



1452022

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

New Bedford, Mass: June 02, 2022

To the Mayor and City Council:

The undersigned respectfully requests permission to obstruct

Location of obstruction applied for
(Number of building and side of street)

60 Eighth Street

for purpose of Lift on sidewalk

For repoint ~~of~~ + Patch Repairs 3 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 6-3-2022 - 9-3-2022

Space proposed to be obstructed in street or sidewalk:

Length 10 Ft

Projection into sidewalk Entire width

Projection into roadway None

Nature of obstructions Lift

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 attorneys 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

Address

Telephone #

Zussy Brothers LLC

17 Walter Street

New Bedford, MA 02740

508-999-7523

Consent of the Commissioner of Public Infrastructure

New Bedford, Mass. 10-2-2022

I do consent to the above application.
do not

I suggest the following conditions be included in permit

I do consent to the above application
do not

Consent of the Commissioner of Buildings

Commissioner of Public Infrastructure
Admin manager

I suggest the following conditions be included in permit

Commissioner of Buildings



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/02/2022

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).

PRODUCER		CONTACT NAME: Rachael Gonsalves, CISR, AAI	
Paul and Dixon 388 County Street New Bedford		PHONE (A/C, No. Ext): (508) 996-8593	FAX (A/C, No.): (508) 990-1784
		E-MAIL ADDRESS: rgonsalves@pd-ins.com	
INSURED		INSURER(S) AFFORDING COVERAGE	
New Bedford		INSURER A: Ohio Security Insurance Co	
		INSURER B: Safety Indemnity Company	
Zussy Brothers LLC 17 Walter St New Bedford		INSURER C: Travelers Indemnity Co of Amer	
		INSURER D:	
		INSURER E:	
		INSURER F:	
MA 02740		NAIC # 24082	
		33618	
		25666	

COVERAGES	CERTIFICATE NUMBER: CL2212007552	REVISION NUMBER:
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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	ADDITIONAL INSURER (INSR. LTR)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	☐ CLAIMS-MADE					\$ 300,000
	☐ SCHEDULING					\$ 15,000
	☐ GEN'L AGGREGATE LIMIT APPLIES PER					\$ 1,000,000
B	☐ POLICY					\$ 2,000,000
	☒ PROTECT					\$ 2,000,000
	☐ LOC					\$
	☐ OTHER					\$
C	☐ AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	☐ ANY AUTO					\$
	☐ OWNED AUTOS ONLY					\$
	☒ HIRED AUTOS ONLY					\$
D	☐ UMBRELLA LIAB					EACH OCCURRENCE \$
	☐ EXCESS LIAB					\$
	☐ DED					\$
	☐ RETENTION \$					\$
E	☐ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE
	☐ ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					OTH-ER
	☐ Y/N					\$ 500,000
	☐ DESCRIPTION OF OPERATIONS below					\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SUBJECT TO TERMS AND CONDITIONS OF INSURANCE POLICIES

CERTIFICATE HOLDER	CANCELLATION
City of New Bedford 133 William St. New Bedford	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
MA 02740	AUTHORIZED REPRESENTATIVE Paul Dixon