



139-22

APPLICATION FOR  
PERMIT FOR STREET OBSTRUCTION  
(Under New Bedford City Code, Chapter 22)

To the Mayor and City Council:

New Bedford, Mass: May 27, 2022

The undersigned respectfully requests permission to obstruct

Location of obstruction applied for  
(Number of building and side of street)  
26 South Water Street

for purpose of Lift

replacing windows

Material of outside walls of building \_\_\_\_\_

Time provided in contract for completion of work \_\_\_\_\_; if no contract, the estimated time required to complete the construction, rebuilding or repairs \_\_\_\_\_

Time for which space is applied 5-2-22 5-8-22

Space proposed to be obstructed in street or sidewalk:

Length 60' ft Beam lift height

Projection into sidewalk N/A.

Projection into roadway 8.4' + 1' width

Nature of obstructions 2.5' ft

Provisions made for travelers opposite side

As further consideration for this permit, the applicant shall hold the City of New Bedford harmless and indemnify it for any and all injury to loss, cost, damage, expense, (including reasonable attorney's fees) and liability on account of the obstruction in the street and/or sidewalk and any work done in connection therewith.

Signature of Applicant

Company A.J.A. Grup Inc.

Address 16 Mason Avenue

North Attleboro, MA 02760

Telephone # 781-935-2500

Consent of the Commissioner of Public Infrastructure

New Bedford, Mass. 5-24-22

☒ I do consent to the above application.  
do not

I suggest the following conditions be included in permit  
historic district sidewalk to be repaired by the applicant in accordance w/ city construction standards

Commissioner of Public Infrastructure

Consent of the Commissioner of Buildings

I do consent to the above application  
do not

I suggest the following conditions be included in permit \_\_\_\_\_

Commissioner of Buildings



CERTIFICATE OF LIABILITY INSURANCE

OP ID: SN  
DATE (MM/DD/YYYY)  
05/27/2022

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 have ADDITIONAL INSURED provisions or 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).

508-695-0314

PRODUCER  
R.A. Reinbold Ins. Agency Inc.  
860 Landry Ave  
P.O. Box 68  
N. Attleboro, MA 02761-  
Douglas J. Reinbold

CONTACT NAME: Danielle Boyer  
PHONE (A/C, No, Ext): 508-695-0314 FAX (A/C, No): 508-699-2583  
E-MAIL ADDRESS: Danielle@reinboldinsurance.com

INSURED  
AJA Group Inc  
16 Mason Avenue Suite 5  
North Attleboro, MA 02760

INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A:	Nautlius Insurance Company		17370
INSURER B:	Berkshire Hathaway GUARD InsCo		42390
INSURER C:	Underwriters at Lloyds London		
INSURER D:			
INSURER E:			
INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

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	ADOL INSD	SUBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			001158910	04/21/2022	04/21/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY ANY AUTO OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY						EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE \$ AGGREGATE \$
	DED RETENTION \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROP/ETOR/PARTNER/EXECUTIVE OFFICER/REMIER EXCLUDED? (Mandatory in NH) If yes, describe under Description of Operations below			AJWC269360	02/15/2022	02/15/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liab			PSK0139453089	04/21/2022	04/21/2023	Limit \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

NEWBED1

CANCELLATION

City of New Bedford  
133 William Street  
New Bedford, MA 02740

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  
Douglas J. Reinbold