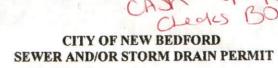


### CITY OF NEW BEDFORD

SEWER AND/OR STORM DRAIN PERMIT 24575 This certifies that permission is granted to **Property Owner** Address respon that #1669 To connect a sewer and/or storm drain located at the sewer and the sewer To be laid in accordance with the conditions in this application and the City of New Bedford ordinances. FLOW TYPE OF USE: RESIDENTIAL COMMERCIAL INDUSTRIAL If applicant other than actual property owner, attach Letter of Authorization from Property Owner. Mailing Address..... 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. Am Check# Date Bank# Other requirements: Sewer 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 son Manago Signature of Property Owner or Representative City Engineer INSPECTOR'S REPORT INSPECTED BY: SEE INSPET. SHEET DATE: COMMENTS: DISAPPRO APPROVED SIGNATURE 1687





| 3010   |  |  |                                  |
|--|--|--|----------------------------------|
| This certifies that permission is granted to   |  |  |                                  |
| Property Owner Address Sur   | Source Spal  | ) (5) (5) (7) Tel.                               | 08) 558-6612                     |
| connect a sewer and/or storm drain located at  | Philips Rd Sower er and/or storm drain in                    | (CO) 3741 N                                      | SHUB STREET                      |
| be laid in accordance with the conditions in this  |  |  |                                  |
| applicant other than actual property owner, attack   | h Letter of Authorization                                    | on from Property Owner.                          |                                  |
| Name   |  | Tel  |                                  |
| Name  Addre  Type of Pipe Required:  | . Androde<br>SDN 35  | 11/4 Schoo                                       | Tel.                             |
| ERMIT EXPIRES ONE YEAR AFTER DATI  |  |  |                                  |
| Requires separate connections for sewage   |  | applicable. Storm water                          | cannot be discharged to a        |
| sanitary sewer.  |  |  |                                  |
| <ul> <li>All work must be inspected and approved</li> <li>If this connection is to be part of a private</li> </ul> | service shared jointly                                       | with other building owne                         | rs, attach copy of Recorded      |
| Joint Maintenance Agreement.   |  |  |                                  |
| Permits can be issued to Industrial and/or   | Commercial Applican  | ts only upon receipt and a                       | pproval by the Commissioner of   |
| Public Infrastructure of required plans and In addition, a City-issued Industrial User                             | Discharge Permit and/  | or a Sewer Extension/Con                         | mection Permit issued by the     |
| Commonwealth of Massachusetts D.E.P.   | shall be required by the                                     | e City for Industrial Disch                      | large into the sewer system.     |
| Industrial User Discharge Permit No  |  | Date   | •••••                            |
| Comm. Mass. Sewer Conn./Ext. Permit No A Filing and Inspection Fee of \$   | an Entrance Fee of \$  | Date Date Date                                   | nust accompany this application. |
| Other requirements:  | FOR INSPECTION ON  | CD AND THE                                       | γ                                |
| Sewer )  | REQUIRED TO NOTIL  @ 508 979-1550 Press 4 PERMIT EXPIRES 1 Y | FY THE D.P.I.<br>Repair                          |                                  |
| Connection made to Part of   | 0  | EAR  |                                  |
| Storm Drain  | 965 C  | /  |                                  |
| Applicant agrees to abide by the above terrother special rules as the Commissioner of                              | ms, as well as all perti<br>Public Infrastructure            | nent ordinances of the<br>and/or City Engineer n | City of New Bedford, and such    |
| I Alnum Amado  |  | X  |                                  |
| City Engineer  |  | Signature of Prop                                | erty Owner or Representative     |
| Adrin manager  |  |  |                                  |
|  | INSPECTOR'S  | EPORT  |                                  |
| INSPECTED BY:  |  | 1  | Challenger Control               |
| DATE:  |  |  |                                  |
| COMMENTS:  |  |  |                                  |
|  |  |  |                                  |
|  |  |  |                                  |
| APPROVED DISAPPRO  | OVED   |  |                                  |
|  | e l  |  |                                  |
|  |  |  |                                  |
| SIGNATURE  |  |  |                                  |
|  | 1  |  |                                  |

SKETCH PLAN

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-18-773

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.

FEE PAID \$100.00

4/18/2018

| This certifies that VICTOR J. ANDRADE  | WS PHILLIPS RD   |  |
|--|--|--|
| owner/contractor has permission to:  |  |  |
| On: Foundations Only 1-2 Family - 100.00  Providing that the person accepting this permit shall in e of the statute of the Comonwealth adn to the by-laws of treparing, or tearing down of a building. | very respect confrom to the terms of application the City of New Bedford relating to the inspection, | herefore on file in this office; to the provisions erection, enlarging, altering, raising, moving, |
| Permit is issued subject to the  | ne following special requirements: (Restrictions)  |  |
| Wiring Inspector   | Plumbing Inspector   | Building Inspector   |
|  |  |  |
| YOUR AREA INSPECTOR IS:  | Thomas Welch   | Tel. (508) 979-1540 Between 8:00am - 9:00am  |
| NOTICE: NOTIFY INSPECTOR 48 HOURS IN<br>ADVANCE OF APPLYING SHEATHING OR L   | No Building or Structure shall be used or occupie by the Building Commissioner - MSBC, Sect. 120     |  |
| This Card Must Be Displayed in a Conspicu  | uous Place on the Premises and Not Torn Down or  | Removed Until Completion of Work   |
| SUBJECT TO MASSACHUSETTS<br>STATE BUILDING CODE  | Donny O. Komon   | uilding Inspector  |
| Plan Review Comments:  |  |  |

#### 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: 9/   | 13/2018  |  |  | No.  | WW-18-16                                 |
|--|--|--|--|--|--|
| Sewer Co   | onnection Fee:   | \$450.00   | Pipe Size:<br>Trench Length  | 0.0  | 0.00                                     |
| Service Location:  | WS PI  | HILLIPS RD   | Owner Name:  | SM REAL ESTA   | TE II LLC                                |
| Type of Occupancy:   | _Industrial  |  | Type of Work:  | Sewer - New Se   | ewer Service                             |
| Work Description:  | P.134<br>L. 470<br>Phillips Rd   | WS 374' N x Hillcrest Rd   |  |  |  |
|  | expires 05/<br>sewer conr  |  | ne @ Phillips Rd   |  |  |
| No. of Units :   | 0  | Required Design Daily Flow:  | 0.00   | Provided Daily Flow :  | 0.00                                     |
| The undersigned hereby agrees                                |  | ou to grant permission to El<br>ng:  | NTER INTO THE MAIN   | SEWER and, if su   | ch p <mark>ermissio</mark> n is granted, |
| ordina<br>2. That<br>Public<br>3. That<br>autho<br>permittee | ance now in for<br>the connection<br>Works or by<br>the work shall<br>rized agent, a | nditions and regulations im<br>orce, or as amended from to<br>n of said sewer with the ma<br>a designated agent of the<br>I at all times be under the d<br>and that any expense incurre<br>the Town for said expense | me to time.  ain sewer shall be inspectory  Town before burial of salirection and control of the distribution of the control o | eted by an employed<br>id connection.<br>the Commissioner of | ee of the department of                  |
| Installing Company N   | lame: FARLA  | ND CORPORATION INC   |  | License Type:  | DPI - Other                              |
| Address: 398 CO  | OUNTY ST   | City/Town/State:   | NEW BEDFORD  | MA_  |  |

# CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

|      | -  | 1 1    |
|------|----|--------|
|      | (1 | 17-0   |
| DATE | 4  | 1-7-10 |

This certifies that permission is granted to George Scott 172 Source Address SwoonSoca Property Owner To connect a sewer and/or storm drain located at Philips Rd Assessor's Plot .134 To be laid in accordance with the conditions in this application and the City of New Bedford ordinances. **INDUSTRIAL FLOW** TYPE OF USE; RESIDENTIAL COMMERCIAL If applicant other than actual property owner, attach Letter of Authorization from Property Owner. .....Tel..... Mailing Address.... The Bonded Contractor/Drain Layer authorized to perform this work is: Address < Type of Pipe Required: Lanch DDA 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. AmenoCheck# FOR INSPECTION ONLY A 24 HOUR NOTICE IS REQUIRED AND THE Other requirements:.... CONTRACTOR/APPLICANT IS REQUIRED TO NOTIFY THE D.P.I. @ 508 979-1550 Press 4 Repair PERMIT EXPIRES 1 YEAR Sewer Connection made to Part o 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 Enginee INSPECTOR'S REPORT INSPECTED BY DATE: COMMENTS: DISAPPROVED APPROVED SIGNATURE

SKETCH PLAN

| Work O                    | rder i     | Number: 18-016183                            |                 |                 |                   |                |                      |                       | 12/18/2018<br>7:43 AM |
|---------------------------|------------|--|-----------------|-----------------|-------------------|----------------|----------------------|-----------------------|-----------------------|
| ategory:                  | Servi      | ce Lateral Pressure                          |                 |                 | Pri               | ority:         |                      |                       |                       |
| Problem:                  | Contr      | tractor Inspection                           |                 |                 |                   | ew:            |                      |                       |                       |
| Cause:                    |            |  |                 |                 | Su                | pervisor:      | STEPHANIE DUPRAS     |                       |                       |
| /lain Task:               | Inspe      | ction  |                 |                 |                   | itus:          | New Work Order       |                       |                       |
| Vork Order Start          | t Date/    | Γime:  |                 |                 | Wo                | rk Order E     | nd Date/Time:        |                       |                       |
| Location<br>1669 PHILLIPS |            |  |                 |                 |                   |                |                      |                       |                       |
|                           |            | n <b>Request</b><br>TUE 12/18/18 @ 2:00 PERM | 24<br>AIT #2457 | 575<br>77 DAVII | ) ANDRA           | DE 508-8       | 389-8545 P134 L470   |                       |                       |
| ask Start Date/T          | Γime:      |  |                 |                 | Task E            | nd Date/Tir    | me:                  |                       |                       |
| ask Code:                 |            | SWT180                                       | Tas             | sk Descrip      | tion:             | Inspection     | on                   |                       |                       |
|                           |            |  |                 |                 |                   | Time           | Туре                 | _                     |                       |
| Employee Numb<br>14950    | <u>oer</u> | Employee Name<br>ANTONIO LEMOS               |                 | Reg<br>0,00     | <u>OT</u><br>0.00 | Normal<br>0.00 | Type<br>REGULAR TIME | <u>Units</u><br>Hours |                       |
|                           |            |  |                 |                 |                   |                |                      |                       |                       |
|                           |            |  |                 |                 |                   |                |                      |                       |                       |
| Equipment Code            | <u>e</u>   | Equipment Description                        |                 |                 |                   |                | <u>Units</u>         |                       |                       |
|                           |            |  |                 |                 |                   |                |                      |                       |                       |
| Material Code             |            | Material Description                         |                 |                 |                   |                | <u>Units</u>         |                       |                       |
|                           |            |  |                 |                 |                   |                |                      |                       |                       |
| Fluid Code                |            | Fluid Description                            |                 |                 |                   |                | <u>Units</u>         |                       |                       |
|                           |            |  |                 |                 |                   |                |                      |                       |                       |
|                           |            | Lo: HEN Sepuice                              |                 | \               |                   |                |                      |                       |                       |

lufo: HEN SERVICE, LON frederice Thimp beinder OK.

António Sma 12/18/2018

| Work                  | Order    | Number               | : 19-001292              |         |             |           |             |                |               |                           |                       | 1/22/2019<br>3:51 PM |  |
|-----------------------|----------|----------------------|--------------------------|---------|-------------|-----------|-------------|----------------|---------------|---------------------------|-----------------------|----------------------|--|
| Category:             | Servi    | vice Lateral Gravity |                          |         |             |           | Prior       | rity:          |               |                           |                       |                      |  |
| Problem:              | Contr    | tractor Inspection   |                          |         |             |           | Crev        | r:             |               |                           | -                     |                      |  |
| Cause:                |          |                      |                          |         |             | -         | Supervisor: |                | STEF          | STEPHANIE DUPRAS CRAMPTON |                       |                      |  |
| Main Task:            | Inves    | tigate / Ins         | spect                    |         |             |           | Stati       | ıs:            | New           | Work Order                |                       |                      |  |
| Work Order Sta        | rt Date/ | Time:                |                          |         |             |           | Worl        | Order E        | nd Date/Time: |                           |                       |                      |  |
| PHILLIPS R            |          |                      |                          |         |             | 54        |             |                |               |                           |                       |                      |  |
|                       |          | p.134 l. 4           | 70 b. Andrade inspection | ns 1/23 | /19 Wedn    | esday     | 10an        | n roof dra     | iin           |                           |                       |                      |  |
| Task Start Date       | /Time:   |                      |                          |         |             | Tas       | k End       | d Date/Tir     | me:           | 0                         |                       |                      |  |
| Task Code:            |          | SWT22                | 20                       | Tas     | sk Descri   | ption:    |             | Investig       | ate / Insp    | pect                      |                       |                      |  |
|                       |          |                      |                          |         | Time Ty     |           |             |                | е Туре        | Гуре                      |                       |                      |  |
| Employee Num<br>14950 | nber     | Employe<br>ANTONI    | ee Name<br>O LEMOS       |         | Reg<br>0.00 | <u>OT</u> |             | Normal<br>0.00 | Type<br>REGU  | LAR TIME                  | <u>Units</u><br>Hours |                      |  |
|                       |          |                      |                          |         |             |           |             |                |               |                           |                       |                      |  |
|                       |          | -                    |                          |         |             |           |             |                |               |                           |                       |                      |  |
|                       |          |                      |                          |         |             |           |             |                |               |                           |                       |                      |  |
|                       |          | -                    |                          |         |             | _         |             |                |               |                           |                       |                      |  |
| Equipment Cod         | de       |                      | Equipment Description    |         |             | _         |             |                |               | Units                     |                       |                      |  |
|                       |          |                      |                          |         |             |           |             |                |               |                           |                       |                      |  |
|                       |          |                      |                          |         |             |           |             |                |               |                           |                       |                      |  |
|                       |          |                      |                          |         |             |           |             |                | _             |                           |                       |                      |  |
|                       |          |                      |                          |         |             |           |             |                |               |                           |                       |                      |  |
|                       |          |                      |                          |         |             |           |             |                |               |                           |                       |                      |  |
| Material Code         |          | -                    | Material Description     |         |             |           |             |                |               | <u>Units</u>              |                       |                      |  |
|                       |          |                      |                          |         |             |           |             |                |               |                           |                       |                      |  |
|                       |          |                      |                          |         |             |           |             |                |               |                           |                       |                      |  |
|                       |          |                      |                          |         |             |           |             |                |               |                           |                       |                      |  |
|                       |          |                      |                          |         |             |           |             |                |               |                           |                       |                      |  |
|                       |          |                      |                          |         |             |           |             |                |               |                           |                       |                      |  |
| Fluid Code            |          |                      | Fluid Description        |         |             |           |             |                |               | <u>Units</u>              |                       |                      |  |
|                       |          |                      |                          |         |             |           |             |                |               |                           |                       |                      |  |
|                       |          | -                    |                          |         |             |           |             |                |               | -                         |                       |                      |  |
|                       |          | -                    |                          |         |             |           |             |                |               |                           |                       |                      |  |
|                       |          | _                    |                          |         |             |           |             |                |               |                           |                       |                      |  |
|                       |          | _                    |                          |         |             |           |             |                |               |                           |                       |                      |  |
|                       |          |                      |                          |         |             |           |             |                |               |                           |                       |                      |  |



#### CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE 4 18

| 24575   |   |
|---|---|
| This certifies that permission is granted to  | g (508) 558-66K   |
| Gange Scott 172 Souriel Property Owner Address Swansea OFF  | 02777 Tel.  |
| and/or storm drain located at Philips Rd  | (05) 349, DX HILLON   |
| Assessor's Plot   | in!! D  |
| To be laid in accordance with the conditions in this application and the TYPE OF USE: RESIDENTIAL COMMERCIAL  |   |
| If applicant other than actual property owner, attach Letter of Authoriz  | ation from Property Owner.  |
| Mailing Address.  | is work is:   |
| Name Address Type of Pipe Required:   | 5 11/4 Schedule 40 Forcemain  |
| PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE   | to connect be discharged to a   |
| PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE     Requires separate connections for sewage and storm drain where the separate connections for sewage and storm drain where the separate connections for sewage and storm drain where the sewage and storm drain where the sewage are several to the sewage and storm drain where the sewage are several to the se | ere applicable. Storm water cannot be discharged to   |
|   |   |
|   |   |
| Joint Maintenance Agreement.  | cants only upon receipt and approval by the Commissioner of ormation.                                   |
| Permits can be issued to Industrial and/or Commercial Applied  Public Infrastructure of required plans and supplemental info  Public Infrastructure of  | ormation.   |
| Permits can be issued to industrial and supplemental info<br>Public Infrastructure of required plans and supplemental info<br>In addition, a City-issued Industrial User Discharge Permit a   | nd/or a Sewer Extension/Connection Fernit issued by   |
| In addition, a City-issued Industrial User Discharge Permit a Commonwealth of Massachusetts D.E.P. shall be required b  | Date  |
| Industrial User Discharge Permit No   |   |
| Comm. Mass. Sewer Conn./Ext. Permit No  | Date  |
| A Filing and Inspection Fee of \$   | Date 5-11-18 Receipt#   |
| Bank# Concor AmonoCheck# FOR INSPECTIO  | N ONLY A 24 HOUR  |
| Other requirements: NOTICE IS REQ   | APPLICANT IS  |
| REQUIRED TO N<br>@ 508 979-1550 F   | OTIFY THE D.F.I.  |
| Sewer ) PERMIT EXPIRI   | S 1 YEAR  |
| Connection made to Part o   | 7   |
| Storm Drain   | of New Bedford, and such  |
| Applicant agrees to abide by the above terms, as well as all  | pertinent ordinances of the City of New Bedford, and such cture and/or City Engineer may deem necessary |
| Applicant agrees to abide by the above terms, as well as all other special rules as the Commissioner of Public Infrastru  | cture and/or city and   |
| War wor Charles   | Signature of Property Owner or Representative   |
| City Engineer   | Signature of Froperty   |
| Admin manager WERECTO   | R'S REPORT  |
| INSPECTO  | RONDIO  |
| INSPECTED BY: ANTONIO LEMOR   |   |
| DATE: 1 28 2019   |   |
| COMMENTS:   |   |
| tut Heating Root.   |   |
| DISAPPROVED   |   |
| APPROVED  |   |
| Antonio Vones   |   |
| SIGNATURE   |   |

SKETCH PLAN