

Expires 10-23-18



PERMIT NO.

CITY OF NEW BEDFORD  
SEWER AND/OR STORM DRAIN PERMIT

DATE 10-23-17

24541

This certifies that permission is granted to

Property Owner DPM Development Address 70 Lombeth St Tel. 993-0381  
New Bedford MA, 02740

To connect a sewer and/or storm drain located at Rosa Drive (NS) 632' Ex Oceanfront Ave.

Assessor's Plot 136 Lot 473, to the sewer and/or storm drain in Rosa Drive 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 N/A Tel. \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Name \_\_\_\_\_ Address \_\_\_\_\_ Tel. \_\_\_\_\_

Type of Pipe Required: SD 30 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 \$ 4500, plus an Entrance Fee of \$ \_\_\_\_\_ where applicable, must accompany this application.

Bank# Webster Bank Check# 7260 Date 10-23-2017 Receipt# 1352503

Other requirements: \_\_\_\_\_

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

Admin Manager  
City Engineer

Rosa Amato  
Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: SEE INSPECT. SHEET

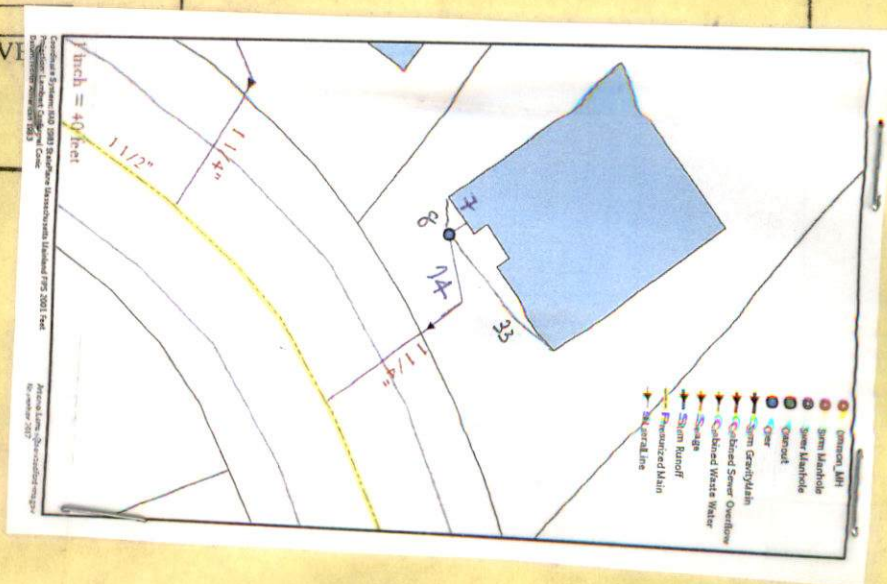
DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

APPROVED

DISAPPROVED

SIGNATURE







Expires - 10-23-18.

PERMIT NO.  
24541

CITY OF NEW BEDFORD  
SEWER AND/OR STORM DRAIN PERMIT

DATE 10-23-17

This certifies that permission is granted to

DPH Development 70 Lombeth St 508 993-0381  
Property Owner Address New Bedford MA, 02740 Tel.

To connect a sewer and/or storm drain located at Rosa Drive (NS) 632' Ex Acushnet Ave.

Assessor's Plot 136 Lot 473, to the sewer and/or storm drain in MOSA Drive 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 N/A Tel.

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

Name Address Tel.  
Type of Pipe Required: SDR 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.
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- Industrial User Discharge Permit No. Date

Comm. Mass. Sewer Conn./Ext. Permit No. Date  
A Filing and Inspection Fee of \$450.00 plus an Entrance Fee of \$ where applicable, must accompany this application.

Bank# Webster Bank Check# 7260 Date 10-23-2017 Receipt# 1352503

Other requirements: FOR INSPECTION ONLY A 24 HOUR NOTICE IS REQUIRED AND THE CONTRACTOR/APPLICANT IS REQUIRED TO NOTIFY THE D.P.I. @ 508 979-1550 Press 4 Repair

Connection made to PERMIT EXPIRES 1 YEAR e 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

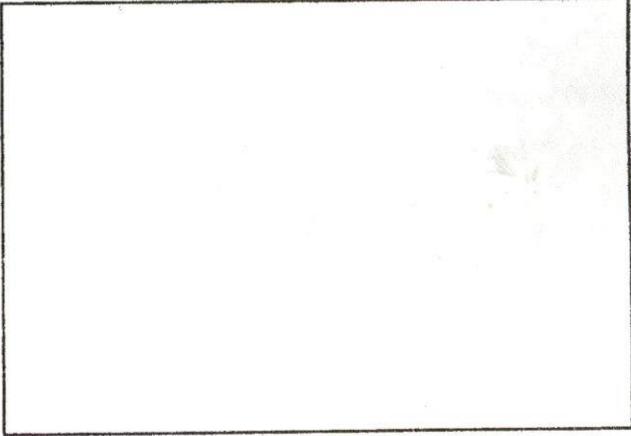
City Engineer Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: DATE: COMMENTS:

APPROVED DISAPPROVED

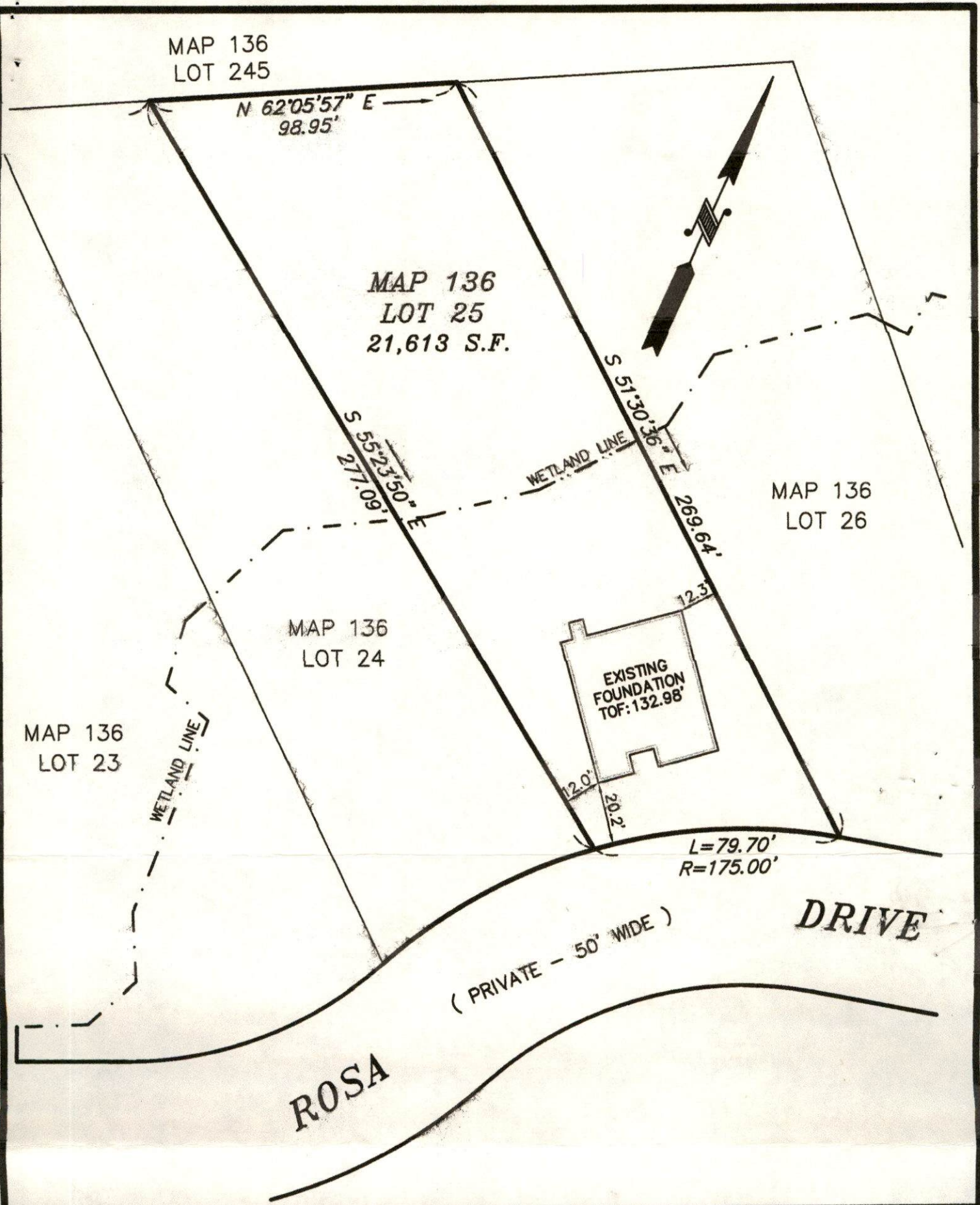
SIGNATURE



SKETCH PLAN

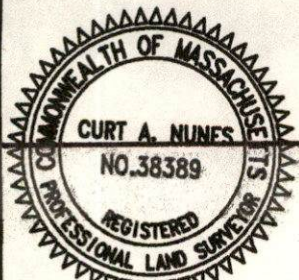
7





AS BUILT FOUNDATION PLAN - MAP 136 LOT 25

ROSA DRIVE  
IN  
NEW BEDFORD, MA



I CERTIFY THAT THE FOUNDATION SHOWN  
HEREON, AS BUILT, CONFORMS TO THE CITY  
OF NEW BEDFORD ZONING SETBACK  
REQUIREMENTS.

*[Signature]*

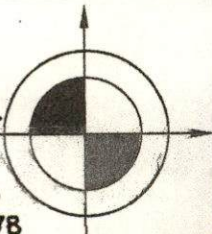
PROFESSIONAL LAND SURVEYOR

10/20/17  
DATE

DATE: OCT. 20, 2017

SCALE: 1" = 40'

ROMANELLI ASSOCIATES INC.  
PROFESSIONAL LAND SURVEYORS  
1162 Rockdale Ave. New Bedford, MA 02740  
Phone (508) 995-0100 - (508) 995-6678  
WWW.ROMANELLI-INC.COM



JN 16-088





Commonwealth of Massachusetts

# CITY OF NEW BEDFORD

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



## FOUNDATION PERMIT

No. **B-17-2355**

**10/10/2017**

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

FEE PAID \$100.00

This certifies that Daniel P Moniz

owner/contractor has permission to:

NS

ROSA DR

on: Foundations Only 1-2 Family - 100.00

Providing that the person accepting this permit shall in every respect conform to the terms of application therefore on file in this office; to the provisions of the statute of the Commonwealth and to the by-laws of the City of New Bedford relating to the inspection, erection, enlarging, altering, raising, moving, repairing, or tearing down of a building.

Permit is issued subject to the following special requirements: (Restrictions)



**Wiring Inspector**



**Plumbing Inspector**



**Building Inspector**

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YOUR AREA INSPECTOR IS: Thomas Welch

Tel. (508) 979-1540 Between 8:00am - 9:00am

**NOTICE: NOTIFY INSPECTOR 48 HOURS IN  
ADVANCE OF APPLYING SHEATHING OR LATHING**

**OCCUPANCY PERMIT REQUIRED BEFORE OCCUPANCY**

No Building or Structure shall be used or occupied until the Certificate of Use and Occupancy shall have been issued by the Building Commissioner - MSBC, Sect. 120.1

**This Card Must Be Displayed in a Conspicuous Place on the Premises and Not Torn Down or Removed Until Completion of Work**

SUBJECT TO MASSACHUSETTS  
STATE BUILDING CODE

*Danny D. Romanowicz*

Building Inspector

Plan Review Comments:





Commonwealth of Massachusetts

# City of New Bedford

133 William Street New Bedford, MA 02740

## SEWER PERMIT



Date: **11/7/2017**

No. **WW-17-41**

Sewer Connection Fee: **\$450.00**

Pipe Size: **0.00**

Trench Length: **0.00**

Service Location: **NS ROSA DR**

Owner Name: **DPM DEVELOPMENT CORP**

Type of Occupancy: **Residential**

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

Work Description: **service#24541**

**P.136**

**L.473**

**Rosa Drive NS 632' E x Acushnet Ave**

**1" copper service**

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: **Robert J. Canessa**

License Type: **CSI -DM**  
**Residential**  
**Demolition Only**

Address: **P. O. Box 51643** City/Town/State: **New Bedford** **MA**

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

Work Order Number: 17-013466

11/1/2017  
3:29 PM

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

Location (s)

ROSA DR

Comments from Request

Rosa Drive NS 632' E x Acushnet Ave- sewer permit #24541 Thursday 11/2/18 1pm

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
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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





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Name N/A Tel.

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Name  Address  Tel.

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Comm. Mass. Sewer Conn./Ext. Permit No.  Date

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Connection made to Storm Drain PERMIT EXPIRES 1 YEAR e YES NO

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Admin. Manager  
City Engineer

Rosa Amos  
Signature of Property Owner or Representative

INSPECTOR'S REPORT

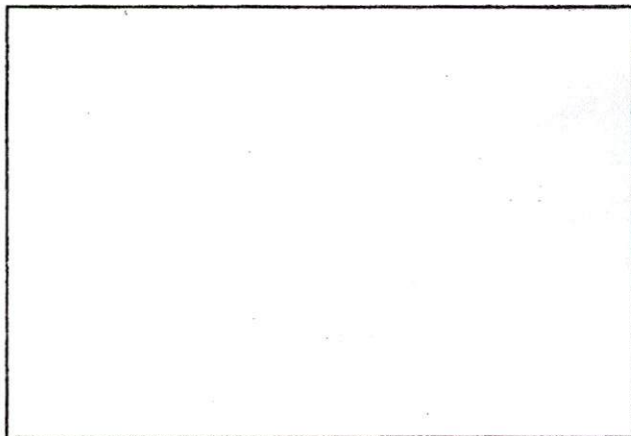
INSPECTED BY: Antonio Lemos  
DATE: 11/02/2017  
COMMENTS:

APPROVED

DISAPPROVED

Antonio Lemos

SIGNATURE



SKETCH PLAN