

EXISTING STUB
7052-1911



~~VOID PERMIT~~

PERMIT NO.

CITY OF NEW BEDFORD
SEWER AND/OR STORM DRAIN PERMIT

DATE 1-25-10

24166

This certifies that permission is granted to

JOSE Da Costa 163 Belleville Rd. N.B. 02745
Property Owner Address Tel. 774-930-2786

To connect a sewer and/or storm drain located at Tremont St - 130' N x Maple St.

Assessor's Plot 44 Lot 90, to the sewer and/or storm drain in Tremont St - 10" Sewer 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 FLOW 330 G.P.D.

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:
R.T. Conessa, Inc. P.O. Box 51643 New Bedford MA 02745

Name Address Tel. 508-998-3404
Type of Pipe Required: SDR 35 PVC

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.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 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 \$450, plus an Entrance Fee of where applicable, must accompany this application.

Bank# Citizens Bank Check# 1182 Date 1-25-10 Receipt# 8616

Other requirements: 24 hour notice for inspection a 508-979-1527

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

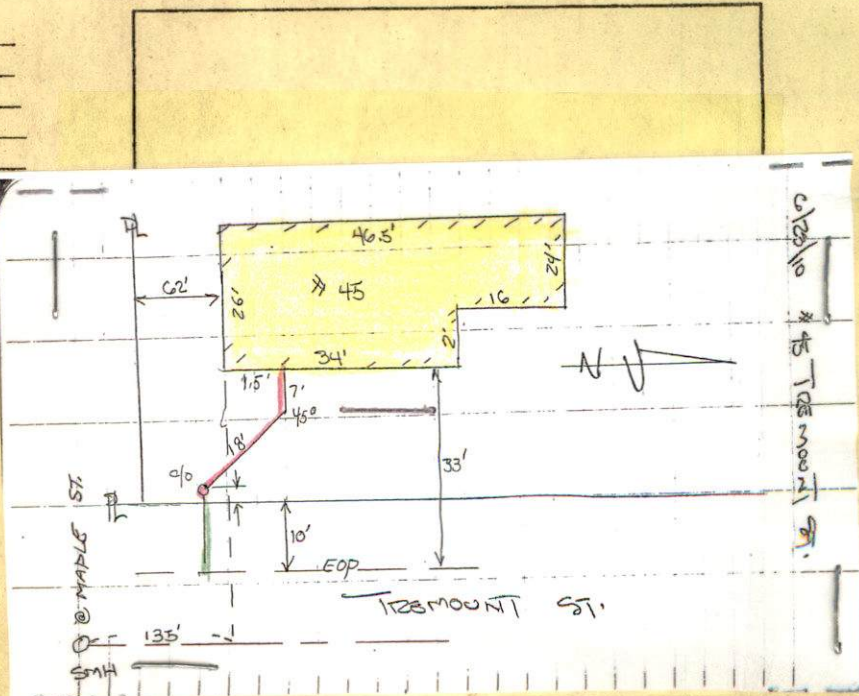
Applicant agrees to abide by the above terms, as well as all pertinent ordinances of the City of New Bedford, and such other special rules as the Commissioner of Public Infrastructure and/or City Engineer may deem necessary

Duarte M. Andrade City Engineer
Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: DATE: 6/23/10
COMMENTS:

APPROVED DISAPPROVED
SIGNATURE





PERMIT NO.

24166

CITY OF NEW BEDFORD
SEWER AND/OR STORM DRAIN PERMIT

DATE 1-25-10

This certifies that permission is granted to

Jose Da Costa 163 Belleville Rd. NB 02745

Property Owner

Address

Tel.

774-930-2786

To connect a sewer and/or storm drain located at Tremont St - 130' N x Maple St.

Assessor's Plot 44 Lot 90, to the sewer and/or storm drain in Tremont St - 10" Sewer 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

FLOW 330 G.P.D.

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:

R.S. Canessa Exc. P.O. Box 51643 New Bedford MA 02745

Name

Address

Tel.

508-998-3404

Type of Pipe Required: SDR 35 PVC

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- 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.R. 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, plus an Entrance Fee of \$ where applicable, must accompany this application.

Bank# Citizens Bank Check# 1182 Date 1-25-10 Receipt# 8616

Other requirements: 24 hour notice for inspection a 508-999-1527

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
City Engineer

Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: 29

DATE: 1/23/10

COMMENTS:

APPROVED

DISAPPROVED

SIGNATURE

11/14/10 Permit Voided- owner connected to old sewer service + money refunded.

SKETCH PLAN



owner

PERMIT NO.

CITY OF NEW BEDFORD
SEWER AND/OR STORM DRAIN PERMIT

DATE 1-25-10

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

Mailing Address.....

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

R.S. Canessa Etc. P.O. Box 51643 New Bedford MA 02745
Name Address Tel. 508-998-3404

Type of Pipe Required: SDR 3.5 PVC

PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE

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 - 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 \$ 450., plus an Entrance Fee of \$..... where applicable, must accompany this application.

Bank# Citizens Bank Check# 1182 Date 1-25-10 Receipt# 8616

Other requirements: 24 hour notice for inspection @ 508-999-1527

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 Infrastructure and/or City Engineer may deem necessary

Duarte M. Andrade
City Engineer

[Signature]
Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: _____
DATE: _____
COMMENTS: _____

APPROVED

DISAPPROVED

SIGNATURE

6001-439-44201-000

SKETCH PLAN

Sewer Permit
7052-11
47 Tremont St



CITY OF NEW BEDFORD

103

NO. 188-08LICENSE NO. ¹⁴¹⁶⁵⁹092038DATE 5/21/08 20

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 JOSE DA COSTA, owner/contractor
has permission to INSTALL FOUNDATION

on Lot 90 FREMONT ST Extends TO MAY 18, 2009
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. SDR

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

Danny D. Romanow
BUILDING INSPECTOR

CITY OF NEW BEDFORD

To the City Auditor:

Warrant No. _____
Sheet No. _____

The claims listed in the following schedule amounting aggregate to \$450.00
FOUR HUNDRED FIFTY DOLLARS AND 00/100

are proper charges against the DPI - WW DIVISION

have been examined and approved and are transmitted for your approval for payment. All claims included therein for salaries or wages due from the City of New Bedford are certified under penalties of perjury.

Please check boxes below that apply if you need to keep a P.O. open OR if you need a check by next check run.

11/19/10
ch # 12188

Department 439 - WASTEWATER DIVISION

Date 11/10/10

Ronald H. Labelle
Commissioner

Batch Number	Claim Number	Vendor Number	Purchase Order#	Claimant	Invoice #	Invoice Date	FUND-DEPT-OBJ-SUB-OBJ	Warrant Amount	ICRL Total
		18228		JOSE DACOSTA	REIMB	11/10/10	6001 439 44201 000	\$450.00	\$450.00
								TOTAL	\$450.00



KEEP THIS P. O. OPEN



NEXT CHECK RUN



NEED SEPARATE CHECK

Michele Avila-Silva

From: Lynn Gaspar
Sent: Monday, October 25, 2010 1:19 PM
To: Michele Avila-Silva
Subject: RE: Reimburse expense for sewer permit

You need to do a warrant and attach as much backup as you can and then we can have Peter ok it and pay the guy back.

From: Michele Avila-Silva
Sent: Monday, October 25, 2010 12:42 PM
To: Lynn Gaspar
Cc: Carole Days
Subject: Reimburse expense for sewer permit

Lynn,

I have a property owner (Jose DaCosta) who applied and paid for a sewer permit (#24166) on 1/25/10, then realized there was an existing stub to this property and utilized this instead of laying a new sewer service.

Mr. Costa is now asking how can he get his money back for the sewer permit.

The \$450 sewer permit was deposited into GL 6001-439-44201-000.

Any suggestions?

Thanks,
Michele

Receipt No. 08616

CITY OF NEW BEDFORD
DEPARTMENT OF PUBLIC INFRASTRUCTURE
1105 Shawmut Avenue, New Bedford, MA 02746

1-25 2010

TO Tase Da Costa

for Sewer Permit # 24166
Tremont St: 130' W x
Maple St
P 44 L 90

ACCOUNT 6001-439-44201-000

DEPOSIT \$ 450.00 Check # 2200
✓ Cash

Michele Avila-Silva

From: Lynn Gaspar
Sent: Monday, October 25, 2010 1:19 PM
To: Michele Avila-Silva
Subject: RE: Reimburse expense for sewer permit

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Sent: Monday, October 25, 2010 12:42 PM
To: Lynn Gaspar
Cc: Carole Days
Subject: Reimburse expense for sewer permit

Lynn,

I have a property owner (Jose DaCosta) who applied and paid for a sewer permit (#24166) on 1/25/10, then realized there was an existing stub to this property and utilized this instead of laying a new sewer service.

Mr. Costa is now asking how can he get his money back for the sewer permit.

The \$450 sewer permit was deposited into GL 6001-439-44201-000.

Any suggestions?

Thanks,
Michele

*11/8/10 gave Holly info to reimburse
sewer permit costs*

11/19/10 check out

REQUEST TO ADD OR CHANGE A VENDOR

RECEIVED OCT 27 2010

DEPARTMENT DPI - Engineering DATE 10/25/10

VENDOR NUMBER _____ (IF TO CHANGE EXISTING VENDOR)

VENDOR NAME JOSE DACOSTA

VENDOR ADDRESS 163 BELLEVILLE RD
(INCLUDE ZIP CODE) NEW BEDFORD, MA 02745

NEW VENDOR NUMBER (AS ASSIGNED BY AUDITOR'S OFFICE) _____

VENDOR TAX ID NUMBER _____

(FORM WILL BE RETURNED WITHOUT VENDOR ADDED IF INCOMPLETE)

Already
a vendor -
Phone use

To: Sharon

From: Michele

18 228

Form W-9
(Massachusetts Substitute W-9 Form)
Rev. May 2007

Request for Taxpayer Identification Number and Certification

Completed form should be given to the requesting department or the department you are currently doing business with.

Name (List legal name, if joint names, list first & circle the name of the person whose TIN you enter in Part I-See Specific Instruction on page 2)

Jose DaCosta

Business name, if different from above. (See Specific Instruction on page 2)

Check the appropriate box: ☒ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other

Legal Address: number, street, and apt. or suite no.

163 Belleville Rd

Remittance Address: if different from legal address number, street, and apt. or suite no.

City, state and ZIP code

New Bedford MA 02745

City, state and ZIP code

Phone # (774) 930 2786 Fax # ()

Email address:

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instruction on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 2. Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number

012-56-1091

OR

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am an U.S. person (including an U.S. resident alien).
- I am currently a Commonwealth of Massachusetts's state employee: (check one): No ☒ Yes ☐ If yes, in compliance with the State Ethics Commission requirements.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply.

Sign
Here

Authorized Signature



Date 10-22-10

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify you are not subject to backup withholding

If you are a foreign person, use the appropriate Form W-8. See Pub 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

What is backup withholding? Persons making certain payments to you must withhold a designated percentage, currently 28% and pay to the IRS of such payments under certain

conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions on page 2.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Request for Taxpayer Identification Number and Certification

Completed form should be
given to the requesting
department or the department
you are currently doing
business with.

Name (List legal name, if joint names, list first & circle the name of the person whose TIN you enter in Part I-See Specific Instruction on page 2)

Jose DAcosta

Business name, if different from above. (See Specific Instruction on page 2)

Check the appropriate box: ☒ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other

Legal Address: number, street, and apt. or suite no.

163 Belleville Rd

Remittance Address: if different from legal address number, street, and apt. or suite no.

City, state and ZIP code

New Bedford MA 02745

City, state and ZIP code

Phone # (774) 930 2786

Fax # ()

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□□-□□□□□□

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3. I am an U.S. person (including an U.S. resident alien).
4. I am currently a Commonwealth of Massachusetts's state employee: (check one): No ☒ Yes ☐ If yes, in compliance with the State Ethics Commission requirements.

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Sign
Here

Authorized Signature

Date 10-22-10

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
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REQUEST TO ADD OR CHANGE A VENDOR

DEPARTMENT DPI - Engineering DATE 10/25/10

VENDOR NUMBER _____ (IF TO CHANGE EXISTING VENDOR)

VENDOR NAME JOSE DACOSTA

VENDOR ADDRESS 163 BELLEVILLE RD

(INCLUDE ZIP CODE) NEW BEDFORD, MA 02745

NEW VENDOR NUMBER (AS ASSIGNED BY AUDITOR'S OFFICE) _____

VENDOR TAX ID NUMBER _____

(FORM WILL BE RETURNED WITHOUT VENDOR ADDED IF INCOMPLETE)

10/25/10 sent to
Sharon

Request for Taxpayer Identification Number and Certification

Completed form should be
given to the requesting
department or the department
you are currently doing
business with.

Name (List legal name, if joint names, list first & circle the name of the person whose TIN you enter in Part I-See Specific Instruction on page 2)

Jose DAcosta

Business name, if different from above. (See Specific Instruction on page 2)

Check the appropriate box: ☒ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other

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Penalties

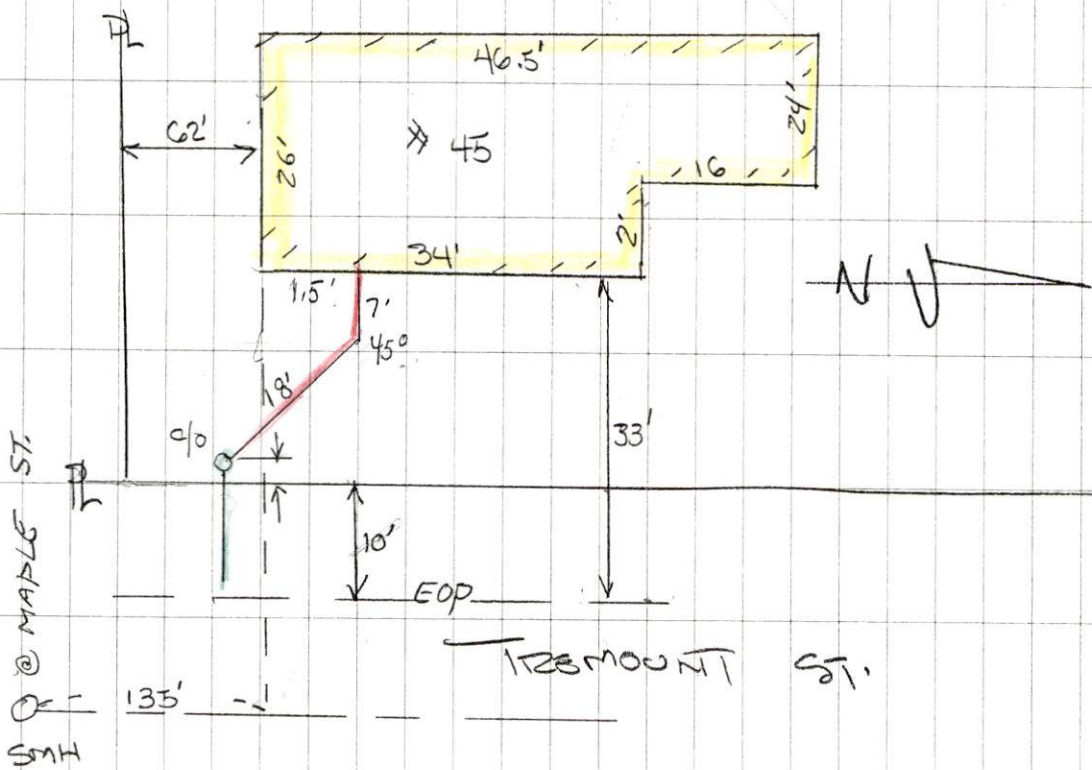
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6/23/10 * 45 TIREMOUNT ST.



SEVEN SERVICE

CONTRACTOR: TIS CONSTRUCTION

INSPI: ROBERT RICHARD

DATE: 6/23/10

PERMIT: 24166

PLAT # LOT 90 & 256

SUBMIT'D FOR
RECORD & BILL'S