Expins: 10/5/17

PERMIT NO.



CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE 10/5/16

This certifies that permission is granted to onde Densulo Property Owner Address To connect a sewer and/or storm drain located at. S. add March. S. A. To be laid in accordance with the conditions in this application and the City of New Bedford ordinances. RESIDENTIAL COMMERCIAL INDUSTRIAL FLOW If applicant other than actual property owner, attach Letter of Authorization from Property Owner. The Bonded Contractor/Drain Layer authorized to perform this work is: Address Type of Pipe Required:.... 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. A Filing and Inspection Fee of \$...... plus an Entrance Fee of \$...... where applicable, must accompany this application. Check# Bank#CTH740 Other requirements:. NO YES 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 - Marin Marada Sig City Engineer INSPECTOR'S REPORT 3583 INSPECTED BY: DATE: **COMMENTS:** APPROVED DISAPPROVED 3573 31 SIGNATURE 16 10 BRADFORD ST in = 40 ft

Expires: 10/5/17



APPROVED

SIGNATURE

DISAPPROVED

CITY OF NEW BEDFORD

DATE 10/5/16

PERMIT NO. SEWER AND/OR STORM DRAIN PERMIT 24490 This certifies that permission is granted to 774-263-1292 rge Venssinio Address To connect a sewer and/or storm drain located at. Brackford ... St 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** 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: CHNESSH Name Address SDR OL DE Type of Pipe Required:..... 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. A Filing and Inspection Fee of \$.450..., plus an Entrance Fee of \$...... where applicable, must accompany this application. 24hr notice for unpection YES Part of jointly-shared private line NO 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 Signature of Property Owner or Representative INSPECTOR'S REPORT INSPECTED BY: DATE: **COMMENTS:**

SKETCH PLAN

Inspector Expines: 10/5/17



PERMIT NO. 24490

CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE_10/5/ 14

| 1 8 | This certifies that permission is granted to | | | | | | | |
|-----|--|--|--|--|--|--|--|--|
| | Tonge Verssino Codice Wall 774-263-1292 Property Owner Address & Dortmont MA Tel. | | | | | | | |
| * | Brodered SI (NS) 2021 +1- Wx across Que | | | | | | | |
| | Assessor's Plot 134 Lot. 461, to the sewer and/or storm drain in Force Main 1/2 SDR 21 Street | | | | | | | |
| 2 | 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. | | | | | | | |
| 20 | If applicant other than actual property owner, attach Letter of Authorization from Property Owner. Name | | | | | | | |
| 778 | Name CANESSA Address Type of Pipe Required: SDN PVC DD 2 Tel. | | | | | | | |
| 4 | PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE | | | | | | | |
| 12 | Requires separate connections for sewage and storm drain where applicable. Storm water cannot be discharged to a | | | | | | | |
| J. | 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 | | | | | | | |
| V | 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 | | | | | | | |
| 1 | Commonwealth of Massachusetts D.E.P. shall be required by the City for Industrial Discharge into the sewer system. | | | | | | | |
| T | Industrial User Discharge Permit No | | | | | | | |
| | Comm. Mass. Sewer Conn./Ext. Permit No | | | | | | | |
| | Bank#Citizens Book Check# 3338 Date 10/ /16 Receipt# 705333 | | | | | | | |
| | Other requirements: PLASE COI Chead 24hr notice for unspection | | | | | | | |
| | 8(508) 979-150 ext 67305 | | | | | | | |
| | 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 | | | | | | | |
| | The first of the Assert Population Michael Mintered Minte | | | | | | | |
| | City Engineer. Signature of Property Owner or Representative | | | | | | | |
| | INSPECTOR'S REPORT | | | | | | | |
| | INSPECTED BY: ANTONIO PLEMOS | | | | | | | |
| | DATE: 10 25 2016 | | | | | | | |
| | COMMENTS: | | | | | | | |
| | DEE MAD. | | | | | | | |
| e | APPROVED DISAPPROVED | | | | | | | |
| | Atomo Luci | | | | | | | |
| | SIGNATURE | | | | | | | |

SKETCH PLAN

MISCELLANEOUS PAYMENT RECPT#: 705333 City of New Bedford 133 William St. Néw Bedford MA 02740

DATE: 10/05/16 TIME: 08:13 CLERK: a450mmb DEPT: CUSTOMER#: 0

COMMENT:

CHG: DPISEW DPI SEWER PERMI 900.00

REVÊNUE:

1 63906000 422185 900.00

Sewer:Permit Fee CASH:

TW05 101009 900.00 Cash Treasurer Dep W

AMOUNT PAID: 900.00

PAID BY: JORGE VERRISIMO PAYMENT METH: CHECK MR328

REFERENCE:

ANT TENDERED: 1900.00 AMT APPLIED: . 900.00 CHANGE:

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: 11/9/2016 | | No. | WW-16-24 | | | | | | | |
|---|------------------------------|---------------------|----------------------------|--|--|--|--|--|--|--|
| Sewer Connection Fee: \$450.00 | Pipe Size: Trench Length: | C | 0.00 | | | | | | | |
| Service Location: 31 BRADFORD ST | Owner Name: | TERCEIRA CO | INSTRUCTION LLC | | | | | | | |
| Type of Occupancy: Residential | Type of Work: | Sewer - New | Sewer Service | | | | | | | |
| Work Description: sewer # 24490 P. 134 L461 Bradford St NS 203 +/- W x Acushnet A | ve | | | | | | | | | |
| No. of Units : Required Design Daily Flow : | 0.00 | Provided Daily Flow | 0.00 | | | | | | | |
| The undersigned petitions you to grant permission to ENTE hereby agrees to the following: | ER INTO THE MAIN S | SEWER and, if s | such permission is granted | | | | | | | |
| 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. 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. | | | | | | | | | | |
| Installing Company Name: Robert J. Canessa Address: P. O. Box 51643 City/Town/State: | New Bedford | License Type | DPI - Other | | | | | | | |

GRANTED WITH THE USUAL CONDITIONS

| Work | Order | Numbe | r: 16-010670 | | | | | | | | 10/24/2016 2:18 PM |
|-----------------------------------|-----------|--------------------|------------------------------|-------------------|---------------------|------------|-----------------------|----------------------|--------------|-----------------------|-----------------------|
| Category: Service Lateral Gravity | | | al Gravity | Priority: | | | , | | | 2.101 W | |
| Cause: | | ractor Ins | | | | w: | | | | | |
| | | | | | | Supervisor | | MANUEL SILVA | | | |
| | | estigate / Inspect | | | | Stat | us: | New Work Order | | | |
| Work Order Start Date/Time: | | | · | | | Work Order | | End Date/Time: | | | |
| Locatio 21 BRADFO | RD ST | | | | | | | | | | |
| | | n Reques | A 10/25/16 1:00 PM | | | | | | | | |
| Task Start Date | /Time: | | | | Task End Date/Time: | | | | | | |
| Task Code: | | SWT2 | 220 | Task Description: | | | Investigate / Inspect | | | | |
| | | | | | Tim | | | | е Туре | | |
| Employee Number 14950 | | Employ ANTON | nployee Name NTONIO LEMOS | | <u>OT</u> | | Normal 0.00 | Type REGULAR TIME | | <u>Units</u> Hours | |
| 10 25 2 | 016 | | | 1 | | | | · | | | === |
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| Equipment Cod | <u>de</u> | | Equipment Description | | | | | | Units | | _ |
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| Material Code | | - | Material Description | | | | | | Lleite | | |
| Material Code | | | Material Description | | | | | | <u>Units</u> | | |
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| Fluid Code | | | Fluid Description | | | | | | Units | | |
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