALDL@CI-NEW-BEDFORD.MA.US



No. 21-10A

FEE 60.00

CE # 11905

COMMONWEALTH OF MASSACHUSETTS

Board of Health, New Bedford, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct() Repair() Upgrade() Abandon(☒) an individual sewage disposal system
at 958 Bristol St as described in the application for
Disposal System Construction Permit No. 21-10A, dated 12-6-21.

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Form 1255 Rev. 5/96 A.M. Sulkin Co. Boston, MA

Date 12-6-21 Board of Health

Sofia Salento