

PERMIT NO.

23205



CITY OF NEW BEDFORD

SEWER AND/OR STORM DRAIN PERMIT

DATE 4/18/02  
**RECEIVED**

SEP 17 2002

DEPT. OF PUBLIC WORKS  
NEW BEDFORD, MASS

This certifies that permission is granted to

Acoaxet Group, Inc.

P.O. Box 3466 Westport, MA

508-636-0039

Property Owner

Address #5

Tel.

to connect a sewer and/or storm drain located at Clark St. (NS) 95' Wx Purchase St.

Assessor's Plot 84, Lot 104, to the sewer and/or storm drain in Clark St. Street

to be laid in accordance with the conditions in this application and the City of New Bedford ordinances. 330 G.P.D.

TYPE OF USE: ☒ RESIDENTIAL ☐ COMMERICAL ☐ INDUSTRIAL ☐ OTHER

If applicant other than actual property owner, attach Letter of Authorization from Property Owner.

Name.....Tel.....

Mailing Address.....

The Bonded Contractor/Drain Layer authorized to perform this work is:

V.R. Rezendes, Inc. 3 Sammy's Lane / P.O. Box 879

Assonet, MA

508-644-

5795

Name

Address

Tel.

Type of Pipe Required: PVC SDR-35

PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE

\* 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.W. 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 Works 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.

Industrial User Discharge Permit No.....Date.....

Comm. Mass. Sewer Conn./Ext. Permit No.....Date.....

A Filing and Inspection Fee of \$ 150.00 plus an Entrance Fee of \$..... where applicable, must accompany this application.

Bank # Fall River Five Cents Savings Bank Check # 2002 Date: 4/18/02 Receipt # 4282

Other requirements: Insp. Only - Tie into 12" Sewer

☒ Sewer

Connection made to

Part of jointly-shared private line ☐ Yes ☒ No

☐ Storm Drain

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 Works may deem necessary.

Lawrence D. Worden ms  
Commissioner of Public Works

[Signature]  
Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: JOSEPH MARTIN

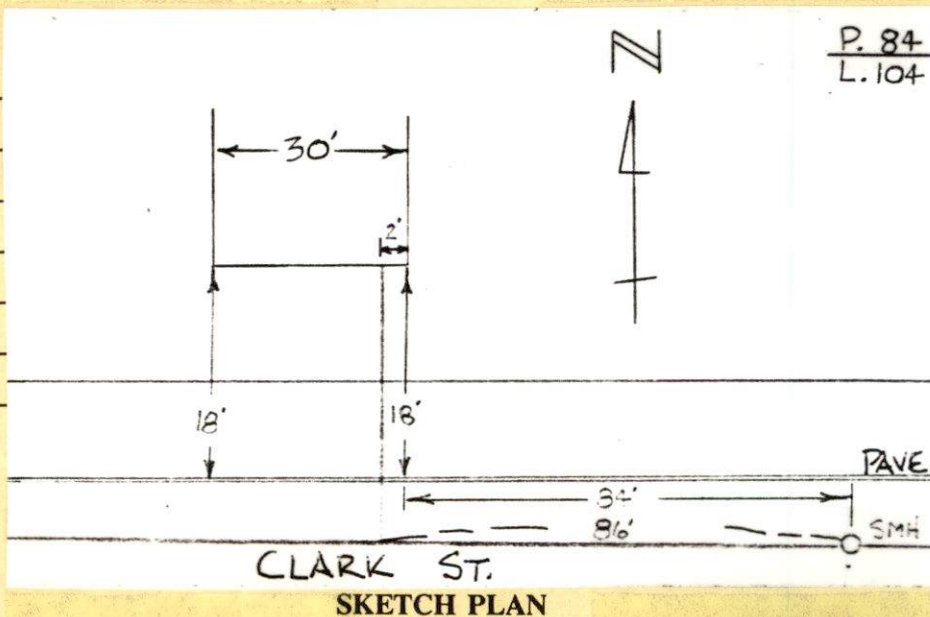
DATE: 4/25/02

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☒ APPROVED ☐ DISAPPROVED

[Signature]  
SIGNATURE



P. 84  
L. 104



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23205



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DATE 4/18/02

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Name Tel.

Mailing Address

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508-644-

K.R. Rezendes, Inc.

3 Sammy's Lane / P.O. Box 879

Assonet, MA

5795

Name

Address

Tel.

Type of Pipe Required: P.V.C. SDR-35

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Lawrence D. Worden (ms)  
Commissioner of Public Works

Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY:

DATE:

COMMENTS:

☐ APPROVED

☐ DISAPPROVED

SIGNATURE

SKETCH PLAN



*Sewer*

# CITY OF NEW BEDFORD MASSACHUSETTS

DEPT. OF PUBLIC WORKS

133 WILLIAM STREET

LAWRENCE D. WORDEN  
COMMISSIONER

To Whom It May Concern:

I, Tim Ford, President - Acaxet Group Inc, P.O. Box 3466, being  
Name (Print) Mailing Address Westport, MA 02790  
508-636-0089  
owner of property located at 5 Oak Street

Plot 84, Lot 104, hereby agree to allow K.L. Rezendis, Inc.  
Name

Sammy's Lane, Ossonet, MA 02864-5795 to act on my behalf,  
Mailing Address

including affixing my signature, in securing permits for:

<input checked="" type="checkbox"/>	Sewer/Drain Service Permits
<input checked="" type="checkbox"/>	Water Service Permits
<input checked="" type="checkbox"/>	Driveway Installation Permits
<input checked="" type="checkbox"/>	Sidewalk Installation Permits

I further agree to conform to, and abide by, all City rules and regulations applicable to the permits(s) being applied for.

Name Tim Ford  
(signature)  
P.O. Box 3466, Westport, MA 02790  
Address

Date