

PERMIT NO.

CITY OF NEW BEDFORD

DATE.....7-2-02.....

23239



SEWER AND/OR STORM DRAIN PERMIT

No card submitted

RECEIVED

This certifies that permission is granted to

Antoine J. Khalife

171 Coggesall St.

N.B. MA. 02745

Property Owner

Address

Tel.

SEP 17 2002

to connect a sewer and/or storm drain located at.....171 Coggesall St.....

Assessor's Plot.....93....., Lot.....227....., to the sewer and/or storm drain in.....Coggesall St.....

DEPT. OF PUBLIC WORKS
NEW BEDFORD, MASS

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

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

600 G.P.D.

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

Name.....MICHAEL KHALIFE.....

Tel. (508) 997-9917

Mailing Address.....2 MAJOR DR FAIRHAVEN MA. 02719.....

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

FRANKLIN BROS.

(508) 998-8270

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 # FLEET Check # 376 Date: 7-2-02 Receipt # 4349

Other requirements: SAW CUT EDGES REPAIR MUST BE PUT IN FROM PROPERTY LINE TO 10' MAIN IN E OF ROAD.

☒ 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

Commissioner of Public Works

Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: JOSEPH MARTIN

DATE: 7/22/02

COMMENTS: Reported segment of

sewer between R + main -

See original sewer permit

23136-01 ~ new svc. laid from R

to bldg. only. Had problem w/ svc.

☒ APPROVED

☐ DISAPPROVED

line in street, which city allowed tie into,

Signature of Inspector

SIGNATURE

So city had to do work w/ go bail from out -

SKETCH PLAN

PERMIT NO.

23239



CITY OF NEW BEDFORD

DATE.....7-2-02.....

SEWER AND/OR STORM DRAIN PERMIT

This certifies that permission is granted to

ANTOINE J. Khalife 171 Coggeshall St. N.B. MA. 02745 (508) 997-4968
Property Owner Address Tel.

to connect a sewer and/or storm drain located at 171 Coggeshall St.
Assessor's Plot 93, Lot 227, to the sewer and/or storm drain in Coggeshall St. Street
to be laid in accordance with the conditions in this application and the City of New Bedford ordinances.

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

600 G.P.D.

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

Name MICHAEL KHALIFE Tel. (508) 997-9917

Mailing Address 2 MANOR DR FAIRHAVEN MA. 02719

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

FRANKLIN BROS. (508) 998-8270
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 # FLEET Check # 376 Date: 7-2-02 Receipt # 4349

Other requirements: SAW CUT EDGES REPAIR MUST BE PUT IN FROM PROPERTY LINE
TO 10' MAIN IN E. OF ROAD. SEE PERMIT # 23136
FOR PLANS

☒ Sewer

Connection made to

☐ Storm Drain

Part of jointly-shared private line ☐ Yes ☒ No

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. Wornatke
Commissioner of Public Works

Signature of Michael J. Khalife
Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: _____

DATE: _____

COMMENTS: _____

☐ APPROVED

☐ DISAPPROVED

SIGNATURE

SKETCH PLAN



**CITY OF NEW BEDFORD
MASSACHUSETTS**

DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION
133 WILLIAM STREET, ROOM 303
NEW BEDFORD, MA 02740
Tel: (508) 979-1527
Fax: (508) 961-3043

To Whom It May Concern:

I, ANTOINE KHALIFE, being
(Name) (Mailing Address)

Owner of property located at 171 Coggeshall St.

Plot 93, Lot 227, hereby agree to allow Michael J. Khalife
(Name)

2 MANOR DR. Fairhaven, MA 02719 to act on my behalf including affixing my
(Mailing Address)

signature in securing permit for:

☒ Sewer/Drain Service Permits
☐ Water Service Permits
☐ Driveway Installation Permits
☐ Sidewalk Installation Permits

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

Name Antoine J Khalife
(Signature)

2 MANOR DR. Fairhaven, MA 02719
(Address)

(508) 997-3053
(Date) (Telephone number)

Pumping
Station

10810-20

4174-08

195-
193-191

15" SEWER

173-175

6552-02

3343-96

3 5
15" SEWER

19155-70

MITCH

10893-20

23136-2002
#171

18966-69

15622-49

18018-63

COGGESHALL

ENDWALL

460-91

145

151

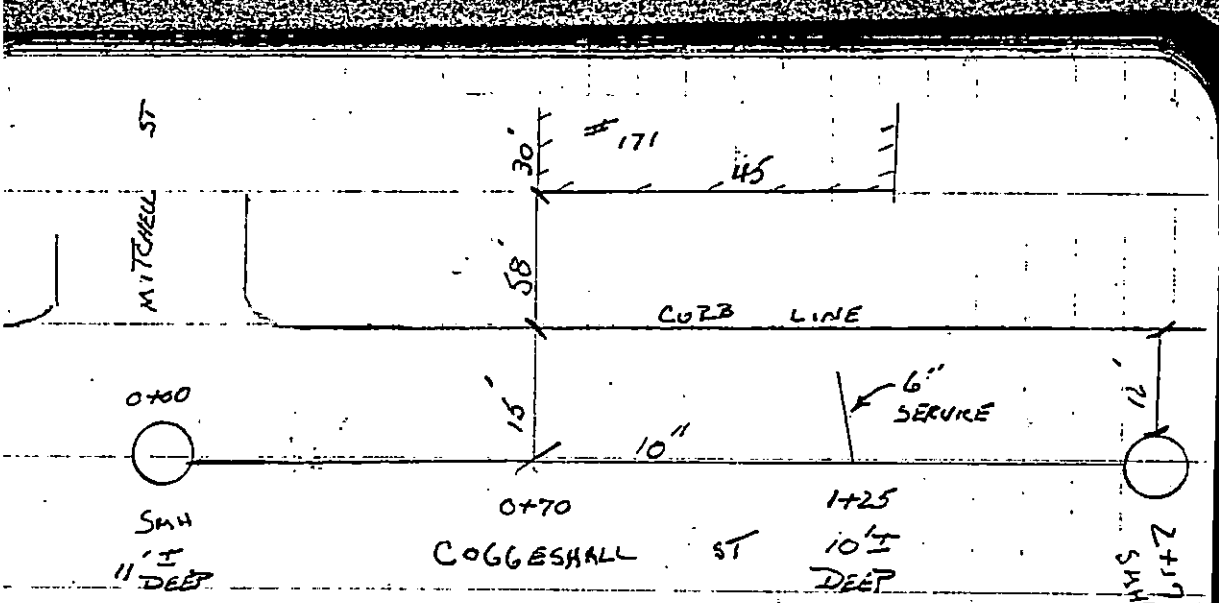
157

1.01

171

10"

1.170



DIG SAFE 20022810984

PETRO MART

MIKE J KHALIFE

508 997 9917

ADDITIONAL
1-10
7/16

MONDAY 7-22-02		46	
CLIENT	90	171	COGGESHALL ST
		SEWER	REPAIR
<u>DI</u>			
2 1/2		K. CORNELL	#90
2 1/2		J. VELEZ	#45
2 1/2		S. COLMAN	#41
2 1/2		C. PARSONS	#124
2 1/2		S. HEROUX	#135
2 1/2		W. PITTSLEY	#46 - 2HRS
DETAIL OFFICER			
SCOTT TREMBLAY			
2 1/2		E. CORNIER	#51
		R. TENTAULT	#35
		D. McVULLEN	
2-45	6"		
1-22	6"		
2-PVC TO PVC FERRULE 6"			
1-6" SADDLE			
4' OF 6"			
2 WATER TUGS,			
15 CIDS PROCESS			