



PERMIT NO.

23872

CITY OF NEW BEDFORD
SEWER AND/OR STORM DRAIN PERMIT

DATE 8/4/06

This certifies that permission is granted to

Mark White
Schooner Cove Corp.

Property Owner

Address

867 Middle Rd. Acushnet MA 02743

Tel. 508 763-8868

To connect a sewer and/or storm drain located at 1481 Phillips Rd (Schooner Cove) (on private property)

Assessor's Plot 132 Lot 891, to the sewer and/or storm drain in easement on private property

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

If 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:

D.W. White Const. Co. 867 Middle Rd. Acushnet MA 02743

Name

Address

Tel. 508-763-8868

Type of Pipe Required: SDR 35 PVC

Joint maintenance agreement will

PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE

be needed prior to issue of cert. of occ.

- 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.
- Industrial User Discharge Permit No. _____ Date 8/23

Comm. Mass. Sewer Conn./Ext. Permit No. _____ Date _____
A Filing and Inspection Fee of \$50.00 plus an Entrance Fee of \$ _____ where applicable, must accompany this application.

Bank# bcp Check# 0150 Date 8/4/06 Receipt# 6498

Other requirements: 24 hr. inspection notice at 508-279-1527

Connection made to ☒ Sewer
☐ 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 Infrastructure and/or City Engineer may deem necessary

Duarte M. Andrade
Acting City Engineer

Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: _____

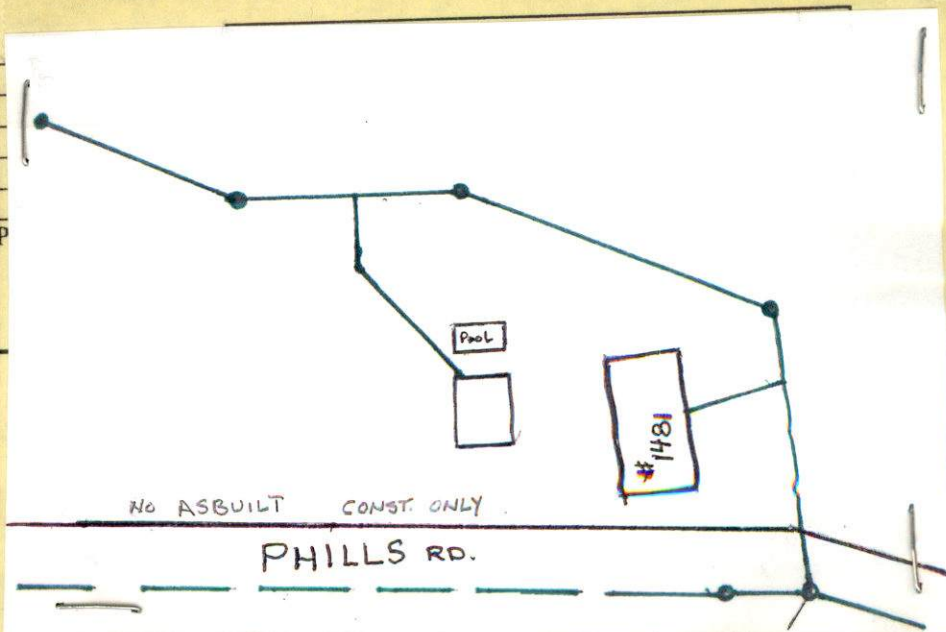
DATE: _____

COMMENTS: _____

APPROVED

DISAPP

SIGNATURE





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Mark White

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Property Owner

Address

Tel. 508 763-8868

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☐ INDUSTRIAL

☐ OTHER

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

Mailing Address.....

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

D.W. White Const. Co. 867 Middle Rd Acushnet MA 02743

Name

Address

Tel. 508-763-8868

Type of Pipe Required: SDR 35 PVC

Joint maintenance agreement will be needed prior to issue of cert. of occ

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- 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# bcp Check# 0150 Date 8/4/06 Receipt# 6498

Other requirements: 24 hr inspection notice at 508-979-1527

Connection made to ☒ Sewer ☐ Storm Drain Part of jointly-shared private line ☒ YES ☐ NO

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Quarte M Andrade Acting City Engineer

Signature of Property Owner or Representative

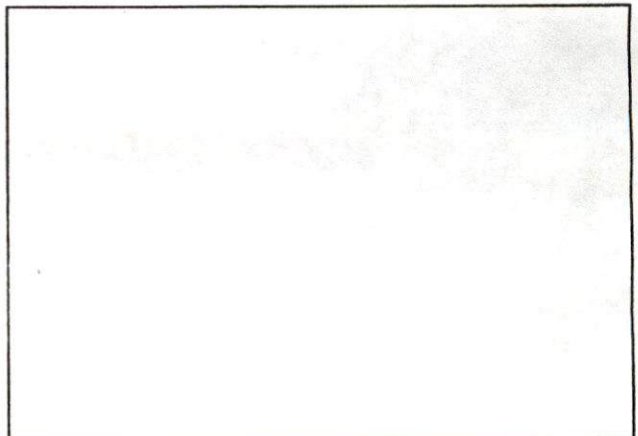
INSPECTOR'S REPORT

INSPECTED BY: _____
DATE: _____
COMMENTS: _____

APPROVED

DISAPPROVED

SIGNATURE



SKETCH PLAN

774 273 0236 Brian



PERMIT NO.

23872

CITY OF NEW BEDFORD
SEWER AND/OR STORM DRAIN PERMIT

DATE 8/4/06

This certifies that permission is granted to

Mark White
Schooner Cove Corp 867 Middle Rd. Acushnet MA 02743
Property Owner Address Tel. 508 763-8868NEEDS TO
BE PLOTTED

To connect a sewer and/or storm drain located at 1481 (Schooner Cove) (on private property)

Assessor's Plot 132 Lot 891, to the sewer and/or storm drain in easement on private property

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

Mailing Address.....

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D. W. White Const. Co. 867 Middle Rd. Acushnet MA 02743
Name Address Tel. 508-763-8868
Type of Pipe Required: SDR 35 PVCJoint maintenance agreement will
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- Industrial User Discharge Permit No.....Date.....

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

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Bank# bcp Check# 0150 Date 8/4/06 Receipt# 6498

Other requirements: 24 hr. inspection notice at 508-979-1527

Connection made to ☒ Sewer ☐ 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 Infrastructure and/or City Engineer may deem necessary

D. Martin M. Andrade
Acting City Engineer

Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: _____

DATE: _____

COMMENTS: _____

APPROVED

DISAPPROVED

SIGNATURE

12/6 or 12/7
sewer inspection
Gary White
508 951 9605

SKETCH PLAN

774 273 0236 Brian

Schooners Cove Corporation

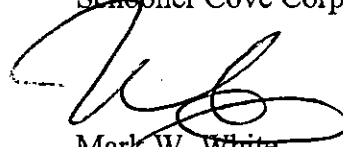
867 MIDDLE ROAD - ACUSHNET, MASSACHUSETTS 02743 - (508) 763-8868

August 4, 2006

To Whom It May Concern:

I, Mark W. White, President of Schooner Cove Corporation, do hereby give Mr. Timothy P, Kelley permission to obtain permits relative to my Schooner Cove Project, on my behalf.

Sincerely,
Schooner Cove Corporation

A handwritten signature in black ink, appearing to be 'Mark W. White', written over the printed name.

Mark W. White,
President

MWW/sjm

1215



CITY OF NEW BEDFORD

NO. **121506**

LICENSE NO. _____

DATE 6/28 2006

FOUNDATION PERMIT

MSBC Sect. 111.8 – Any permit issued shall be deemed abandoned and invalid unless the work authorized by it shall have been commenced within six (6) months after its issuance.

This certifies that Schooner Cove Corp, Bob Long, owner/contractor
has permission to install foundation
on 158 E Phillips Rd lot 891

providing that the person accepting this permit shall in every respect conform to the terms of the application therefor on file in this office; to the provisions of the Statute of the Commonwealth and to the By-Laws of the City of New Bedford relating to the Inspection, Erection, Enlarging, Altering, Raising, Moving, Repairing or Tearing Down of a Building.

WIRING INSPECTOR

PLUMBING INSPECTOR

BUILDING INSPECTOR

ROUGH FINISH

YOUR AREA INSPECTOR IS: _____

– Tel. 979-1540 Between 8:00 AM – 9:00 AM

NOTICE: NOTIFY INSPECTOR 48 HOURS
IN ADVANCE OF APPLYING
SHEATING OR LATHING

OCCUPANCY PERMIT REQUIRED BEFORE OCCUPANCY

No Building or Structure shall be used or occupied until the Certificate of Use and Occupancy shall have been issued by the Building Commissioner – MSBC. Sect. 120.1 – N.B. Zoning Ord. Sect. 9-269

THIS CARD MUST BE DISPLAYED IN A CONSPICUOUS PLACE ON THE PREMISES
AND NOT TORN DOWN OR REMOVED UNTIL COMPLETION OF WORK

SUBJECT TO MASSACHUSETTS STATE
BUILDING CODE REQUIREMENTS

[Signature]
BUILDING INSPECTOR