

2006

SERVICE No 32593

NEW BEDFORD WATER WORKS

APPLICATION FOR SERVICE AND METER

NEW BEDFORD

10/22/01

I HEREBY ACKNOWLEDGE the receipt of a copy of the Regulations prescribed in the Ordinance of the City, for the use of Water, and I request that the water may be furnished through a

1" inch City meter at one-family
NS Locust W x County St

at such rates as may from time to time be established by the City.

I hereby agree to pay promptly the bill for the Service pipe laid down for my premises, and to pay all dues for water, and I agree to conform to the said Regulations and to all provisions of the Water Ordinances, until written notice is given by me or my agent to cut off the supply.

sewer permit # 23141
P 71 R 413

X Richard F. Dealy

X 554 County ST

New Bedford MA 01901

1 Copper 99485T

TELEPHONE X

Service laid

Size and kind of pipe

From Locust St.

St.

Turned on

Meter Set

Reading

Location

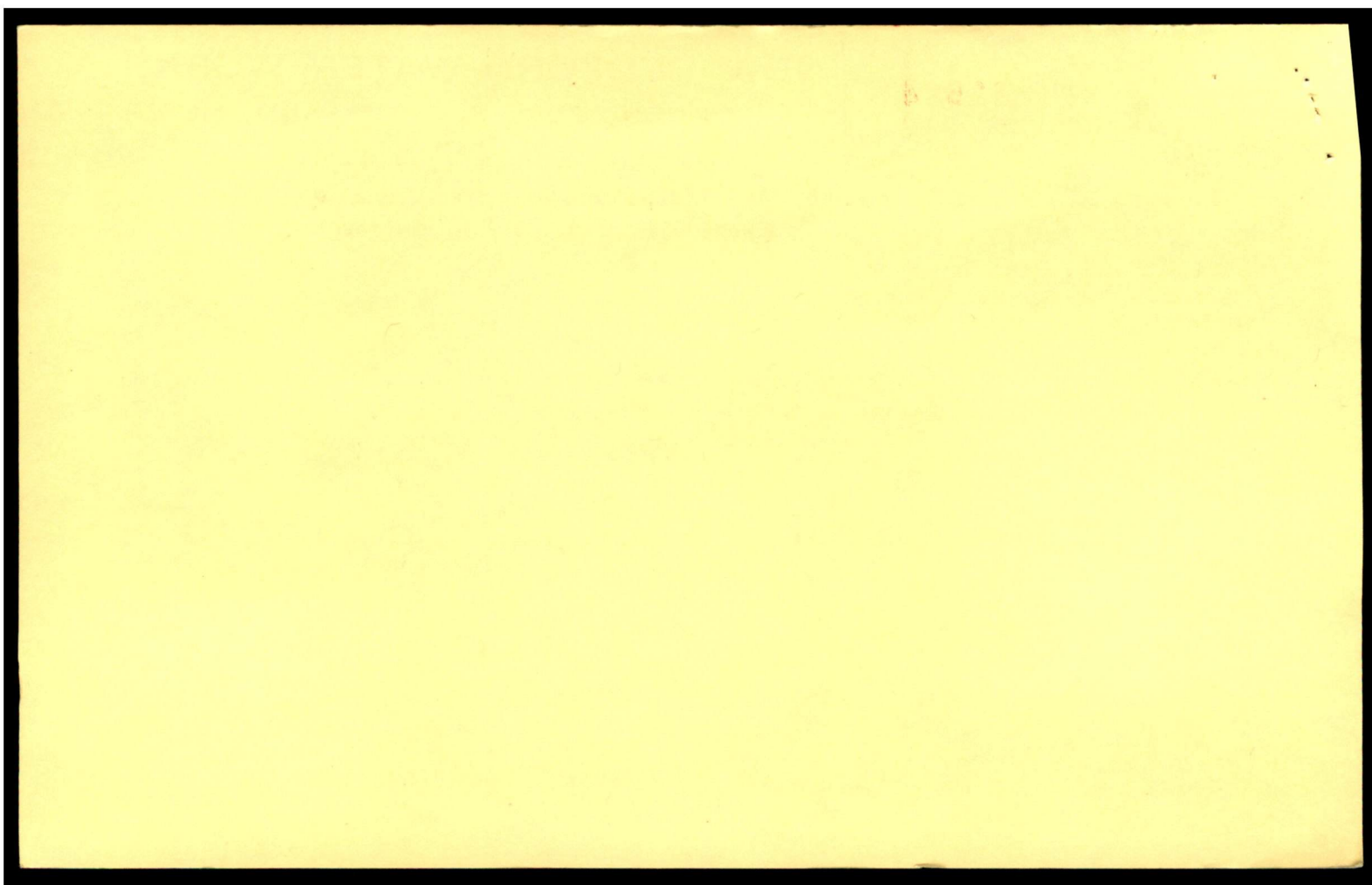
inside cellar wall

Building rates

Paid

Cost of Service

Paid



-FORM H-

Notice of Erection of New Structure
LINE & GRADE

Locust

LOCATION: 208' West of County ST

PLOT: 71 LOT: 413 BUILDING SIZE: 34x26

TYPE OF BUILDING Wood Frame USE Single Family

WATER DEPARTMENT

Is there water in street: OWNER TO APPLY FOR A WATER PERMIT

Any other requirements _____

Renald J. Labell 9/10/01
Signature

DEPARTMENT OF PUBLIC WORKS

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is street accepted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. If "No", is street part of approved sub-division to be accepted upon completion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is there any Board of Survey Street existing within Or across the property being considered? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is Public Sewerage available to this lot? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. If "No", can sewerage be extended be extended or constructed To serve this lot? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature

SPECIAL STIPULATIONS

IN CASES OF NO SEWERAGE, PLANS SHALL BE SUBMITTED OF THE SANITATION SYSTEM APPROVED BY THE HEALTH DEPARTMENT.

IN CASES OF ADDITIONAL REQUIREMENTS BY THE D.P.W. OR WATER DEPARTMENT, APPROVED PLAN SHALL BE SUBMITTED TO THE BUILDING DEPARTMENT

NO BUILDING PERMIT SHALL BE ISSUED WITHOUT THE ABOVE