



155-2002

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

To the Mayor and City Council:

New Bedford, Mass: June 15, 2022

The undersigned respectfully requests permission to obstruct

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

575 Union Street - match St side: west side. see

comments below.

for purpose of dumpster

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 June 15, 2022 - June 21, 2022

Space proposed to be obstructed in street or sidewalk:

Length - 12ft

Projection into sidewalk N/A -

Projection into roadway 7+/-

Nature of obstructions Dumpster

Provisions made for travelers around:

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 #

Richard M. Adams

ATSA Services, Inc.

7 Winter Avenue

Taunton, MA 02780

(774) 222-1816

Consent of the Commissioner of Public Infrastructure

New Bedford, Mass. 6-15-2022

I do consent to the above application.  
do not

I suggest the following conditions be included in permit Full Break from Intersection

John V. Dyke

Commissioner of Public Infrastructure

Consent of the Commissioner of Buildings

Celia Engman  
City Engineer

I do consent to the above application  
do not

I suggest the following conditions be included in permit place dumpster at driveway entrance as possible. Does not block access to adjacent driveways. Provide enough room for intersection access not blocking side lanes and traffic.

Commissioner of Buildings





CERTIFICATE OF LIABILITY INSURANCE

ATSASER-01

SDESMARAS

DATE (MM/DD/YYYY)  
6/15/2022

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 FBinsure, LLC 128 Dean Street Taunton, MA 02780		CONTACT NAME: PHONE (A/C, No, Ext): (508) 824-8666 FAX (A/C, No): (508) 880-0142 E-MAIL: info@fbinsure.com Address: info@fbinsure.com	
INSURED  ATSA Services Inc 7 Winter Ave Taunton, MA 02780		INSURER(S) AFFORDING COVERAGE INSURER A: Nautlius Insurance Company INSURER B: Pilgrim Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC #	17370
		NAIC #	21750

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	ADDITIONAL SUBROGATION (IND) (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owner's & Contractor  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC  OTHER		NN1371876	2/23/2022	2/23/2023	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 \$ Included COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	AUTOMOBILE LIABILITY  ANY AUTO OWNED <input checked="" type="checkbox"/> SCHEDULED AUTOS ONLY HIRED AUTOS ONLY NON-OWNED AUTOS ONLY  UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$ OCCUR CLAIMS-MADE  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		CSC00001011780	2/23/2022	2/23/2023	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						

CERTIFICATE HOLDER

CANCELLATION

City of New Bedford  
133 William St  
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

Stephanie Demarais