#### PERMIT NO.



# CITY OF NEW BEDFORD

DATE 9/14/12

exto. 9/14/13 SEWER AND/OR STORM DRAIN PERMIT 24296 EXTENSION This certifies that permission is granted to Carlos DaCosta SIO Hawthorn St Dartmouth MA 02747 Address **Property Owner** To connect a sewer and/or storm drain located at Spacrow St W X Robin St install clean out 7' from larb install To be laid in accordance with the conditions in this application and the City of New Bedford ordinances. FLOW INDUSTRIAL RESIDENTIAL COMMERCIAL TYPE OF USE: If applicant other than actual property owner, attach Letter of Authorization from Property Owner. Name.....Tel..... The Bonded Contractor/Drain Layer authorized to perform this work is: MHT EXCAVATING 1211'S WAY MAHAROISEH Address 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/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. (.U. Check# 775000 Date 9/14/12 Receipt# 9582 Other requirements: 34 hour motice for inspection @ 508-991-6150. MUST File with DEP - 60872 Compliance Certification for Sewer Extensions < 1000' (AM. Printed w) Sewer Permit.

Sewer MAIN MUST Sewer

Sewer Part of jointly-shared private line YES NO ENGINEERING. Call 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 F Da I hadrile C. DING Signature of Property Owner or Representative City Engineer INSPECTOR'S REPORT INSPECTED BY: DATE: **COMMENTS:** APPROVED SIGNATURE 99.5 FILMS 8'SDR VOSISTA

Engineer's

ww-12-24
PERMIT NO.



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

DATE 9/14/12 exp. 9/14/13

	24296 EXTENSION This certifies that permission is granted to		3
	Carlos Da Costa Sto Hawthorn St Dartmorth, Mt Property Owner Address \$55 Tel. 774-2	63-8	7 134
	To connect a sewer and/or storm drain located at. Sparrow St. W. X. Ro. Bin St.	TENS	FTX
N	Assessor's Plot 1.2.2Lot		SMH G.P.D. Ro
	If applicant other than actual property owner, attach Letter of Authorization from Property Owner.  NameTel		
	Mailing Address  The Bonded Contractor/Drain Layer authorized to perform this work is:  MHT EX CAVATING I Lil'S WAY MA HAPOISEH, MA 037.  Name Address Tel.  Type of Pipe Required: SDR 35 PVC	139	
	PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE		
	<ul> <li>Requires separate connections for sewage and storm drain where applicable. Storm water cannot be sanitary sewer.</li> <li>All work must be inspected and approved by a D.P.I. inspector before backfilling.</li> <li>If this connection is to be part of a private service shared jointly with other building owners, attach Joint Maintenance Agreement.</li> </ul>	copy of I	Recorded
	<ul> <li>Permits can be issued to Industrial and/or Commercial Applicants only upon receipt and approval leading to the Public Infrastructure of required plans and supplemental information.</li> <li>In addition, a City-issued Industrial User Discharge Permit and/or a Sewer Extension/Connection Information of Massachusetts D.E.P. shall be required by the City for Industrial Discharge into Industrial User Discharge Permit No.</li> </ul>	Permit issi the sewe	ued by the r system.
	Comm. Mass. Sewer Conn./Ext. Permit No	mpany thi	s application
	Bank# St. Anne's C.U. Check# 775000 Date 9/14/12 Rec	eipt#	1582
	Other requirements: 24 hour motice for inspection @ 508-991-6150. MUST. File	e.wiTit.	D.E.Pto
	Compliance certification for Sewer EXTENSIONS < 1000 (App. printed we sewer main must be pressure tested before services can be tied-	I sewer	PREMIT.
	Connection made to Part of jointly-shared private line YES NO BE WE	I FNES	Sed 54 6. Call + 508-991-6
	Applicant agrees to abide by the above terms, as well as all pertinent ordinances of the City of No other special rules as the Commissioner of Public Infrastructure and/or City Engineer may deem	ew Bedfo	rd, and such
	Michel E Sira (arlor F. Da Signature of Property Own	Cert	epresentativ
	Clerk of the Works INSPECTOR'S REPORT		
		- Y2-1	
	INSPECTED BY:		
	COMMENTS:		
	APPROVED DISAPPROVED		- Annual State of the State of
	fabel feeled		
	SIGNATURE STILLENG		

SKETCH PLAN

## DISPLAY PERMIT IN A CONSPICUOUS PLACE ON THE PREMISES



#### Commonwealth of Massachusetts

# **City of New Bedford**

133 William Street New Bedford, MA 02740



### **SEWER PERMIT**

Date: 10/2/2012		No.	WW-12-24
	Pipe Size:	0	.00
Sewer Connection Fee: \$850.00	Trench Length		0.00
Service Location: NS SPARROW ST	Owner Name:	DACOSTA CAI	RLOSPINHANCOS
Type of Occupancy: Residential	Type of Work:	Sewer - New S	Sewer Main
Work Description: SEWER EXTENSION PERMIT # 24296 - INSTALL SEWER MANHOLE & CON CLEAN OUT 7' FROM CURB			
No. of Units : Required Design Daily Flow :	330.00	Provided Daily Flow	330.00
The undersigned petitions you to grant permission to EN hereby agrees to the following:	ITER INTO THE MAIN	SEWER and, if s	uch permission is granted
To abide by the conditions and regulations impordinance now in force, or as amended from tire.  That the connection of said sewer with the main Public Works or by a designated agent of the Temperature.  That the work shall at all times be under the diauthorized agent, and that any expense incurred permittee.	ne to time. In sewer shall be inspection before burial of sairection and control of the doubt the Town shall be	ted by an employ d connection. le Commissioner	yee of the department of of Public Works or his
nstalling Company Name:		License Type:	
Address:City/Town/State:			
GRANTED WITH TI	HE USUAL CON		
			COMMISSIONER



