



26-2022

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

New Bedford, Mass.: September 23, 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)

1265 Pleasant Street

one way down -

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 9/26/22 - 10/3/2022

Space proposed to be obstructed in street or sidewalk:

Length 16' +/-

Projection into sidewalk N/A

Projection into roadway 8' +/-

Nature of obstructions construction equipment

Provisions made for travelers opposite side for travelers

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 #

Consent of the Commissioner of Public Infrastructure

New Bedford, Mass. 9/23/2022

☒ I do consent to the above application.
☐ do not

I suggest the following conditions be included in permit

dumpster to be placed on east side of street only

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

ALWAVA-01
DOTER
DATE (MM/DD/YYYY)
9/23/2022

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
AAA Northeast Insurance Agency, Inc.
110 Royal Little Dr.
Providence, RI 02904

CONTACT
NAME
PHONE
(A/C. No. EXT.) (800) 222-4242
FAX
(A/C. No.) (401) 868-2083
E-MAIL
ADDRESS:

INSURED

Always Available Bargain Cleanouts, LLC
628 Walnut Plain Road
Rochester, MA 02770

INSURER(S) AFFORDING COVERAGE
INSURER A : Miscellaneous Brokered Business
INSURER B :
INSURER C :
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	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF. DATE	POLICY EXPIRATION DATE	LIMITS
A	X COMMERCIAL GENERAL LIABILITY		NN1365816	4/6/2022	4/6/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50,000 MED EXP (any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJE <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT \$ (Per accident)
	ANY AUTO	OWNED AUTOS ONLY				BODILY INJURY (Per person) \$
	AUTOS ONLY	HIRE <input type="checkbox"/> NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident) \$
	AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	CLAIMS-MADE				\$
	DED RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory for NR)	Y / N	N / A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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 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