



70-22

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

To the Mayor and City Council:

New Bedford, Mass.: March 24, 2022

The undersigned respectfully requests permission to obstruct

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

196-200 Union Street

for purpose of scissor lift

Material of outside walls of building masonry

Time provided in contract for completion of work 3 weeks; if no contract, the estimated time required to complete the construction, rebuilding or repairs _____

Time for which space is applied March 28 - April 18, 2022

Space proposed to be obstructed in street or sidewalk:

Length 200'

Projection into sidewalk entire width

Projection into roadway 21 ft

Nature of obstructions We are using a scissor lift to access the curbs

Provisions made for travelers signage and cones with caution tape

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 #

Bay State Restoration LTD
338 Metacom Avenue
Warren, RI 02885
401-245-0755

Consent of the Commissioner of Public Infrastructure

New Bedford, Mass.

3-24-22

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

I suggest the following conditions be included in permit Bagging parking meters:

Anthony Chapple
Commissioner of Public Infrastructure

Consent of the Commissioner of Buildings

Debra M. M. M. M.
Debra M. M. M. M.

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

DATE (MM/DD/YYYY)
03/24/2022

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 John Andrade Insurance Agency, Inc. 559 Hope Street		CONTACT NAME: Pamela Pelletier, CRIS, CISR PHONE (A/C, No. Ext): (401) 253-6542 FAX (A/C, No.): (401) 253-5070 E-MAIL: ppelletier@johnandradeinsurance.com ADDRESS:	
Bristol		INSURER(S) AFFORDING COVERAGE	
INSURED BAY STATE RESTORATION LTD 338 METACOM AVE WARREN		INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	MAIC # 39926 24017
RI 02809		Selective Ins Co of Southeast	
RI 02885-1925			

CERTIFICATE NUMBER: CL222828463

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 INSURER (INSR) (VWD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO <input type="checkbox"/> JECT <input type="checkbox"/> LOC OTHER:		S 1549471	02/01/2022	02/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> OTHER:		S 1549471	02/01/2022	02/01/2023	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 2,500
A	UMBRELLA LIAB EXCESS LIAB		S 1549471	02/01/2022	02/01/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) DESCRIPTION OF OPERATIONS below	Y/N N/A	0000001315	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	Leased/Rented Equipment		S 1549471	02/01/2022	02/01/2023	250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule, may be attached if more space is required)
City of New Bedford is listed as Additional Insured when required by written contact

CERTIFICATE HOLDER City of New Bedford 133 William Street New Bedford MA 02740	CANCELLATION 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 <i>Paul M. Flynn</i>
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