

PERMIT NO.

23278



CITY OF NEW BEDFORD

DATE 9-4-02

SEWER AND/OR STORM DRAIN PERMIT

This certifies that permission is granted to

JOHN MAFFEI P.O. BOX NO. DART. MA. 02747
 Property Owner Address Tel. (508) 992-7800

to connect a sewer and/or storm drain located at EASTLAND TER (WS) 510' ± W/ ROCKDALE AVE.
 Assessor's Plot 74, Lot 174, to the sewer and/or storm drain in EASTLAND TER Street
 to be laid in accordance with the conditions in this application and the City of New Bedford ordinances.

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

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

Name Mailing Address Tel. RECEIVED
 NOV 27 2002

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

ACE ASPHALT
 Name Address DEPT. OF PUBLIC WORKS
 NEW BEDFORD, MASS
 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. N/A Date
 Comm. Mass. Sewer Conn./Ext. Permit No. N/A Date

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

Bank # LUZO BANK Check # 857 Date: 9-4-02 Receipt # 4408

Other requirements: INSP. ONLY MUST MEET SITE PLAN REVIEW REQ.

Connection made to ☒ Sewer 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

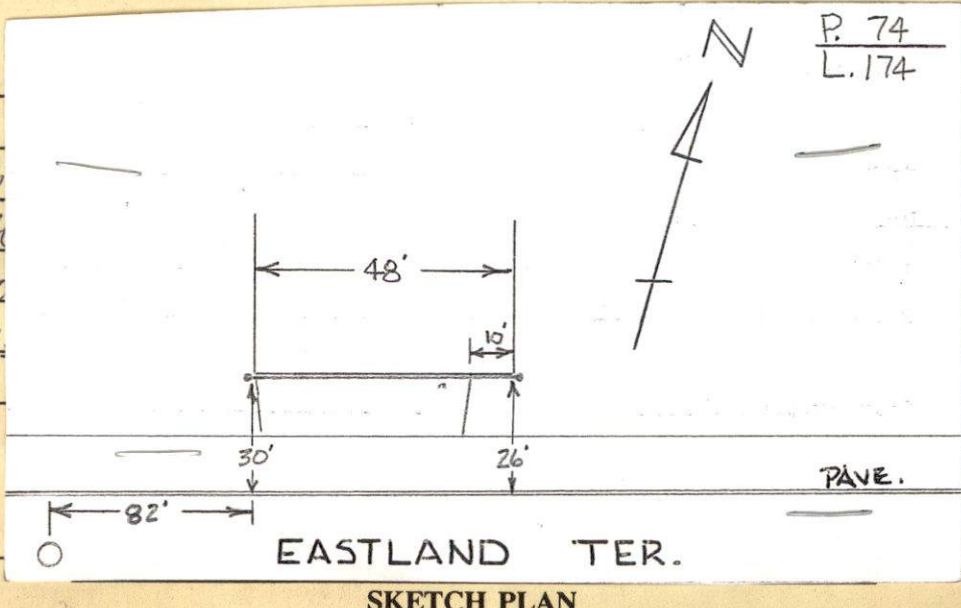
Lawrence D. Worden MHS
 Commissioner of Public Works
 Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: KEN REBELLO
 DATE: 9/10/02
 COMMENTS: Inspected by Keny Rebello on 9/10/02 from stub to R. 5 stubs installed as part of Eastland Farms subdivision plan to be submitted.

☐ APPROVED ☐ DISAPPROVED

Ken Rebello
 SIGNATURE



SKETCH PLAN

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330 G.P.D.

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

Mailing Address.....

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Name Address Tel.

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Lawrence D. Worden
Commissioner of Public Works

Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: _____

DATE: _____

COMMENTS: _____

☐ APPROVED ☐ DISAPPROVED

SIGNATURE

SKETCH PLAN



Jot 13#

CITY OF NEW BEDFORD MASSACHUSETTS

DEPT. OF PUBLIC WORKS

133 WILLIAM STREET

LAWRENCE D. WORDEN
COMMISSIONER

To Whom It May Concern:

I, PEARL VASCONCELLOS P.O. BOX 622, STOUGHTON, MA. 02022, being
Name (Print) Mailing Address

owner/^{TRUSTEE} of property located at EASTLAND FARMS, ROCKDALE AVE., N.B. MA.

Plot 74, Lot 174, hereby agree to allow JOHN MAFFEI
Name

P.O. BOX 79416 DARTMOUTH, MA. 02747 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 |
| <input checked="" type="checkbox"/> | BUILDING & FOUNDATION PERMITS |

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


Name PEARL VASCONCELLOS TRUSTEE
(signature)

P.O. BOX 622 STOUGHTON, MA. 02022
Address

Sept 4, 2002
Date

140

BE
TING-
TY
MENT-

LOT 15

LOT 16

LOT V3

DOT 18

LOT 11

LOT 7

LOT 6

LOT 8

PMH #3
(CROSS COUNTRY)
RIM = 141.0
WV IN = 135.75

MAP 68 LOT 110

N/F
VICTOR P. SMH #3
1 (CROSS COUNTRY)

MAP 68 LOT 108
NIF

