

THE STATE OF THE S											
PERMIT PULLED E	APPROVED	DATE:COMMENTS:	INSPECTED BY:	Applicant agrees to other special rules a Asst. Cit	Connection made to	A Filing and Inspection  Bank#	<ul> <li>Requires separate connections to sanitary sewer.</li> <li>All work must be inspected and a lif this connection is to be part of Joint Maintenance Agreement.</li> <li>Permits can be issued to Industria Public Infrastructure of required In addition, a City-issued Industria Commonwealth of Massachusett Industrial User Discharge Permit No.</li> </ul>	Name Type of Pipe Required: PERMIT EXPIRES ONE YE.	To be laid in accordance with the TYPE OF USE:  RESIDENT RESIDENT If applicant other than actual pro Name.  Mailing Address	Property Owner Address To connect a sewer and/or storm drain located at  Assessor's Plot 127 Lot 192 to the sew	25017 This certifies that permission is granted to
SIGNATURE BY D.RY FOR PURPOSE	DISAP	CASWELL OT	SNI	Applicant agrees to abide by the above terms, as well as all pertinent ordinances of the City other special rules as the Commissioner of Public Infrastructure and/or City Engineer may  Asst. City Engineer  Asst. City Engineer	Sewer Part of joint!	A Filing and Inspection Fee of \$, plus an Entrance Fee of \$  Bank# Check#	Requires separate connections for sewage and storm drain where applicable. Stor sanitary sewer.  All work must be inspected and approved by a D.P.I. inspector before backfilling. If this connection is to be part of a private service shared jointly with other building loint Maintenance Agreement.  Permits can be issued to Industrial and/or Commercial Applicants only upon receive Public Infrastructure of required plans and supplemental information.  In addition, a City-issued Industrial User Discharge Permit and/or a Sewer Extens Commonwealth of Massachusetts D.E.P. shall be required by the City for Industriation.  Date	Name  Type of Pipe Required:Address  PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE	To be laid in accordance with the conditions in this application and the City of New Bedford ordinances.  TYPE OF USE:  RESIDENTIAL  COMMERCIAL  INDUSTRIAL  FL  In applicant other than actual property owner, attach Letter of Authorization from Property Owner.  Name.  Mailing Address.  The Bonded Contractor/Drain Layer authorized to perform this work is:	er an	
OF KNOWD	570.0		INSPECTOR'S REPORT	ell as all pertinent ordinances infrastructure and/or City English Signature	Part of jointly-shared private line YES		P.I. inspector before backfilling shared jointly with other building shared jointly with other building straight applicants only upon recemental information.  The required by the City for Industrian in the City	SUE	ttion and the City of New Bedford CIAL INDUSTRIAL of Authorization from Property Coperform this work is:	BOTELHO 15 JARRY ST	CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT
LOTERAL SER (NO NUMBER)	Siso, JARRY 3+	16.3 2.0 12.0 16.3	7 15	Applicant agrees to abide by the above terms, as well as all pertinent ordinances of the City of New Bedford, and such other special rules as the Commissioner of Public Infrastructure and/or City Engineer may deem necessary  Asst. City Engineer  Asst. City Engineer  Signature of Property Owner or Representative	ONO	where applicable, must accompany this application.  DateReceipt#	Requires separate connections for sewage and storm drain where applicable. Storm water cannot be discharged to a sanitary sewer.  All work must be inspected and approved by a D.P.I. inspector before backfilling.  If this connection is to be part of a private service shared jointly with other building owners, attach copy of Recorded Joint Maintenance Agreement.  Permits can be issued to Industrial and/or Commercial Applicants only upon receipt and approval by the Commissioner of Public Infrastructure of required plans and supplemental information.  In addition, a City-issued Industrial User Discharge Permit and/or a Sewer Extension/Connection Permit issued by the Commonwealth of Massachusetts D.E.P. shall be required by the City for Industrial Discharge into the sewer system.  Strial User Discharge Permit No	Tel.	rd ordinances.  FLOWG.P.D.  Owner.	TS AWANTS	Expire date:
RERMIT NUMBER	Character 2			tive		tion.	er of			Street	