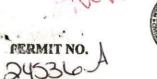


CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE 9-18 2017

UXPIDED 9-18 2018

11536 This certifies that permission is granted to MANA M. Clarkal Hall Orchard St. 508, 999-6018 Property Owner Address To connect a sewer and/or storm drain located at ... Haran Core hourd ... Assessor's Plot Lot to the sewer and/or storm drain in Street connector 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. Name. O. CANSENSA. Tel. The Bonded Contractor/Drain Layer authorized to perform this work is: Address 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. Date 9 Check# CASH Bank# 18 YES NO 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 maria M. Calial Signature of Property Owner or Representative City Engineer INSPECTOR'S REPORT INSPECTED BY: DATE: COMMENTS: BONNEY ST ___ APPROVED DIS SIGNATURE



SIGNATURE

CITY OF NEW BEDFORD

DATE 9-18-2017

14536.5	SEWER AND/OR STO	ORM DRAIN PERMIT	11
his certifies that permission is gran	nted to		65241
	Address	rchard St.	508-999-6018
connect a sewer and/or storm dr			
sessor's Plot 24 Lot	to the sewer and/or storm dr	ain in Ponnod St. Se in Bold Sevene City of New Bedford ordinance	10' Sover. Street
PE OF USE: RESIDENTIAL	commercial Commercial	ne City of New Bedford ordinance INDUSTRIAL	es. FLOWG.P.D.
Mailing Address	A2A	Tel	
Name Pot CANESSY	Address	nis work is:	508-971-4911
RMIT EXPIRES ONE YEAR			9
sanitary sewer. All work must be inspected. If this connection is to be present the property of the property	and approved by a D.P.I. inspect part of a private service shared joinent. dustrial and/or Commercial Appliquired plans and supplemental infindustrial User Discharge Permit a husetts D.E.P. shall be required buit No	icants only upon receipt and appropriation. and/or a Sewer Extension/Connecty the City for Industrial Discharge Date	oval by the Commissioner of tion Permit issued by the e into the sewer system. accompany this application. Receipt#_1335582 Character ShuB in Good Conclition
other special rules as the Con	amissioner of Public Infrastruc	ture and/or City Engineer may	deem necessary
City Engineer Engineering Sup	ervisor	Signature of Property	Owner or Representative
argined in sop	INSPECTOR	'S REPORT	
INSPECTED BY:	6		
DATE:			
COMMENTS:			
	DIGAPPROVED		
APPROVED	DISAPPROVED		

SKETCH PLAN



CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE 9-18-2017

This certifies that permission is granted to

	Property Owner Address Tel.
	To connect a sewer and/or storm drain located at 474 Orchard St.
~	Assessor's Plot Substitution of the sewer and/or storm drain in Pannal J. 10' Savell Street was a land in accordance with the conditions in this application and the City of New Bedford ordinances.
	TYPE OF USE; RESIDENTIAL COMMERCIAL INDUSTRIAL FLOWG.P.D.
	If applicant other than actual property owner, attach Letter of Authorization from Property Owner. Name. いた こうしょうかん Tel. Mailing Address. The Bonded Contractor/Drain Layer authorized to perform this work is:
	Name PJ CANESSA, Address Tel. 508-971-4911 Type of Pipe Required: SDR-35 PYC
	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
	Comm. Mass. Sewer Conn./Ext. Permit No
	Bank# CASH Check# CASH Date 9- 18 -2017 Receipt# 1335582
	Wabook is Ship
	Other requirements: FOR INSPECTION ONLY A 24 HOUR NOTICE IS REQUIRED AND THE CONTRACTOR/APPLICANT IS STORY ST
	REQUIRED TO NOTIFY THE D.P.I.
	Connection made to PERMIT EXPIRES 1 YEAR 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
	Signature of Property Owner or Representative
	Engineering Supervisor
	INSPECTOR'S REPORT
	INSPECTED BY: Antonio LENG. DATE: 19/25/29/3
	COMMENTS: SERVICE
	MAN DENER DERIVER
	APPROVED DISAPPROVED
	District 25
	Antonio Vine
	SIGNATURE

SKETCH PLAN

0/



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:

CK10-2504

Cheveli A. Torres

From: `

Sarah Porter

Sent: To:

Monday, September 18, 2017 8:43 AM Cheveli A. Torres; Cheryl Simoes-Buente 474 Orchard street sewer tie in

Subject:

Good Morning,

I received a message from Karen (R.J. Canessa) wanting to know if 474 Orchard Street was OK for a sewer tie in. It is all set to go

Thank you Sarah

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

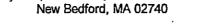
Date: 11/7/2017		No.	WW-17-38
	Pipe Size:	0.0	00
Sewer Connection Fee: \$450.00	Trench Length:		0.00
Service Location: 474 ORCHARD ST	Owner Name:	CABRAL JOSE	C "TRUSTEE"J & M
Type of Occupancy: Commercial	Type of Work:	Sewer - New Se	ewer Service
Work Description: service#24536 P. 24 L.1			
474 Orchard St, Tieing into Bonney S Warehouse in Back connecting from stub	t side		
No. of Units :	0.00	Provided Daily Flow :	0.00
The undersigned petitions you to grant permission to EN hereby agrees to the following:	TER INTO THE MAIN S	SEWER and, if su	ch permission is granted,
To abide by the conditions and regulations impordinance now in force, or as amended from time. That the connection of said sewer with the main Public Works or by a designated agent of the Table 3. That the work shall at all times be under the dia authorized agent, and that any expense incurrepermittee agrees to reimburse the Town for said expense.	ne to time. In sewer shall be inspection before burial of sailection and control of the dot the Town shall be	ted by an employed d connection. e Commissioner c	ee of the department of of Public Works or his
Installing Company Name: Robert J. Canessa		License Type:	DPI - Other
Address: P. O. Box 51643 City/Town/State:	New Bedford	MA_	



City of New Bedford, MA

Inspectional Services Department

City Hall, Room 308, 133 William Street New Bedford, MA 02740



ADDITION TOD DI HINDING DEDINT

Date Received: 10/12/2017

Phone:

Job Location: 474

Permit No: TP-17-655

ORCHARD ST

Contractor's Name: Ronald A. Roy

Phone: (508) 763-2570

Contractor's Address:

1207 Main street

City: Acushnet

State: MA

Zip Code: 02743

State Lic. No: 19388

(Home)Owner's Name: CABRAL JOSE C "TRUSTEE"J & M REALTY

TRUST

(Home)Owner's Address: 194 RICHARD STREET

Work Description: 1 KITCHEN SINK **2 LAVATORY**

2 TOILET

MR

Location	Fixtures	Number
1st	Alter/Addit Com-30.00 - Permit Fée	1
1st	Kitchen Sinks 7.00	1
1st	Lavatories 7.00	2
1st	Toilet - 7.00	2

Estimated Construction Costs / Permit Fees

 Total Project Cost :	\$0.00	Payment Date	Amount Paid	Check No
Total Permit Fee:	\$65.00	10/12/2017	65.00	
Total Amount Paid:	\$65.00		•	
Balance Due:	\$0.00	Account Num	ber : 02401200-45	3024 ISPPLU
	\$0.00	Account Num	Dei 1 0240 1200-45	OULT IOT I L

Affidavit: I hereby certify that I am the owner of the property which is the subject of this application or the authorized agent of the property owner and have been authorized to make this application. I understand that when a permit is issued, it is a permit to proceed and grants no right to violate the Massachusetts State Building Code or any other code, ordinance or statute, regardless of what might be shown or omitted on the submitted plans and specifications. All information contained within is true and accurate to the best of my knowledge and belief.

All permits approved are subject to inspections performed by a representative of this office. Requests for inspections must be made at least 24 hours in advance.



Work	Order	Number: 17-013985						11/13/2017 11:20 AM
Category:	Wate	r Service		Pri	ority:			
Problem:	Loca	te Request		Cre	ew:			
Cause:				Su	pervisor:	STEPHANIE DUPRAS		
Main Task:	Inspe	ect		Status:		New Work Order		
Work Order Sta	rt Date/	Time:		Wo	rk Order E	ind Date/Time:		
Location 474 ORCHAI								
		n Request FOR CANESSA 11/14/17 @ 1:00PM	M, SEWER#24	1536 PLC	OT 24 LOT	1		
Task Start Date	/Time:			Task E	nd Date/Ti	me:		
Task Code:		WDT300	Task Descript	tion:	Inspect			
					Time	е Туре		
Employee Num	<u>nber</u>	Employee Name ANTONIO LEMOS	Reg 0.00	<u>OT</u> 0.00	Normal 0.00	Type REGULAR TIME	<u>Units</u> Hours	
3		·						_
0								_
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Equipment Cor	de	Equipment Description				<u>Units</u>		_
		Command Action & Control on the Cont						
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		_				_		
							71.14E-71L-7	
Material Code		Material Description				Units		
						_		
						_		
		_						
		<u> </u>						
Fluid Code		Fluid Description				<u>Units</u>		
-		_						
		_						
		_						

. Work (Order	Numb	er: 20-002947						2/21/2020 2:45 PM
Category:	Servi	ce Later	ral Gravity			Priority:			2.43 PW
Problem:	Cont	actor In	spection			Crew:			
Cause:						Supervisor:	STEPHANIE DUPRA	S CRAMPTON	
Main Task:	Inspe	ect				Status:	New Work Order		
Work Order Star	t Date/	Time:				Work Order E	End Date/Time:		
Department:	WW		Wastewater Collection		1	Area:			
Division:						Sub-Area:			
Sub-Division:									
Location 474 ORCHAR									
Comments MDC Trap for se			n Monday 02/24/2020 9:am	trench#5-2020	RJ CAI	NESSA			
Task Start Date/		93				k End Date/Ti	me:		
Task Code:		SWT	160	Task Descri	ption:	Inspect			
							е Туре		
Employee Numb	ber	Emplo	yee Name	Reg	OT	Normal	Туре	Units	
23381			IS SOUZA	0.00	0.00	0.00	REGULAR TIME	Hours	
14950		ANTO	NIO LEMOS	0.00	0.00	0.00	REGULAR TIME	Hours	
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age to some wife			200 00 000000 00 000						-
Equipment Cod	<u>e</u>	-	Equipment Description				<u>Units</u>		
Material Code			Material Description				Units	i	
Fluid Code			Fluid Description				<u>Unit</u>	<u>IS</u>	
lufo:	0:1	Sep	nonton and a	nnection					

OK. António Sono 02/24/2020

APPLICATION/AGREEMENT For Trench/Disturbance Permit within the City of New Bedford

Permit # 5 2020 Dig Safe # 1020-060-57/5

TO THE MAYOR AND CITY COUNCIL:	DISTURBANCE PERMIT	TRENCH SAFETY PERMIT
Permission is hereby requested to excavate th		
Location of Work: 474 OCCUM	1 For sewer)	
Substantially as per plan annexed, for the pur	mpose of:	
Work will begin (weather permitting) on:	2 7 2020 3 7 2020	
Applicant Name: <u>KACL</u> Company Name: <u>RT CAOLSS</u>	Excavator(s) Name Hoisting Equipmen	ut Liceuse Number: 12 400
Contact Number: Bob CAMSS	Grad	e: 24— Expiration Date: 7/34/5030 [umber of Insurer: RDA— James]
Competent Person on Work Site:) APPROVED BY:	Stylin Cyptan DATE 2-6-2020
	TITLE: Assl. C	ty Engineer

This permit shall be posted at the work site, and shall remain until the work is completed. It is subject to inspection at all times.