

PERMIT NO.

CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE 1/3/15

24419
This certifies that permission is granted to

This certifies that permission is granted to	
Property Owner Address FAIR	100 set 100 877-631 -5851
To connect a sewer and/or storm drain located at	
Assessor's Plot	storm drain in Contracting into StuB) Street
To be laid in accordance with the conditions in this applicant TYPE OF USE; RESIDENTIAL COMMERC	CIAL INDUSTRIAL FLOWG.P.D.
If applicant other than actual property owner, attach Letter	of Authorization from Property Owner.
Mailing Address P.O. BOX BLOYE	of Authorization from Property Owner. Tel
The Bonded Contractor/Drain Layer authorized to	perform this work is:
Name () Canaba Address 5	Tel.
Type of Pipe Required:	dva
PERMIT EXPIRES ONE YEAR AFTER DATE OF IS	STIR
 sanitary sewer. All work must be inspected and approved by a D.F. If this connection is to be part of a private service Joint Maintenance Agreement. Permits can be issued to Industrial and/or Commer Public Infrastructure of required plans and suppler In addition, a City-issued Industrial User Discharge 	rcial Applicants only upon receipt and approval by the Commissioner of mental information. e 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. Date
Comm. Mass. Sewer Conn./Ext. Permit No. 15. 01	Date.1/.22.415
Bank# Check#	(090) Date 1/13/15 Receipt# 30/40
Other requirements: Plase Coll als	od by he notice for unsporter
28, 1777-PEP 1818 G	4 870
Sewer	
Storm Drain	-shared private line YES NO
Applicant agrees to abide by the above terms, as we	ell as all pertinent ordinances of the City of New Bedford, and such afrastructure and/or City Engineer may deem necessary
City Engineer of Engineer	Signature of Property Owner or Representative
	PECTOR'S REPORT
110	ECTOR S REI ONT
INSPECTED BY:DATE:	
COMMENTS:	
APPROVED DISAPPRO	MARLBORO ST. SMH
	112.5
SIGNATURE	
SIGNATURE	13' 12
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	16
	42' 1
	+4.3
R	* 103Z

Insported . Expres 1/13/16



PERMIT NO.

CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE 13/15

*	24419 SEWER AND/OR STORM DRAIN PERMIT
	This certifies that permission is granted to former SPIC SPIC
	Group Masonto 2000 Mill Rd Ster 100 877-631-5851 Property Owner Address FAIRholes, MA 0249 Tel.
	To connect a sewer and/or storm drain located at 1030 Mar 15005
L	Assessor's Plot 1324 Lot. 365, to the sewer and/or storm drain in Connecting into Mulboro St. Street
201	To be laid in accordance with the conditions in this application and the City of New Bedford ordinances. TYPE OF USE; RESIDENTIAL COMMERCIAL INDUSTRIAL FLOWG.P.D.
do	If applicant other than actual property owner, attach Letter of Authorization from Property Owner. Name
	Name N.J. Canessa. Address Some - Tel.
d	Type of Pipe Required: SDR 35 OVC.
5	PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE
6	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.
Ĺ	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
17	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
	Comm. Mass. Sewer Conn./Ext. Permit No. 15:01 Date 1/12/15
	A Filing and Inspection Fee of \$, plus an Entrance Fee of \$ where applicable, must accompany this application.
	Bank# Pou Coast Bricheck# 8690 Date 1/13/15 Receipt# 30126
	Other requirements. Plase Call ahead 24 hr notice for unsported
	2 (508) 979-1550 9xt 506
	Connection made to 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
	City Engineer A Signature of Property Owner or Representative
	System Civil Engineer Signature of Property Owner or Representative
	INSPECTOR'S REPORT
	INCORPORTED BY.
	INSPECTED BY: 1/23/15
	COMMENTS:
	APPROVED DISAPPROVED
	Total Sukel
	SIGNATURE

SKETCH PLAN



CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

This certifies that permission is granted to	
Froperty Owner Address FAIRTICE	Ste-100 877-631-5851
To connect a sewer and/or storm drain located at1032	Marlboro St
Assessor's Plot 1324. Lot. 365., to the sewer and/or storm	drain in Connecting into Mulbon St Street
To be laid in accordance with the conditions in this application and TYPE OF USE; RESIDENTIAL COMMERCIAL	d the City of New Bedford ordinances. INDUSTRIAL FLOWG.P.D.
the Bonded Contractor/Drain Layer authorized to perior	Tel. 50,8-498-3909
	ξ ~ Tel.
Type of Pipe Required: SDR 35 PVC	ę → Tel.
PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE	V
	in where applicable. Storm water cannot be discharged to a
sanitary sewer.	
All work must be inspected and approved by a D.P.I. ins	pector before backfilling. I jointly with other building owners, attach copy of Recorded
 If this connection is to be part of a private service shared Joint Maintenance Agreement. 	Jointly with other building owners, attach copy of recorded
 Permits can be issued to Industrial and/or Commercial A 	pplicants 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 Perm Commonwealth of Massachusetts D. F. P. shall be require	nit and/or a Sewer Extension/Connection Permit issued by the cd by the City for Industrial Discharge into the sewer system.
Industrial User Discharge Permit No.	Date
Comm Mass Sewer Conn /Ext Permit No. 15-01	Date.1/12/15 where applicable, must accompany this application.
Bank# Pay Coast Burcheck# 86	10 Date 1 13 15 Receipt# 30176
Other requirements Plase Coll ahead.	24 hr notice for unspector
9 (208) 616-1220 PXT	506
Connection made to Sewer Part of jointly-shared Storm Drain	d private line YES NO
Applicant agrees to abide by the above terms, as well as a	all pertinent ordinances of the City of New Bedford, and such
other special rules as the Commissioner of Public Infrastr	ructure and/or City Engineer may deem increasing
Manuel H. Silva	X Janes Mushaux - Marin Chim
Supervisina Civil Engineer	Signature of Property Owner or Representative
	OR'S REPORT
INSI ECT	OK S KEI OK!
INSPECTED BY:	
DATE:	
COMMENTS:	
APPROVED DISAPPROVED	
SIGNATURE	
	1

SKETCH PLAN



Department of Public Infrastructure

Ronald H. Labelle Commissioner

Water
Wastewater
Highways
Engineering
Cemeteries
Park Maintenance

CITY OF NEW BEDFORD Jonathan Mitchell, Mayor

To Whom It May Concern:
TO TO ANALYZE THE STATE OF THE
I Geralyn Marcinko, VP for Coastal Dutsourced Solutions, being (Malling Address) 200 Mill Rd Fairhaven MA
Owner of property located at
1032 MarlBorn ST New Bed Ford MA, 02745
Plot, Lot, hereby agree to allow R. V. CANESSA
PO. Box: 51643 New Bed Ford MA to act on my behalf including affixing my (Mailing Address) 02745
signature in securing permit for:
Sewer/Drain Service Permits Water Service Permits Driveway Installation Permits Sidewalk Installation Permits
I further agree to conform to, and abide by, All City rules and ask regulations applicable to the permit (s) being applied for:
Name Mahn Neuroum VI for Coastal Outsourced Solution LLC Signature 200 Nill Rd Site 100 Fair has en MA 0271
1-8-15 877-631-5851 Date Telephone number

1105 Shawmut Avenue, New Bedford, MA 02746 Telephone 508-979-1550 Fax 1-508-961-3054 RONALDL@NBWBEDFORD-MA.GOV

9916122

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: 1/	16/2015			No.	WW-15-3
Sewer Co	onnection Fee:	\$450.00	Pipe Size: Trench Length:		0.00
Service Location:	1032 M	ARLBORO ST	Owner Name:	CUNHA RUSSE	LL A
Type of Occupancy:	Residenti	al	Type of Work:		ervice Abandon
Work Description:	SEWER PE p.132H	RMIT # 24419			
	L.365	OBORO ST /13/15			
		NG INTO MARLBORO ST 8I NECTING INTO STUB)	NCH SEWER		
No. of Units :	0	Required Design Daily Flow :	0.00	Provided Daily Flow :	0,00
Installing Company N	ame: Robert	.l Canessa		License Type	

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

The undersigned petitions you to grant permission to ENTER INTO THE MAIN SEWER and, if such Control is granted, hereby agrees to the following:

Residential

Demolition Only

1. To abide by the conditions and regulations imposed by the Commissioner of Public Works by statute or by Address:

Politica 5 1543 in force, or as americal works imposed by the Commissioner of Public Works by statute or by New Bedford

New Bedford

New Bedford

- 2. That the connection of said sewer with the main sewer shall be inspected by an employee of the department of Public Works or by a designated agent of the Town before burial of said connection.
- That the work shall at all times be under the direction and control of the Commissioner of Public Works or his authorized agent, and that any expense incurred by the Town shall be charged to the permittee, and said permittee

agrees to reimburse the Town for said expense.

GRANTED WITH THE USUAL CONDI	TIONS

COMMONWEALTH OF MASSACHUSETTS

Board of Health, New Ma.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct() Repair() Upgrade() Abandon() an individual sewage disposal system at 1032 Mochbero at as described in the application for Disposal System Construction Permit No. ______, dated _____

Provided: Construction shall be completed within three years of the date of this permit. All local fonditions must be met.

Form 1255 Rev. 5796 A.M. Sulkin Co. Boston, MA

Date 11215 Board of Health _______

Cheveli A. Torres

From: Sent:

Sarah Porter

Tuesday, January 13, 2015 11:08 AM Cheveli A. Torres

To:

Karen Marshall

Cc: Subject:

1032 Marlboro street sewer tie in

Hi Cheveli, I have visited the site with the contractor for the tie in to the sewer at this location. You can go ahead and issue the permit. They know where to install the straw waddles.

Thanks

Sarah

DPI: Repair Request Log

Work Order#: 4982

Today's Date:	1/20/2015	Division:	WasteWater
User:	JASMINE	Request Type:	Inspection
Type of Request:	Call Center E-mail Walk in SeeClickFix In-House	Description:	SEWER INSPECTION: WED 1/21 AT 11:30AM
Location:	1032 MARLBORO ST	ExtraComments:	
Customer Name: Customer Number Customer Email:	KAREN (RJ CANESSA)		
	cy? (Check for Yes)	Pothole Use:	CensusTrack: Block:

CORRECTED ACTION TAKEN

Request Sent To:	BOB BICHELLE	Worker Comment:	
Completed	? (Check for Yes)		
Completed By:			
Date Complete:			
Customer	otified of complet	ted work? (Check for Yes)	
Customer			
— customer r			
	N A	Save Record Add Record Print Record Dele	ete Record

51/62/14