Permit # HI-2021

Dig Safe # 2021 4401572

Date Issued: 11-2-2021

APPLICATION / AGREEMENT

For TRENCH PERMIT within the City of New Bedford

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: ✓ TRENCH PERMIT

Permission is hereby requested to excavate the surface of: ✓ Private Property ____ Unaccepted or private street

Location of work: 468 COUNTY STREET

Substantially as per plan annexed, for the purpose of: PNEUMATIC TUBE CARRIER FOR FIRST CITIZENS FEDERAL CREDIT UNION

Work will begin (weather permitting) on: 11/10/21

Work will end (weather permitting) on: 11/12/21

Applicant Name: JIM TARBOX

Excavator(s) Name: JIM TARBOX

Company Name: TARBOX CONSTRUCTION LLC

Hoisting Equipment License Number: HE 175774

Grade: HE-1C HE-2A

Expiration Date: ____

Contact Name: JIM TARBOX

Name & Contact Number of Insurer: AIM MUTUAL

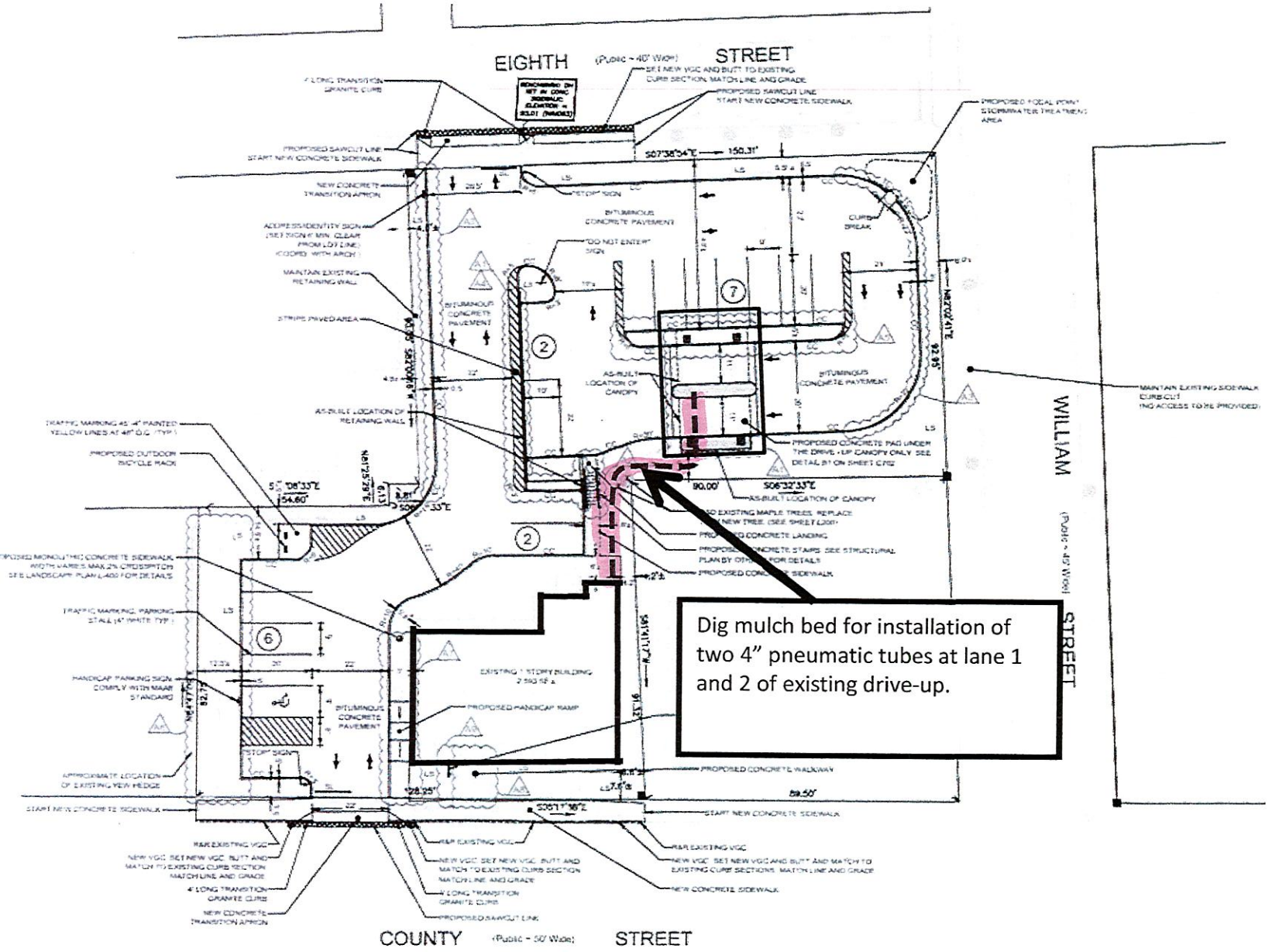
Approved By: Donna M. Smith

Date: 11/2/2021

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


EIGHTH STREET
(Public - 40' Width)
WILLIAM STREET
COUNTY STREET
(Public - 50' Width)
Dig mulch bed for installation of two 4" pneumatic tubes at lane 1 and 2 of existing drive-up.

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): Tarbox Construction

Address: 6 Trouants Island

City/State/Zip: Marshfield, MA 02050 Phone #: 617-799-0125

Are you an employer? Check the appropriate box:

1. ☒ I am a employer with 3 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
5. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
‡Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: A.I.M. Mutual Insurance Company

Policy # or Self-ins. Lic. #: VWC-100-6014103-2020A Expiration Date: 12/04/2021

Job Site Address: 1771 Washington Street City/State/Zip: Hanover MA

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Jim Tarbox Date: 8/31/2021

Phone #: 617-799-0125

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License #_____

Issuing Authority (check one):

1. ☐ Board of Health 2. ☐ Building Department 3. ☐ City/Town Clerk 4. ☐ Electrical Inspector 5. ☐ Plumbing Inspector 6. ☐ Other _____

Contact Person: _____ **Phone #:** _____

TARBOX CONSTRUCTION LLC
6 TROUANTS ISLAND
MARSHFIELD, MA 02050

1890

53-7334/2113

DATE 11/02/2021

PAY TO THE ORDER OF CITY OF NEW BEDFORD $ 30.00

THIRTY 00/100 DOLLARS

Photo Safe Deposit® Details on back

ROCKLAND FEDERAL CREDIT UNION

FOR FIRST CIT. TRENCH PERMIT.

⑆211373348⑆ 733196889747⑈ 001890

MISCELLANEOUS PAYMENT RECPT#: 3606810
City of New Bedford
133 William St.
New Bedford MA 02740

DATE: 11/02/21 TIME: 10:25
CLERK: a450mmb DEPT:
CUSTOMER#: 0

COMMENT:

CHG: DPITRN DPI TRENCH PERM	30.00
REVENUE:	
1 03406000 439020	30.00
OTH -Departmental Fees	
CASH:	
TW05 101009	30.00
Cash Treasurer Dep W	
AMOUNT PAID:	30.00
PAID BY: TARBOX CONSTRUCTION	
PAYMENT METH: CHECK	
MR1890	
REFERENCE:	
AMT TENDERED:	30.00
AMT APPLIED:	30.00
CHANGE:	.00