

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

New Bedford, Mass: March 14, 2023

To the Mayor and City Council:

The undersigned respectfully requests permission to obstruct

I suggest the following conditions of included in permit
c Commissioner
I suggest the following conditions be included in permit core touthern to prove to the second of the provided in permit core touthern to the second of the second of the provided in permit core touthern to the second of the sec
Consent of the Commissioner of Public Infrastructure New Bedford, Mass. 4000 14, 2025
Address New Bedford, MA 02745 Tclcphonc # 508-995-0524
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 the ewith. Signature of Applicant Company Pimental Contractors, LLC
Projection into sidewalk Ontube Worldth Projection into roadway & John Worldton World Wor
Time for which space is applied Hopels ad addas - June 20, 2023 Space proposed to be obstructed in street or sidewalk: Length union state of the June 20, 2023 Length union state of the June 20, 2023
for purpose of Scaffolding
Location of obstruction applied for (Number of building and side of street) 1 Johnny Cake Hill/Union Street

8



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

gency, LLC Canter	All rights recepted	© 1988-2015 ACORD CORPORATION All Fig.	PODA RINC-0	© 198	MA 02740		New Bedford	Fax
Street St	ELVER LLED E		HE ABOVE DI DATE THE H THE POLICY	JLD ANY OF TEXPIRATION DRDANCE WIT	SHOUTHOR		City of New Bedford 133 Williams Street	
Street St				ELLATION	CANC		CERTIFICATE HOLDER	CERTII
Is in Insurance Agency, LLC Street ACTION PROPERTY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN REDUCEDED BY THE POLICIES OF INSURANCE AND EAST TO ALL THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN REDUCEDED BY THE POLICIES OF INSURANCE AFFAIN, THE INSURANCE AFFORDED BY THE POLICIES OF INSURANCE AFFAIN, THE INSURANCE AFFAIN THE POLICIES OF INSURANC	insurar	y contained in the certificate of i	o space is required ints. Nothing	attached if more	Additional Remarks Schedule, may be clusions, other limitations and coverage provided by the po	ss (ACORD 101, removal conditions, e) extended the	ION OF OPERATIONS / LOCATIONS / VEHICLE by , Street Cleaning including snow ce coverage is limited to the terms, and deemed to have altered, waived or	bescrip Carpen Insuran shall be
Itemstration Agency LLC Age				Š			22	
Itemstrance Agency, LLC	00,000	PER OTH STATUTE RR \$ 1,0 E.L. DISEASE - POLICY LIMIT \$ 1,0	3/05/2024	3/05/2023	J3W6275		COMPENSATION OVER'S LIABILITY VIN QUETOR/PARTNER/EXECUTIVE EMBER EXCLUDED? IN NH) ON OF OPERATIONS below	A ANI OFF OFF
COMMERCIAL GREEN COMPANDE C								
Street S							AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY	<u> </u>
ia Insurance Agency, LLC Street Street Street MA 02632 Pimental Contractors, LLC Pimental Contractors, LLC 120 River Road New Bedford, MA 02745 CERTIFICATE NUMBER: TYPE OF INSURANCE POLICY ED, NOTWITHSTANDING ON BUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICYES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS, TO ALL THE INSURANCE AFFORDED BY THE POLICYES DESCRIBED HEREIN IS SUBJECT TO ALL THE POLICY IMMIDENTY IMMI	0,000	ő	4/01/2023	4/01/2022	03X0227	20	CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: PRO- PRO- DOTHER:	> X
is Insurance Agency, LLC Street Street MA 02632 Pimental Contractors, LLC 120 River Road New Bedford, MA 02745 CERTIFICATE NUMBER: TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABOVE FOR THE POLICY ED. NOTWITHSTANDING ANY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE INSURANCE AFFORDED BY PAID CLAIMS. CONTROL CANAL		LIMITS	POLICY EXP	POLICY EFF	POLICY NUMBER	INSD WVD	TYPE OF INSURANCE	T NEW
ia Insurance Agency, LLC CONTACT Jen Davis FAX FAX	L THE	RED NAMED ABOVE FOR THE PODCUMENT WITH RESPECT TO ALL	THE INSUR OR OTHER S DESCRIBE PAID CLAIMS.	IN ISSUED TO Y CONTRACT THE POLICIE REDUCED BY	CE LISTED BELOW HAVE BEE TERM OR CONDITION OF AN INSURANCE AFFORDED BY ITS SHOWN MAY HAVE BEEN F	OF INSURAN QUIREMENT, PERTAIN, THE POLICIES, LIM	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY REIFICATE MAY BE ISSUED OR MAY INSIONS AND CONDITIONS OF SUCH	THIS INDIC CER EXCL
CONTACT Jen Davis NAME: 1508)957-2125 E-MAIL E-MAIL ADDRESS: mark@marksylviainsurance.com INSURER A : Farm Family Casualty Insurance INSURER B: INSURER C: INSURER C: INSURER E: INSURER E: INSURER E:		REVISION NI IMBER		7. T	INSURE INSURE	TIFICATE N	COVERAGES CER	COVE
CONTACT Jen Davis NAME: 1508)957-2125 FAXC, No. EAR): (508)957-2125 E-MAIL: Mark@marksylviainsurance.com INSURERS: mark@marksylviainsurance.com INSURER(S) AFFORDING COVERAGE INSURER B: INSURER C: INSURER C: INSURER D:	+			m	INSURE		New Bedford, MA 02/45	
CONTACT Jen Davis NAME: PHONE FAX PHONE (508)957-2125 E-MAIL ADDRESS: mark@marksylviainsurance.com INSURER(S) AFFORDING COVERAGE INSURER A : Farm Family Casualty Insurance INSURER B : INSURER C :				RD:	INSURE		120 River Road	
CONTACT Jen Davis NAME: (508)957-2125 FAXC No. (508)957-2125 E-MAIL ADDRESS: mark@marksylviainsurance.com INSURER(S) AFFORDING COVERAGE INSURER A: Farm Family Casualty Insurance					INSURE		Pimental Contractors, LLC	INSURED
CONTACT Jen Davis NAME: 1508)957-2125 PHONE 1: (508)957-2125 E-MAIL Appress: mark@marksylviainsurance.com		lty Insurance	amily Casual	Farm	INSURE	:		
CONTACT Jen Davis NAME: PHONE AGC.No. Ext): (508)957-2125 (AIC.No.):		urance.com	narksylviainsi	I E	ADDRE		MA	Centerville,
NAME: Jen Davis	3)957-2	(A/C, No):	57-2125	o, Ext): (508)9	PHONE (A/C, N		Mark Sylvia Insurance Agency, LLC	Mark
			is i	CT Jen Dav	CONTA NAME:		8	PRODUCER

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD