



PERMIT NO.
24478

CITY OF NEW BEDFORD
SEWER AND/OR STORM DRAIN PERMIT

expire 4/7/17
DATE 4/7/16

This certifies that permission is granted to

Property Owner Matt O'Connor Address 65 Sprague St Tel. 617 361 9368

To connect a sewer and/or storm drain located at 200 Theodore Rice Blvd

Assessor's Plot 134 Lot 323, to the sewer and/or storm drain in 18" storm drain @ Theodore Rice 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 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. Kadosh

Name Address Tel.

Type of Pipe Required: ADS

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

Bank# Sharon Credit Union Check# 0806 Date 4/7/16 Receipt# 496440

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

Manuel H. Silva City Engineer Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY:

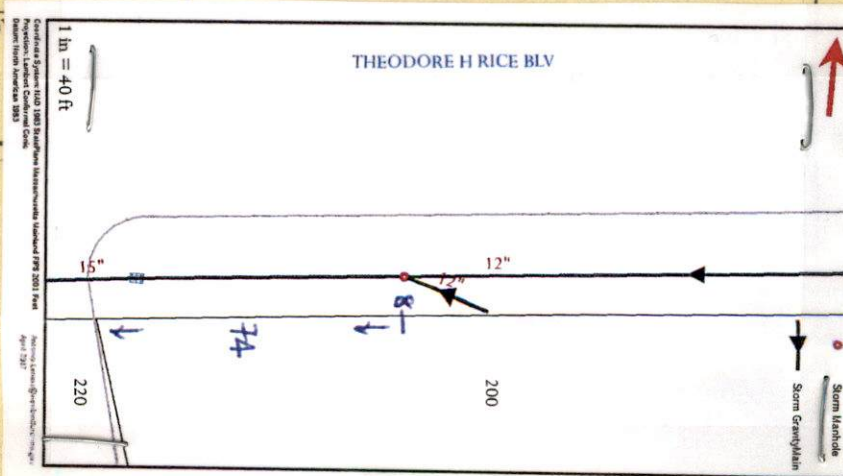
DATE:

COMMENTS:

APPROVED

DISAPPROVED

SEE INSPECTOR WORK SHEET
SIGNATURE





D-16-1

expire 6/7/10

PERMIT NO.
24478

CITY OF NEW BEDFORD
SEWER AND/OR STORM DRAIN PERMIT

DATE 6/7/10

This certifies that permission is granted to

Property Owner Matt O'Connor Address 65 Spague St Tel. 617 301 9368

To connect a sewer and/or storm drain located at 200 Theodore Rice Blvd

Assessor's Plot 136 Lot 323, to the sewer and/or storm drain in 18" storm drain @ Theodore Rice 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 _____ 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. Kadesh

Name _____ Address _____ Tel. _____

Type of Pipe Required: ADS

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

Bank# Sharon Credit Union Check# 0806 Date 6/7/10 Receipt# 496440

Other requirements: Please call 24 hours in advance for inspection

Connection made to 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

Manuel H. Silva
City Engineer
Supervising Civil Engineer

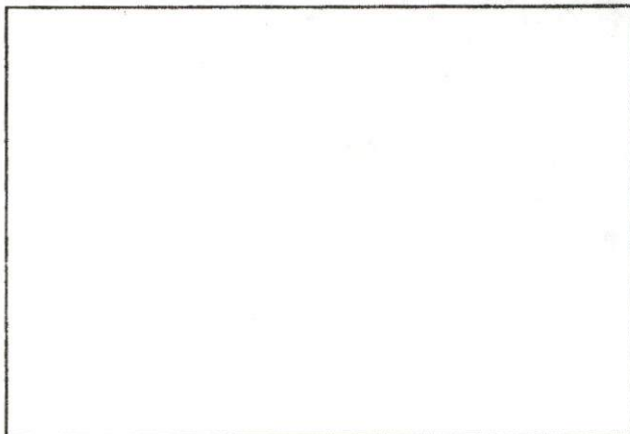
[Signature]
Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: _____
DATE: _____
COMMENTS: _____

APPROVED _____ DISAPPROVED _____

SIGNATURE



SKETCH PLAN

**CITY OF NEW BEDFORD**

Jonathan F. Mitchell, Mayor

Department of Public InfrastructureRonald H. Labelle
CommissionerWater
Wastewater
Highways
Engineering
Cemetery**To Whom It May Concern:**

I Matt O'Connor of First Highland New Bedford Associates LP 65 Sprague St
(Name) (Mailing Address) Hyde Park, MA 02136, being

Owner of property located at200 Theodore Rice Blvd. New Bedford MA

Plot 136, Lot 323, hereby agree to allow R. Kadesh Excavation
(Name)

200 Norfolk Street Woburn MA 02081 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

65 Sprague Street
Address6/6/16
Date617-869-5307
Telephone number

MISCELLANEOUS PAYMENT RECPT#: 496440
City of New Bedford
33 William St
New Bedford Ma 02740

DATE: 06/08/16
CLERK: a450mbb
CUSTOMER#: 0

TIME: 10:51
DEPT:

COMMENT:

CHG: DPISEW DPI SEWER PERMI 450.00

REVENUE:

1 63906000 422185 450.00
Sewer Permit Fee

CASH:

TW05 101009 450.00
Cash Treasurer Dep W

AMOUNT PAID: 450.00

PAID BY: R KADESH
PAYMENT METH: CHECK
MR806

REFERENCE:

AMT TENDERED: 450.00
AMT APPLIED: 450.00
CHANGE: .00

DISPLAY PERMIT IN A CONSPICUOUS PLACE ON THE PREMISES



City of New Bedford, MA

Engineering Division

City Hall, Room 308, 133 William Street
New Bedford, MA 02740 (508) 979-1540



DRAINAGE SERVICE PERMIT

Date: 10/25/2016

No. D-16-1

Drain Connection Fee: \$450.00

Pipe Size: 0.00

Trench Length: 0.00

Service Location: 200 THEODORE RICE BLVD

Owner Name: HIGHLAND NEW BEDFORD

Type of Occupancy: Industrial

Type of Work: Storm Drain - New Service

Work Description: 18" STORM DRAIN @ THEODORE RICE BLVD

P136 L323

ADS

PERMIT# 24478

EXP: 6/7/17

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 DRAINAGE 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 City 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 City shall be charged to the permittee, and said permittee

agrees to reimburse the City for said expense.

Installing Company Name: _____ Type of Business : _____

Address: _____ City/Town/State: _____ Certificate #: _____

Call (508) 979-1540 For Inspection

Work Order Number: 16-006126

6/27/2016
11:31 AM

Category: Storm Lines Priority: _____
Problem: Needs Inspection Crew: _____
Cause: _____ Supervisor: MANUEL SILVA
Main Task: Inspect Status: New Work Order
Work Order Start Date/Time: _____ Work Order End Date/Time: _____

Location (s) _____
200 THEODORE RICE BLVD

Comments from Request _____
DRAIN INSPECTION AT 6/28/16 @12PM

Task Start Date/Time: _____ Task End Date/Time: _____

Task Code: SMT300 Task Description: Inspect

Employee Number	Employee Name	Time Type				Units Hours
		Reg	OT	Normal	Type	
14950	ANTONIO LEMOS	0.00	0.00	0.00	REGULAR TIME	
6/28/2016		1				

Equipment Code	Equipment Description	Units

Material Code	Material Description	Units

Fluid Code	Fluid Description	Units

Info. OK.

See Att.

Paulo Lima

6/29/2016

24478

Work Order Number: 16-006342

7/1/2016
7:35 AM

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

Location (s) _____
200 THEODORE RICE BLVD

Comments from Request _____
inspect drain- 7/1 at 11am

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
7/1/2016		1				

Equipment Code	Equipment Description	Units
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Material Code	Material Description	Units
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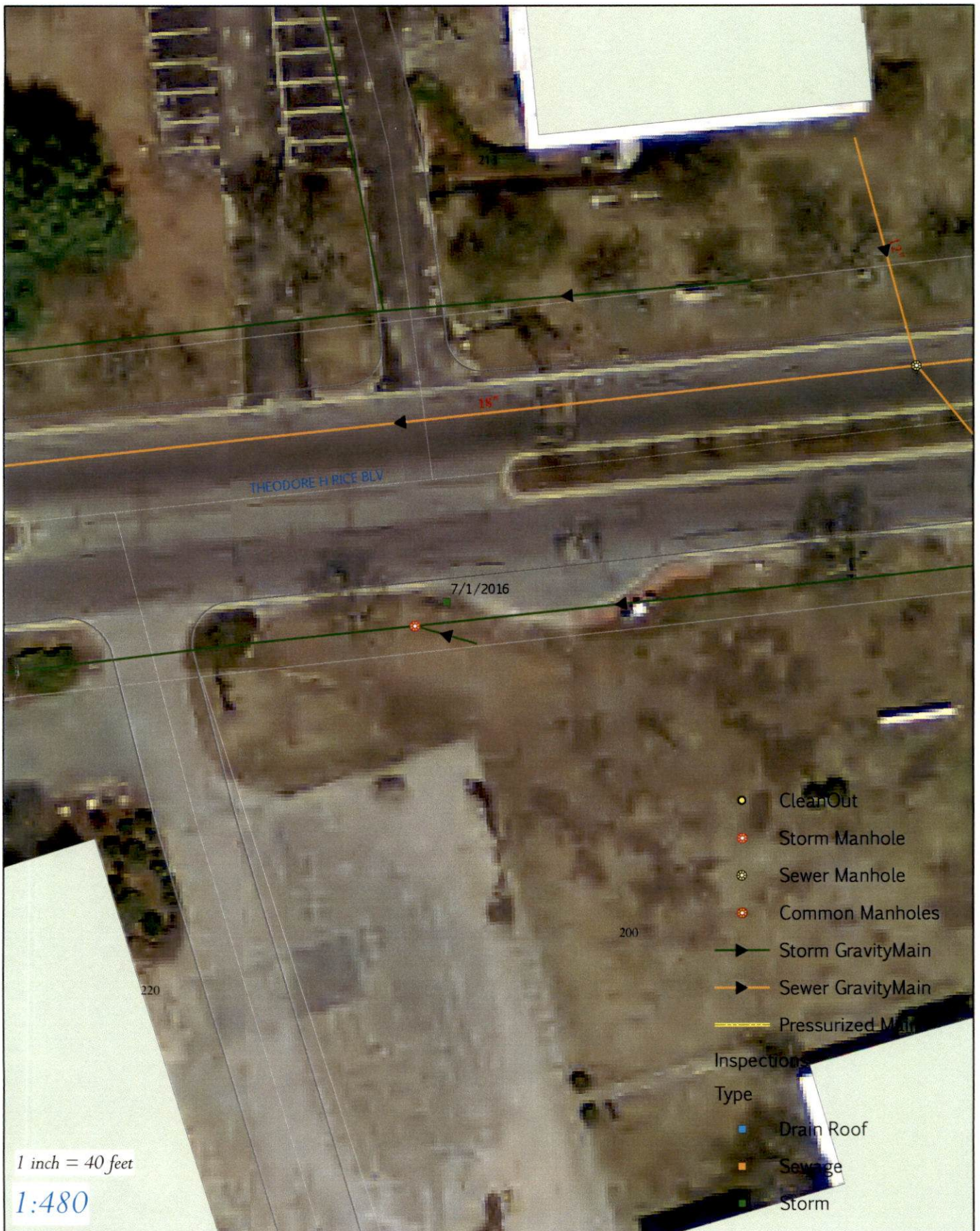
Fluid Code	Fluid Description	Units
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Info: OK.

See Att.

Paulo Silva

7/2/2016



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

Antonio.Lemos@newbedford-ma.gov
 August 2016

