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CITY OF NEW BEDFORD MASSACHUSETTS ENGINEERING - 508-979-1526

RECEIVED
NOV 16 2012
PAVED
SIDEWALK/ DRIVEWAY

Expires: 11/14/2013

Application No. 10.959

Date: 11/14/2012

Property Owner: Michael Fernandes / Streetside Realty LLC Tel: _____

Address: 16 Halsey St. New Bedford, MA 02340
street city state zip code

The above hereby requests permission to construct a paved: ☒ driveway / _____ sidewalk located at
75 MacArthur Drive / South St., plot 31, lot 241, 248, 251, 252 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	_____	Residential	_____
Concrete Full Width	_____	<input checked="" type="checkbox"/> Commercial	_____
Concrete Ribbon	_____	<input checked="" type="checkbox"/> Relocation/ <u>Widening</u>	<u>48'</u>
Curb Needed	_____	<u>48'</u> Curb Removal on <u>South St. side</u>	_____
Existing <u>31' curb cut on</u> <u>MacArthur Drive to remain same</u> <u>width</u>	_____	<input checked="" type="checkbox"/> Concrete	<u>64.3' x 8'</u>
	_____	Bituminous Concrete	_____

Bonded Contractor: R. J. Carneiro Tel: 508-998-3404

Traffic Commission: _____ Approved _____ Rejected 12/12/12 Date

Signature _____

Building Dept. _____ Approved (New Building) _____
Approved - Bldg. Permit# _____
Rejected _____

Signature _____

~~Inspector~~ 11/14/13, 6:00 PM 12/13/12 Date
Engineering Department Approved _____ Rejected _____

Signature Manuel H. Silva

Permit/Inspection fee of \$150.00 must accompany this application.

SPECIAL REQUIREMENTS: Contractor to call 24 hrs. in advance for pre-inspection (prior to pouring)
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. Silva
Supervising Civil Engineer

BY: Manuel H. Silva Property Owner

Kenneth R. Ferreira
Property Owner's Representative KRS-PC

Manuel Silva

From: Maria Sequeira
Sent: Wednesday, July 10, 2013 12:02 PM
To: Maria Pina-Rocha; Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-13-1352 at 75 MACARTHUR DR for Driveways - 30.00

Please review the permit in the subject line above in the View Permit System. The paper work you need is attached to the application.

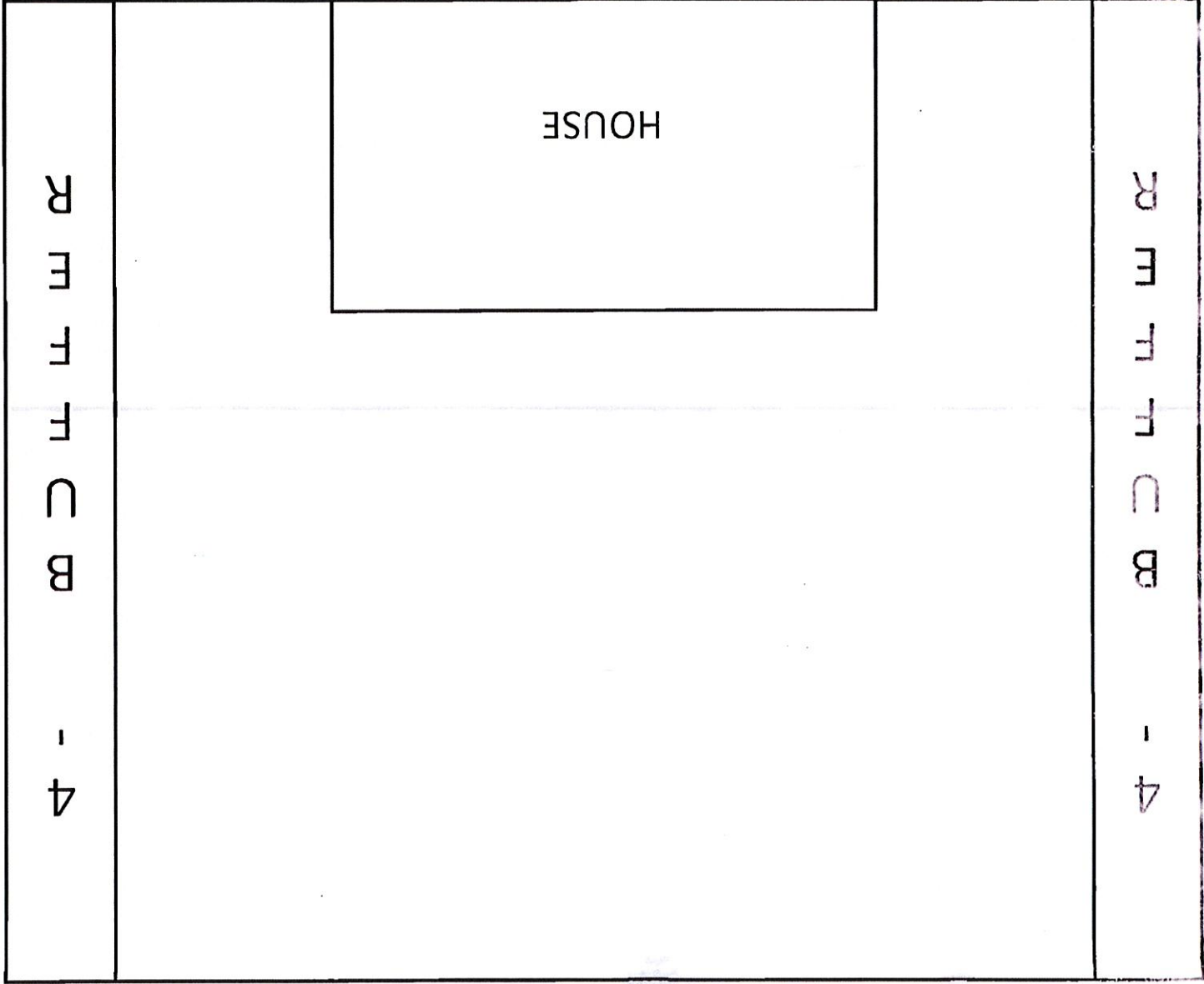
Thank you for your attention in this matter.
Maria Sequeira
Department of Inspectional Services

#10,959

11/15/12

75 MacArthur Dr.
Streetside Realty LLC
P31
L248

DRIVEWAY REQUIREMENT 13' MIN 18' MAX



ADDRESS:

65'

8'

XXXXXX

APPROX - 3600
sq. ft.
7-9-11

South St

APR 10 / 11
only





South St
78



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): Debra Sue

Address: 369 Heath Rd

City/State/Zip: New Bedford Mass. 01944 Phone #: 508 993 8088

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 13 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partner-ship 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 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 attach an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

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

Insurance Company Name: Mercantile Ins. Co.

Policy # or Self-ins. Lic. #: WCLA 90933889 Expiration Date: 11/1/14

Job Site Address: 75 The Arthur Blvd City/State/Zip: New Bedford Mass. 01940

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: Debra Sue Date: 7/8/13

Phone #: 508 993 8088

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 #: _____

MEMORIAL HIGHWAY

IND. B.

417.86

32.34

148.02

SOUTH

IND. B.
60.00

117.45

37.53

132.8

184.39

100.00

49.64

174.09

IND. B.

MAC ARTHUR

DRIVE

IND. B

245

3A - 25.60

137746

366.94

241

80.84
22008

60

316.94

248

67.26
18311

251.79

198.81

255

72.82
19824

90.12

106.17

52.98

44.41

256

33.81
9205

68.41

45.33
46.56

81.60

50.00

250

15.03
4093

50.00
48.77

257

12.39
3374

150

71.65

242

140.69
38304