



CITY OF NEW BEDFORD

MASSACHUSETTS

ENGINEERING - 508-979-1526

APPLICATION FOR CONSTRUCTION OF PAVED

SIDEWALK/DRIVEWAY

Application No. 10,951

Expires: 10/23/13
Date: 10/23/12

Property Owner: Douglas Barrows Tel: 508-994-9772

Address: 1434 Old Plainville Rd. New Bedford MA 02747
street city state zip code

The above hereby requests permission to construct a paved: driveway / sidewalk located at 1434 Old Plainville Rd., plot 124, lot 108 in accordance with the terms and conditions set forth herein, and the Ordinances of the City of New Bedford.

Sidewalk	Dimensions	Driveway	Width (ft)
Bituminous Concrete		<input checked="" type="checkbox"/> Residential	
Concrete Full Width		Commercial	
Concrete Ribbon		Relocation/Widening	
Curb Needed		<u>None</u> Curb Removal	
<u>existing 21.5' x 8' Hot Mix Asphalt Base</u>		Concrete	
		<input checked="" type="checkbox"/> Bituminous Concrete	<u>21.5' x 8'</u>

Bonded Contractor: A-1 Asphalt Tel: 508-995-7212

Traffic Commission: NA Approved _____ Rejected _____ Date _____
Signature _____

Building Dept. Approved (New Building) _____
Pre Insp Approved - Bldg. Permit# B-12-1935
MHS Rejected _____
OK Dorsey Kennaway Signature _____

Engineering Department Approved _____ Rejected _____ Date 10/11/12
Signature Manuel H. Selove _____

Permit/Inspection fee of \$150.00 must accompany this application.
Contractor to call 24 hrs. in advance for pre-inspection (prior to pouring)
SPECIAL REQUIREMENTS: If curbing is removed, it must be returned within 24 hrs to the D.P.I. Yard
1105 Shawmut Ave., New Bedford

PAID: \$150.00

Manuel H. Selove Supervising Civil Engineer
BY: Coral Sherman Property Owner
Coral Sherman Property Owner's Representative



Commonwealth of Massachusetts

CITY OF NEW BEDFORD

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



BUILDING PERMIT

10/22/2012

No. B-12-1935

MSBC Sect. 110:14 - 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: \$30.00

ParcelID 124-108

This certifies that Nancy-Douglas Barrows Contractor Lic. # _____
owner/contractor has permission to: Driveways - 30.00
on: 1434 OLD PLAINVILLE RD

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)

CITY DEPARTMENT/COMMISSION COMMENTS

BUILDING DEPARTMENT COMMENTS

The following department/commission has expressed concern about the issuance of this permit. You are advised to contact that agency and resolve this matter.

Department/Commission: _____

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

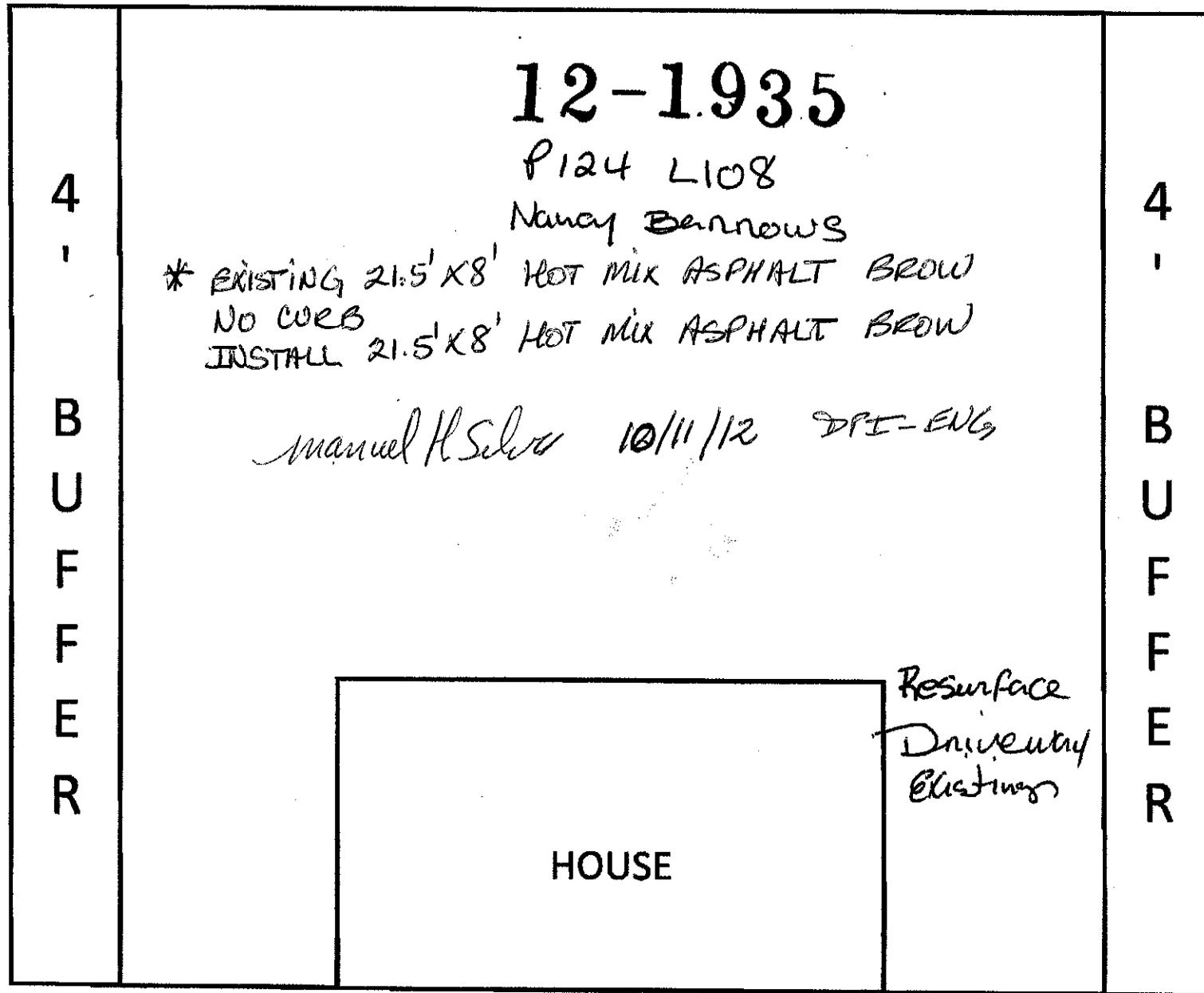
This Card Must Be Displayed in a Conspicuous Place on the Premises and Not Torn Down or Removed Until Completion of Work

SUBJECT TO MASSACHUSETTS STATE BUILDING CODE

Building Commissioner

Plan Review Comments:

DRIVEWAY REQUIREMENT 13' MIN 18' MAX



ADDRESS: 1434 Old Plainville Rd. - New Bedford, MA 02747



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
 Applicant Information Please Print Legibly

Name (Business/Organization/Individual): ASPHALT CO INC

Address: 1861 STAUDUT AVE

City/State/Zip: DAVEENOTH MA 02919 Phone #: 508 9957272

Are you an employer? Check the appropriate box:

1. I am an employer with 5 employees (full and/or part-time).*

2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] †

3. I am a homeowner doing all work myself. [No workers' comp. insurance required.] †

4. I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡

5. We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

6. New construction

7. Remodeling

8. Demolition

9. Building addition

10. Electrical repairs or additions

11. Plumbing repairs or additions

12. Roof repairs

13. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such. ‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: COLUCCI & INDUSTRY INSURANCE CO

Policy # or Self-ins. Lic. #: DL0006881338 Expiration Date: 12/12/12

Job Site Address: 1134 OLD BRIMFIELD - NEWBERRY MA City/State/Zip: 02747

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Anthony De G Date: 10/3/12

Phone #: 508 9957272

Official use only. Do not write in this area, to be completed by city or town official

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health
2. Building Department
3. City/Town Clerk
4. Electrical Inspector
5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

Manuel Silva

From: Maria Sequeira
Sent: Thursday, October 11, 2012 10:34 AM
To: Maria; Pina-Rocha@newbedford-ma.gov; Michelle Avila-Silva@newbedford-ma.gov; Manuel Silva; Ana S. Rosa
Subject: Permit/Application: TB-12-1935 at 1434 OLD PLAINVILLE RD for Driveways - 30.00

Please complete this review by the following deadline:ASAP

The Permit Number in the Subject line has been submitted to the Inspectional Services Department. We are in need of your review. Please log onto the View Permit System and review this application indicating whether you approve and disapprove of the work being requested. We are NO LONGER running in parallel with the manual process. Your attention with this process is appreciated. If you have any questions please myself or call Maria Pina-Rocha in the MIS Department at extension 6245.

Maria Sequeira
Inspectional Services

*1434 Old Plainville Rd
Nancy Barrows
P124
L 108*

Permit Log Report

Name	Type	PIN	Permit Type	Date	Details
a41mhs	Reviewed	TB-12-1935	Building	10/11/2012	Engineering->Approved
a241ms	Reviewed	TB-12-1935	Building	10/11/2012	Engineering->Pending
Comments					
Existing 21.5'x8' Hot Mix Asphalt brow No curb			Install 21.5'x8' Hot Mix Asphalt brow		
Comment Date					
10/11/2012					

