

· PERMIT NO. CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT 24272
This certifies that permission is granted to One Hearth of the Delina He and Address Property Owner To connect a sewer and/or storm drain located at. Proceeding Que (1033) 198 41 5 x Eastland Torrecce To be laid in accordance with the conditions in this application and the City of New Bedford ordinances. FLOW 330 G.P.D. INDUSTRIAL RESIDENTIAL COMMERCIAL TYPE OF USE: If applicant other than actual property owner, attach Letter of Authorization from Property Owner. Name. Tel. (508) 778 - 0734 Mailing Address. No. Branches Hotel Hopol dval. 10, Hypous Op A. 07401 The Bonded Contractor/Drain Layer authorized to perform this work is: Address 148 Type of Pipe Required: 8DA 8DA 8DA 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/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. Check# Other requirements: PROSE COLL OFFICE BY how rotice at (SOR) 991 GIPD So propose : All lost leaders to be connected into discharge Sewer YES NO Part of jointly-shared private line Connection made to 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 X. C City Engineer Signature of Property Owner or Representative INSPECTOR'S REPORT ROCKDALE AVE (WS) INSPECTED BY DATE: COMMENTS: EOI APPROVED DISAPPROVED SIGNATURE LOT 3

## PERMIT NO.



## CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE 3/2/19.

24272 SEWER ANDR	OK SI OKWI DRAIN I EKWII I
Toba Marie Da Ra 79414	o Dortmant, MA (724)836-6800.
Property Owner Address 1135	OZPUN Tel.
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To connect a sewer and/or storm drain located at	a deste Anna literary com
	storm drain in Procedule Ovenue Linto 16 super Street
To be laid in accordance with the conditions in this application TYPE OF USE: RESIDENTIAL COMMERCIAL	MAL INDUSTRIAL FLOW JOS G.T.D.
If applicant other than actual property owner, attach Letter of	f Authorization from Property Owner.
Name TTM HTATSON Mailing Address 115 Bragers Huce	f Authorization from Property Owner.  Tel. (SOS) 778 - 0734  2 12000 Juni 10, Hyponis MA 02601
The Deviate Contractor/Design Layer suitagrizes in S	nerrorm inis work is:
Name W.C. Smich Address 148	Washian St. Tel. 308 995-1449
Type of Pipe Required: BDR 35 D	VC.
PERMIT EXPIRES ONE YEAR AFTER DATE OF ISS	
Perwise securite connections for sewace and storm	m drain where applicable. Storm water cannot be discharged to a
" conitory sewer	
All work must be inspected and approved by a D.P.	I. inspector before backfilling. shared jointly with other building owners, attach copy of Recorded
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Permits can be issued to Industrial and/or Commerce	cial Applicants only upon receipt and approval by the Commissioner of
Public Infrastructure of required plans and supplem	nental information.  • Permit and/or a Sewer Extension/Connection Permit issued by the
Commonwealth of Massachusetts D.E.P. shall be re	equired by the City for industrial Discharge into the solver system
Industrial User Discharge Permit No	Date
Comma Mana Sawar Conn /Fut Parmit No.	Date
A Filing and Inspection Fee of \$	ce Fee of \$ where applicable, must accompany this application.
Bank# Soverign Bont. Check# 312	
Bank# Other Ign 104 1C. Check# Ora	
Other requirements: Prose Call Object	84 1800 3701132 00 339011111111111111111111111111111111
for inspection. All Roof Le	eaders to be connected intodischarge
Sewer )	
Connection made to Part of jointly-	-shared private line YES (NO)
res	Standard and such
Applicant agrees to abide by the above terms, as we	ell as all pertinent ordinances of the Gity of New Bedford, and such infrastructure and/or City Engineer may deem necessary
	X M
Manuel 4. Islia	Signature of Property Owner or Representative
O.S.s.f City Engineer	Diguaturo
	PECTOR'S REPORT
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INSPECTED BY:	
COMMENTS:	
APPROVED DISAPPROVED	
11-19	//
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SKETCH PLAN



### PERMIT NO

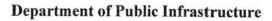
24272

## CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE 3/2/13

421/	0111
This certifies that permission is granted to	/
Tohn Motte P.O. Box 79416 Dea Property Owner Address States	Tel.
To connect a sewer and/or storm drain located at. Prockdale Qu	e (w.s) 198" (41-) SX Eostland Terroco
Assessor's Plot	in Procedule avenue into le surer Street
To be laid in accordance with the conditions in this application and the TYPE OF USE: RESIDENTIAL COMMERCIAL	City of New Bedford ordinances.  INDUSTRIAL FLOW 330 G.P.D.
If applicant other than actual property owner, attach Letter of Authoriza  Name	s work is:
Name W. C. Smitch Address 148 Works Type of Pipe Required: BDR 35 DVC	Tel. 308 995-1449
PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE	,
<ul> <li>Requires separate connections for sewage and storm drain whe sanitary sewer.</li> <li>All work must be inspected and approved by a D.P.I. inspector.</li> <li>If this connection is to be part of a private service shared joint! Joint Maintenance Agreement.</li> <li>Permits can be issued to Industrial and/or Commercial Application.</li> <li>Public Infrastructure of required plans and supplemental inform.</li> <li>In addition, a City-issued Industrial User Discharge Permit and Commonwealth of Massachusetts D.E.P. shall be required by a Industrial User Discharge Permit No.</li> <li>Comm. Mass. Sewer Conn./Ext. Permit No.</li> <li>A Filing and Inspection Fee of \$</li></ul>	before backfilling.  If y with other building owners, attach copy of Recorded  Ints only upon receipt and approval by the Commissioner of mation.  If or a Sewer Extension/Connection Permit issued by the he City for Industrial Discharge into the sewer system.  Date
Applicant agrees to abide by the above terms, as well as all per other special rules as the Commissioner of Public Infrastructur	tinent ordinances of the City of New Bedford, and such re and/or City Engineer/may deem necessary
Manuel 4 Silver  asst City Engineer  T. Civil	Signature of Property Owner or Representative
INSPECTOR'S	REPORT
INSPECTED BY: 3 9 9 COMMENTS:	
APPROVED DISAPPROVED  SIGNATURE	

SKETCH PLAN





Ronald H. Labelle Commissioner

CITY OF NEW BEDFORD Jonathan F. Mitchell, Mayor Water Wastewater Highways Engineering Cemetery

To Whom It May Conc	ern:	a.
I John Heller (Name)	(Ma) 794 Kg	Dentinall M. 02747, being iling Address)
	Owner of prop	erty located at
Rockdale A	ve (WS) 198'	7- SX EASTLAND TERRACE
Plot 68, Lot /	54, hereby agree	to act on my behalf including affixing my
(Mailing Add	tycing (14.	to act on my behalf including affixing my
signature in securing po		
	Water Ser Driveway	in Service Permits vice Permits Installation Permits nstallation Permits
I further agree to confo the permit (s) being app	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ll City rules and ask regulations applicable to
N:	Signa Policy 79 H	6 Ourtmesh, My 02747
	3-2-12	774-8X-8800
	Date	Telephone number

# CITY OF NEW BEDFORD 12-002 LICENSE NO. 1026

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	JOHN MAFFET	, owner/contractor
has permission to	Foundation (3)	Z×27')
on Pbt	68/LOT 3 154.	
plication therefor on file in this	epting this permit shall in every respondence; to the provisions of the Statued edford relating to the Inspection, Eropey of a Ruilding.	te of the Commonwealth and to the
WIRING INSPECTOR	PLUMBING INSPECTOR	BUILDING INSPECTOR
<u> </u>		ROUGH FINISH
YOUR AREA INSPECTOR IS:	•	- Tel. 979-1540 Between 8:00 AM - 9:00 AM
	OCCUPANCY PERMIT REC	DUIRED REFORE OCCUPANCY

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

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 PREMISE AND NOT TORN DOWN OR REMOVED UNTIL COMPLETION OF WORK

SUBJECT TO MASSACHUSETTS STATE **BUILDING CODE REQUIREMENTS** 

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## 46.4: CITY OF NEW BEDFORD INSPECTIONAL SERVICES APPLICATION FOR BUILDING PERMIT

DEPARTMENT/COMMISSION REVIEW	management of the same and a same
he attached Application for the Building Permit has been submitted to the Build	ing Decentional and is requested
he attached Application for the Building Permit has been submitted to the Building	Digital in
the following location.	
3 GILL STRAMED, POCKA	JALE AVE. (W.S.) 1981413 5. X EMORLAND TER.
68 2 (106) KOCKE	COLUTY TY PROTLAND TER.
Y: JOHN MAFFE On behalf of the owner RBB	Douglanment
V: JOHN MAFFE. On behalf of the owner RDL	- Development
B	seintendent has determined that
ue to the type of construction proposed by this application the Inspectional Superior to the type of construction proposed by this application the Inspectional Superior to the type of construction proposed by the departments and/o	- commissions indicated below.
ue to the type of construction proposed by this application the hispectional out- is application for Building Permit should be reviewed by the departments and/o	the Increational Services
is application for Building Permit should be reviewed by the departments and any and specifications accompanying this application are available for review in any and specifications accompanying this application and the submitted building	mlana please provide vour
epartment. After you have reviewed this application and the submitted building	plans, piease produce y
mments in the space provided below attaching additional information as	ary and return the space of the
spectional Services Department no later than	भे । तमकाक्षेत्रवासम्बद्धाः । । । । । । । । । । । । । । । । । । ।
	orized to conduct review on
2 12 11 This review form must be signed by a person auth	to conduct to
shalf of your Department or Commission.	<u>.</u>
THE PARTY WAS I OF THE CITY DE	PARTMENTS
REVIEW REQUESTED BY THE FOLLOWING CITY DE	
ATRPORT COMMISSION OFFICE INSPECTIONAL SERVICES	DPI (WATER)
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ASSESSOR'S DEPARTMENT	
ENVIRONMENTAL STEWARDSDA	
(CONSERVATION)	
ALSTORICAL COMMISSION	
A ENGINEERING (70),	
TREASURES OFFICE	***
DEPARTMENT/COMMISSION REVIEW COM	MENTS
DEPARTMENT/COM	
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REVIEWED SUBMITTED BUILDING	
COMMENTS:	
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