



PERMIT NO.

24464

CITY OF NEW BEDFORD  
SEWER AND/OR STORM DRAIN PERMIT

DATE 12/14/15

This certifies that permission is granted to

Jason Lessa 16 Jarvis Ave Fairhaven MA 02719  
Property Owner Address Tel.To connect a sewer and/or storm drain located at 1027 Almy Street  
Assessor's Plot 134 Lot 340, to the sewer and/or storm drain in 2" Almy ST 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 Tel.

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

Corabos Contracting

Name Address Tel.

Type of Pipe Required: 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.
- 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 \$1493.12 where applicable, must accompany this application.

Bank# Southern Mass C.U. Check# 544 Date 12/14/15 Receipt#

Other requirements: Please call 24 hours in advance for inspection

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

Dennis M. Amato City Engineer  
Jason Lessa Signature of Property Owner or Representative

## INSPECTOR'S REPORT

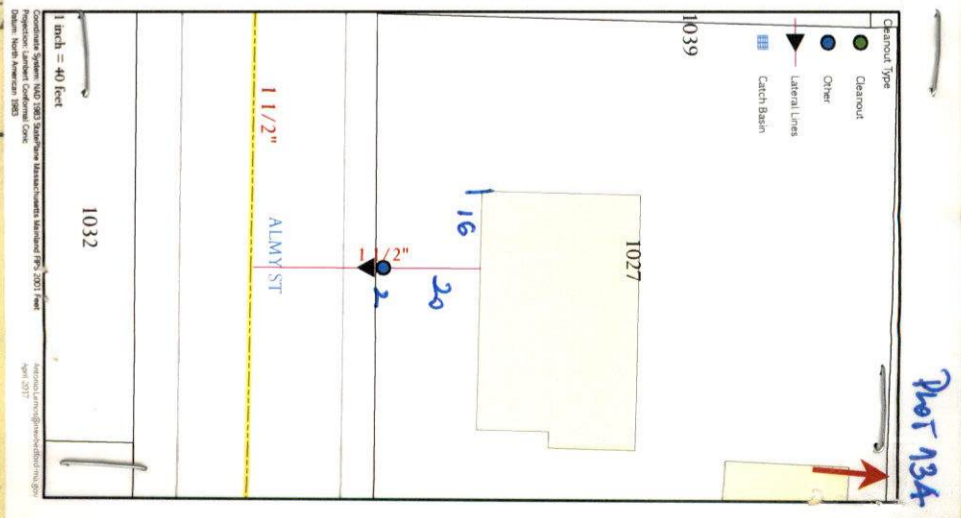
INSPECTED BY:

DATE:

COMMENTS:

APPROVED

DIS.

SEE WHITE SHEET  
SIGNATURE

EXP 12/14/16

Inspector



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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:

Cardoso Contracting  
Name..... Address..... Tel.....  
Type of Pipe Required: 50K 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.
- 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 \$ 1483.12 where applicable, must accompany this application.

Bank# South Mass C.U. Check# 544 Date 12/14/15 Receipt#

Other requirements: Please call 24 hours in advance for inspection

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

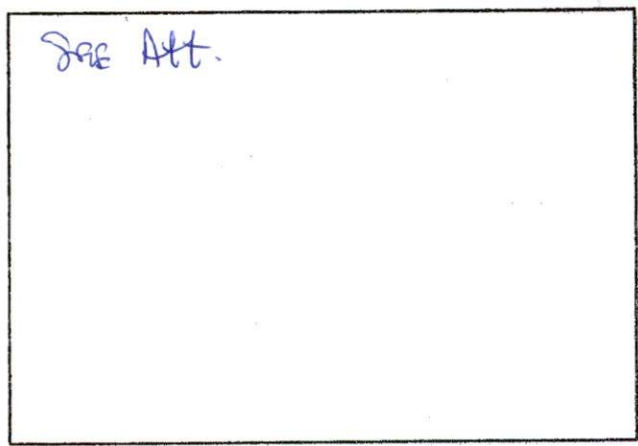
Applicant agrees to abide by the above terms, as well as all pertinent ordinances of the City of New Bedford, and such other special rules as the Commissioner of Public Infrastructure and/or City Engineer may deem necessary

James M. Amadio City Engineer  
Alyson Lessa Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: Antonio Lima  
DATE:  
COMMENTS:

APPROVED DISAPPROVED  
Paulo Lima  
SIGNATURE



SKETCH PLAN

on Plot

K. 199-c

F15

WW-15-43

EXP 12/14/16



PERMIT NO.  
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CITY OF NEW BEDFORD  
SEWER AND/OR STORM DRAIN PERMIT

DATE 12/14/15

This certifies that permission is granted to

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Property Owner Address Tel.

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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:

Cardoso Contracting

Name Address Tel.

Type of Pipe Required: 5" 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.

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 \$1483.12 where applicable, must accompany this application.

Bank# Southern Mass C.U. Check# 544 Date 12/14/15 Receipt# 150307

Other requirements: Please call 24 hours in advance

for inspection

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

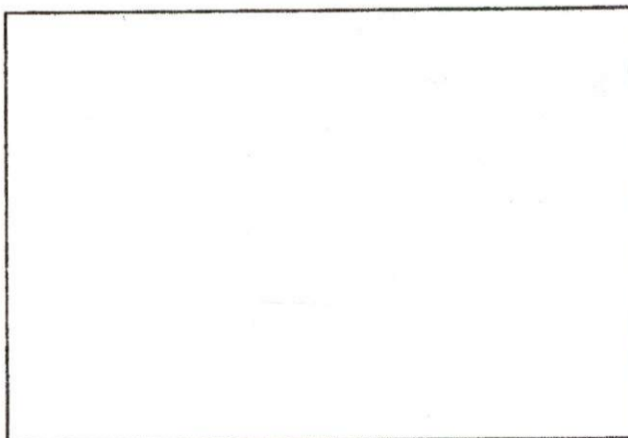
City Engineer Clerk of the Works Alyson Less Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: DATE: COMMENTS:

APPROVED DISAPPROVED

SIGNATURE



SKETCH PLAN

✓



**CITY OF NEW BEDFORD**  
Jonathan F. Mitchell, Mayor

**Department of Public Infrastructure**

Ronald H. Labelle  
Commissioner

Water  
Wastewater  
Highways  
Engineering  
Cemetery

**To Whom It May Concern:**

I Jason Lessa, being  
(Name) (Mailing Address)

**Owner of property located at**

1027 Almy St.

Plot 134, Lot 340, hereby agree to allow Alyssa Lessa  
(Name)

1027 Almy St., to act on my behalf including affixing my  
(Mailing Address)

**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 [Signature]  
Signature

1027 Almy St new Bedford MA 02745  
Address

12/14/15 508 965 8864  
Date Telephone number

No. \_\_\_\_\_

FEE \$60.00

# COMMONWEALTH OF MASSACHUSETTS

Board of Health, New Bedford, MA.

## DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct( ) Repair( ) Upgrade( ) Abandon(<sup>X</sup>) an individual sewage disposal system at 1027 ALMY ST as described in the application for Disposal System Construction Permit No. \_\_\_\_\_, dated 12-16-15

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

Date 12/16/15 Board of Health Andrea Manning

# 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: **12/30/2015**

No. **WW-15-43**

Sewer Connection Fee: **\$1,933.12**

Pipe Size: **0.00**

Trench Length: **0.00**

Service Location: **1027 ALMY ST**

Owner Name: **LESSA JASON M**

Type of Occupancy: **Residential**

Type of Work: **Sewer - New Sewer Service**

Work Description: **SEWER BETTERMENT TIE IN  
SEWER PERMIT #24464**

**EXP 12/14/16**

**P134  
L340**

**SDR 35 PVC**

**2" FORCE MAIN**

No. of Units : **0** Required Design Daily Flow : **0.00** Provided Daily Flow : **0.00**

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

1. To abide by the conditions and regulations imposed by the Commissioner of Public Works by statute or by ordinance now in force, or as amended from time to time.
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.
3. 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.

Installing Company Name: **Nelson Cardoso**

License Type: **DPI - Other**

Address: **95R So. Main St**

City/Town/State: **Acushnet**

**MA**

**Call (781) 942-9077 For Inspection**

Work Order Number: 15-001130

12/21/2015  
10:47 AM

Category: Service Lateral Gravity Priority: \_\_\_\_\_  
Problem: Contractor Inspection Crew: \_\_\_\_\_  
Cause: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Main Task: Investigate / Inspect Status: New Work Order  
Work Order Start Date/Time: \_\_\_\_\_ Work Order End Date/Time: \_\_\_\_\_

Location (s) \_\_\_\_\_  
1027 ALMY ST

Comments from Request \_\_\_\_\_  
INSPECTION - 1027 ALMY ST CARDOSO CONTRACTING *ASAP*

Task Start Date/Time: \_\_\_\_\_ Task End Date/Time: \_\_\_\_\_

Task Code: SWT220 Task Description: Investigate / Inspect

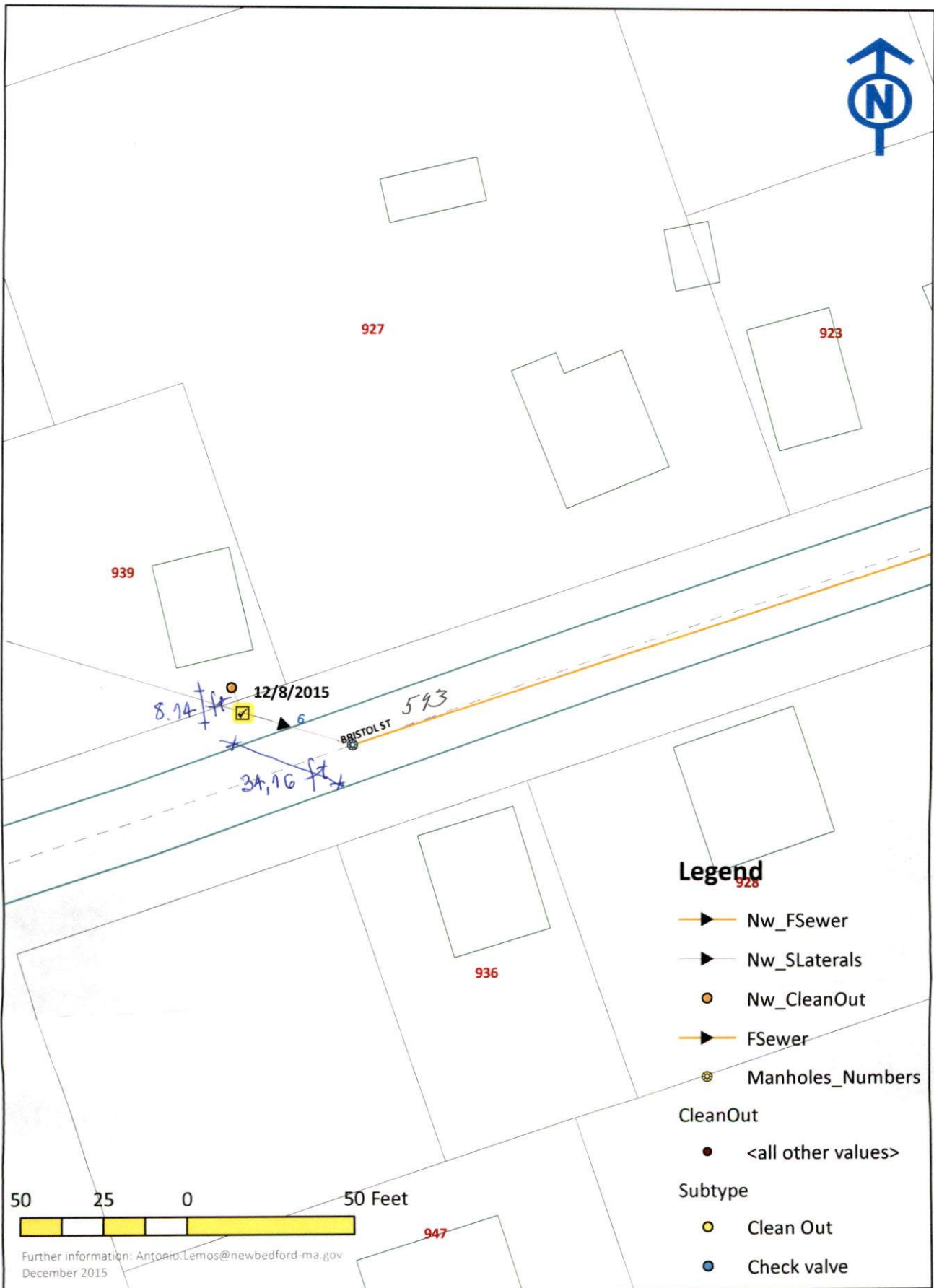
Employee Number	Employee Name	Time Type				Units
		Reg	OT	Normal	Type	
14950	ANTONIO LEMOS	0.00	0.00	0.00	REGULAR TIME	Hours
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Equipment Code	Equipment Description	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Material Code	Material Description	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fluid Code	Fluid Description	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# Inspections



Coordinate System: NAD 1983 StatePlane Massachusetts Mainland FIPS 2001  
Projection: Lambert Conformal Conic  
Datum: North American 1983