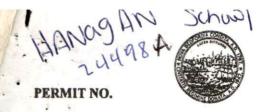
PERMIT NO. 24496A

CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE 11 9 16

This certifies that permission is granted to acconverse 150 Markey Address **Property Owner** To be laid in accordance with the conditions in this application and the City of New Bedford ordinances. TYPE OF USE: INDUSTRIAL FLOW RESIDENTIAL COMMERCIAL 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: Address Type of Pipe Required: PV C Color Classical Color 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. Receipt# Check# Date Bank# Other requirements:. DI INSKETION Part of jointly-shared private line YES 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 City Engineer INSPECTOR'S REPORT INSPECTED BY: DATE: **COMMENTS:** APPROVED DIS SEE INSPEC WORK ORDER SIGNATURE Antonio.L February 20 2017



CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

exp: 11/17/17

DATE 11/19/19

his certifies that permission is granted to	
Property Owner Address Tel.	
connect a sewer and/or storm drain located at EMLLY St (N.S) Blun Freeman	1. Brocka
connect a sewer and/or storm drain located at EMLNY St (N.S) blun Freeman. sessor's Plot 13. Lot 3+ 122 to the sewer and/or storm drain in Emma Emer y St	Street
be laid in accordance with the conditions in this application and the City of New Bedford ordinances. PE OF USE; RESIDENTIAL COMMERCIAL INDUSTRIAL FLOW	G.P.D.
pplicant 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:	
Name Address AI CON AV C Tel. Type of Pipe Required: Address	
RMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE	
 Requires separate connections for sewage and storm drain where applicable. Storm water cannot be discharged sanitary sewer. 	1 to a
 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 Recommendation. 	corded
Joint Maintenance Agreement.	
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 Commonwealth of Massachusetts D.E.P. shall be required by the City for Industrial Discharge into the sewer state. 	l by the vstem.
Industrial User Discharge Permit No	
Comm. Mass. Sewer Conn./Ext. Permit No	
A Filing and Inspection Fee of \$, plus an Entrance Fee of \$ where applicable, must accompany this a	pplication.
Bank# Date Receipt#	
Other requirements: PIPASI Contact US with 20	4
hours for inspection	
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 Berford	, and such
other special rules as the Commissioner of Public Infrastructure and/or City Engineer may doem necessary	
City Engineer Signature of Property Owner or Repr	esentative
City Engineer Clerk of the Works Signature of Property Owner or Repr	
INSPECTOR'S REPORT	
INSPECTED BY:	
DATE:	
COMMENTS:	No
A PRICA PRIC	
APPROVED DISAPPROVED	
SIGNATURE	

SKETCH PLAN

Department of Public Infrastructure



Ronald H. Labelle Commissioner

> Water Wastewater Highways Engineering Cemetery

CITY OF NEW BEDFORD Jonathan F. Mitchell, Mayor

To Whom It May Concern:
I AL OLIVERA, 256 PARKEN STREET, being (Mailing Address)
Owner of property located at
33 EMERY STREET, NEW BEDFORD, MA
Plot 13, Lot 3+122, hereby agree to allow PICOM (Name)
PO BOY 8137 CMN STOW RE 029 Zeto 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 254 PANKER STREET, NB, M4 Address 14 NOV 2016 Telephone number

Commonwealth of Massachusetts

CITY OF NEW BEDFORD



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

FOUNDATION PERMIT

9/9/2016

No. B-16-1951

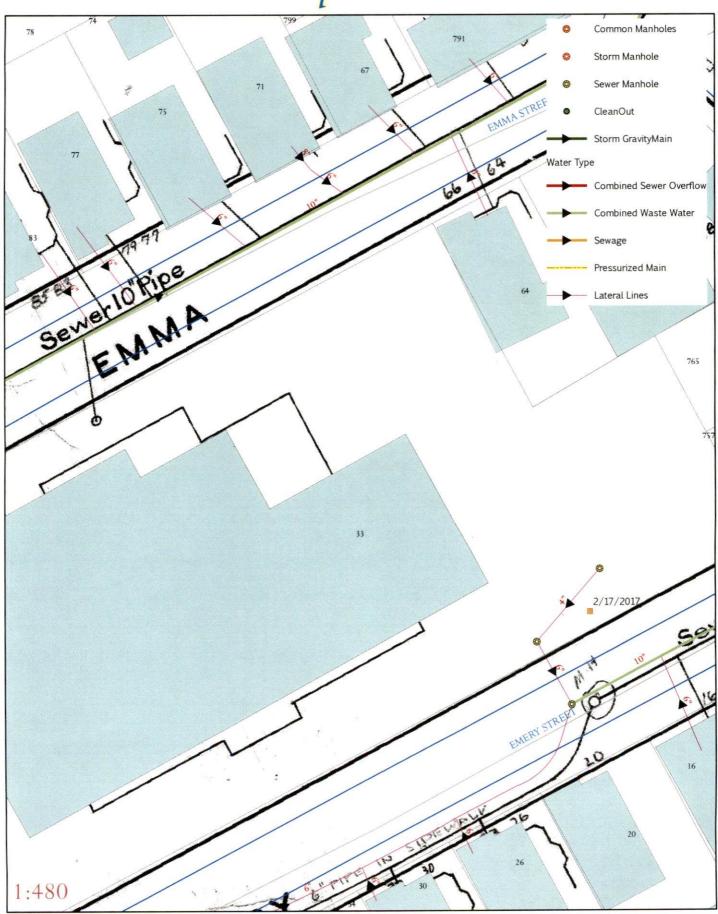
MSBC Sect. 111.8 - Any permit issued shall be deemed abandoned and invalid unless the work authorized by it shall have been commeced within six (6) months after its issuance.

THE PAID \$0.00

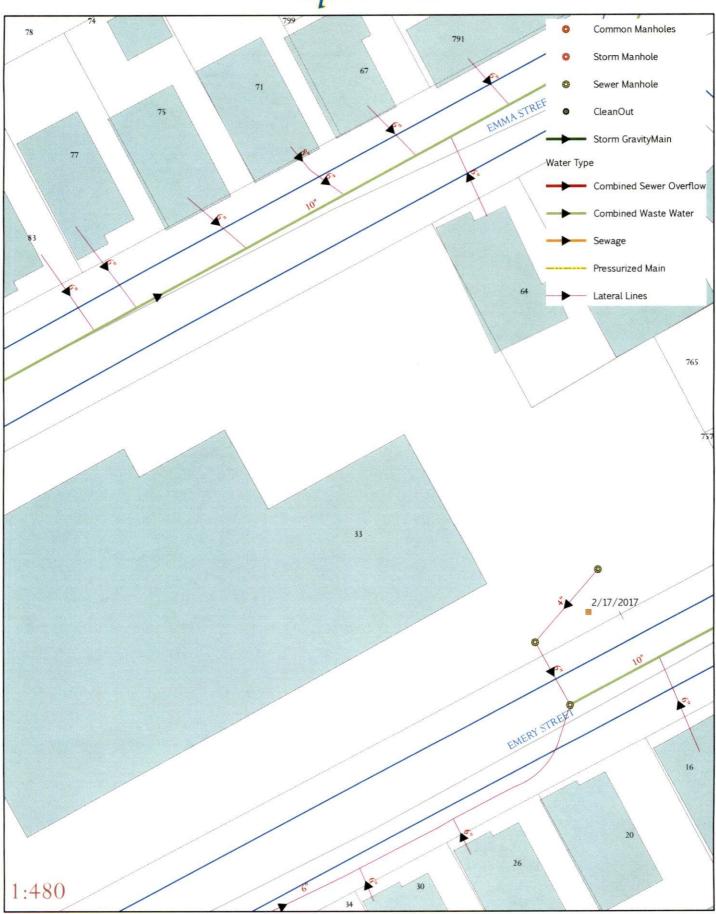
ner/contractor has permission to:	33 EMERY ST	<u> </u>
Foundations Only Comm and Indust. 200.	00	
	all in every respect confrom to the terms of application the vs of the City of New Bedford relating to the inspection, e	
Permit is issued subject	ct to the following special requirements: (Restrictions)	
		and the same of th
Wiring Inspector	Plumbing Inspector	Building Inspector
Wiring Inspector	Plumbing Inspector	Building Inspector
Wiring Inspector YOUR AREA INSPECTOR		Building Inspector el. (508) 979-1540 Between 8:00am - 9:00ar
	RIS: James E. Berube TO OCCUPANCY PERMIT RE	el. (508) 979-1540 Between 8:00am - 9:00an EQUIRED BEFORE OCCUPANO until the Certificate of Use and Occupancy shall have been
YOUR AREA INSPECTOR NOTICE: NOTIFY INSPECTOR 48 HOUR ADVANCE OF APPLYING SHEATHING	RS IN OCCUPANCY PERMIT RE No Building or Structure shall be used or occupied to	el. (508) 979-1540 Between 8:00am - 9:00an EQUIRED BEFORE OCCUPANO until the Certificate of Use and Occupancy shall have been

Work Orde	er Number: 17-001803						2/14/2017 8:16 AM
Category: Se	rvice Lateral Gravity		Pr	iority:	2,22		0. 10 AIVI
Problem: Co	entractor Inspection		Cr	ew:			
Cause:			Sı	pervisor:	MANUEL SILVA		
Main Task: Inv	vestigate / Inspect		St	atus:	New Work Order		
Work Order Start Dat	te/Time:		W	ork Order E	ind Date/Time:		
Location (s) EMERY ST							
Comments fr inspection hanagan	6						
Task Start Date/Time	:		Task E	nd Date/Ti	me:		
Task Code:	SWT220	Task Descrip	otion:	Investig	ate / Inspect		
				Time	Туре	_	
Employee Number 14950	Employee Name ANTONIO LEMOS	Reg 0.00	<u>OT</u> 0.00	Normal 0.00	<u>Type</u> REGULAR TIME	<u>Units</u> Hours	
2/16/2017	1h		-			0	
2/17/2017	3k			-03			
Equipment Code	Equipment Description				<u>Units</u>		
					_	_	
Material Code	Material Description				<u>Units</u>		
Fluid Code	Fluid Description				<u>Units</u>		
	_				_	_	
	2 MAT.						
	nuestin to sever	line at	Em	rey. S	t.		
4	Anni for School.						
	Autonio Enos						
	2/24/2017						

Inspections



Inspections



Work Order	Number: 18-007273		17		5/22/3 11:37
Category: Sen	vice Lateral Gravity		Priority:		
Problem: Loc	ate Request		Crew:		
Cause:			Supervisor:	STEPHANIE DUPRAS	
Main Task: Inve	estigate / Inspect		Status:	New Work Order	
Nork Order Start Date	e/Time:		Work Order E	nd Date/Time:	
Location (s) 33 EMERY ST					
— Comments from DRAIN INSPECTION	om Request I FOR HANNIGAN SCHOOL TODA	AY @ 1:00 (OK PER A	NTONIO LEMO	OS) JIMMY 401-323-3900	
Task Start Date/Time:		Та	sk End Date/Ti	me:	
Task Code:	SWT220	Task Description:	Investig	ate / Inspect	
			Time	е Туре	
Employee Number 14950	Employee Name ANTONIO LEMOS	Reg 01 0.00 0.		Type REGULAR TIME	<u>Units</u> Hours
				Units	<u></u>
Equipment Code	Equipment Description			Onits	
Material Code	Material Description			<u>Units</u>	
Fluid Code	Fluid Description			<u>Units</u>	
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on.	MIXAGE (Inctil lac	116	t/6"	WILL.	
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	5/29/	2018			