



CITY OF NEW BEDFORD

MASSACHUSETTS

ENGINEERING - 508-979-1526

APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/ DRIVEWAY

Application No. 10,966

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

Property Owner: Christiano, Beaulieu Tel: 774-202-1905

Address: 169 Moanham St New Bedford MA
street city state zip code

The above hereby requests permission to construct a paved: ☒ driveway / ☒ sidewalk located at
169 Moanham Street, plot 75, lot 147, in accordance with the
terms and conditions set forth herein, and the Ordinances of the City of New Bedford.

Sidewalk	Dimensions	Driveway	Width (ft)
<input type="checkbox"/> Bituminous Concrete	<input type="checkbox"/>	<input checked="" type="checkbox"/> Residential	<u>18' x 16' cement</u>
<input type="checkbox"/> Concrete Full Width	<input type="checkbox"/>	<input checked="" type="checkbox"/> Commercial <u>Install concrete driveway</u>	<u>13' x 13' x 13' x 13'</u>
<input type="checkbox"/> Concrete Ribbon	<input type="checkbox"/>	<input type="checkbox"/> Relocation/Widening	<u>18' cement Curb</u>
<input type="checkbox"/> Curb Needed	<input type="checkbox"/>	<input type="checkbox"/> Curb Removal	<u>not granite</u>
		<input type="checkbox"/> Concrete	
		<input checked="" type="checkbox"/> Bituminous Concrete	<u>18' x 10' Per</u>

Bonded Contractor: Fairhaven Excavating Tel: 508 999-6244 12/12/13

Traffic Commission: _____ Approved _____ Rejected _____ Date _____

Building Dept. _____ Signature _____
Approved (New Building) ☒ Approved - Bldg. Permit# B-13-2144
Rejected ☐

Engineering Department _____ Signature Danny Pomeroy D.P.
for JWC 12/12/13 ☒ Approved _____ Rejected _____ Date 11/9/13
MWB OK Approved Silen CT Signature _____

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 Silva _____
Supervising Civil Engineer Property Owner

Byrrell TOS _____
Property Owner's Representative



Department of Public Infrastructure

Ronald H. Labelle
Commissioner

Water
Wastewater
Highways
Engineering
Cemetery

CITY OF NEW BEDFORD
Jonathan F. Mitchell, Mayor

To Whom It May Concern:

I Chrisban Baulier 169 Macomber St, being
(Name) (Mailing Address)

Owner of property located at

Plot 75, Lot 147, hereby agree to allow Falchawa & Xavahy
(Name) (Mailing Address) 15 Olive St. to act on my behalf including affixing my
(Mailing Address)

signature in securing permit for:

☐ Sewer/Drain Service Permits
☐ Water Service Permits
☒ Driveway Installation Permits
☐ Sidewalk Installation Permits

I further agree to conform to, and abide by, All City rules and ask regulations applicable to
the permit (s) being applied for:

Name Chrisban Baulier Signature
169 Macomber St Address
12-10-12 Date
Telephone number



Commonwealth of Massachusetts
CITY OF NEW BEDFORD
City Hall, Room 308, 133 William Street, New Bedford, MA 02740 (508) 979-1540



No. B-12-2144

This certifies that **FAIRHAVEN EXCAVATING**

owner/contractor has permission to: Driveways - 30.00

on: 169 MACOMBER ST

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

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: **Mussie Gizaw**

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

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

No Building or Structure shall be used or occupied until the Certificate of Use and Occupancy shall have been issued by the Building Commissioner, M/SBC, Sect. 110.14

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

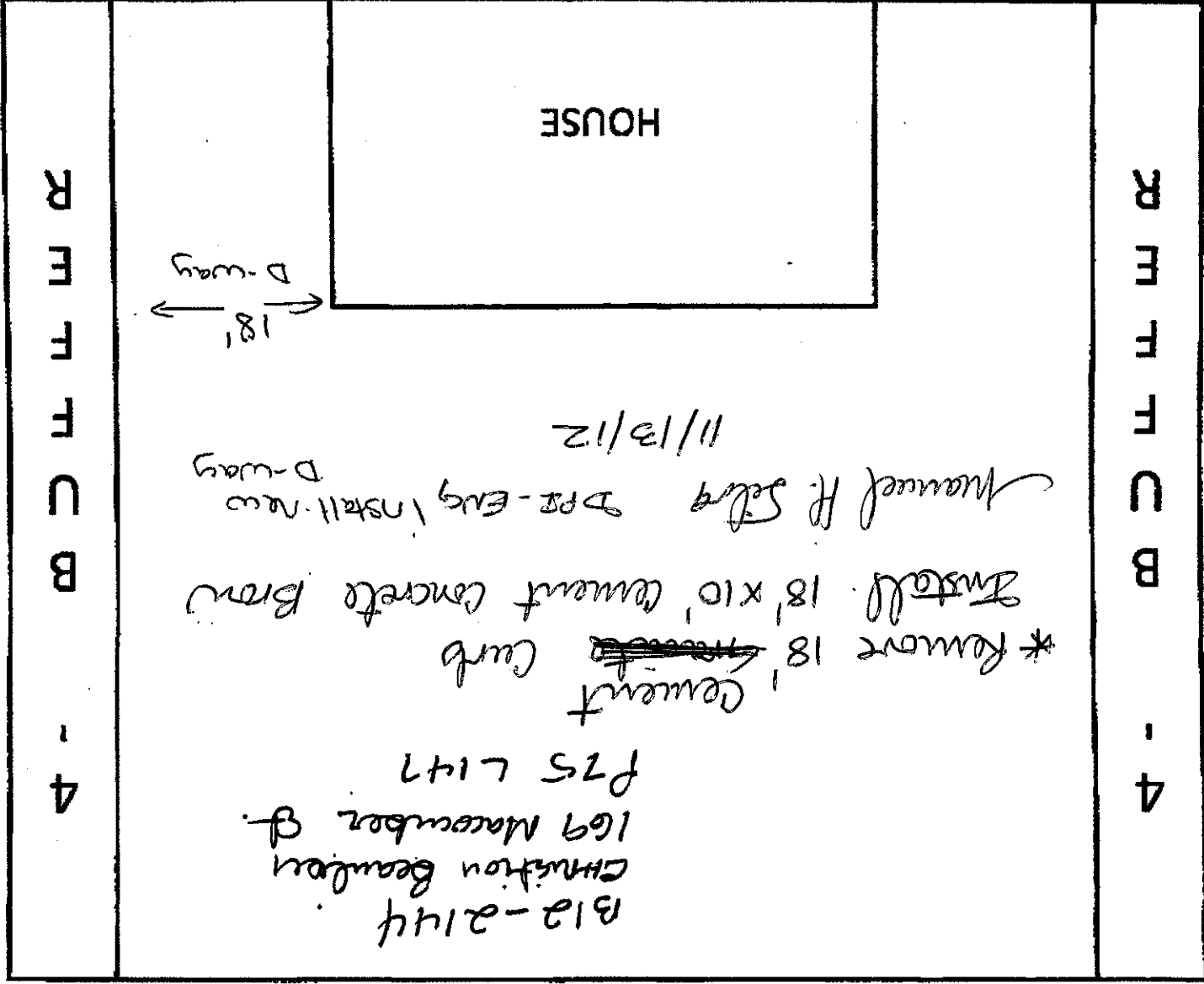
SUBJECT TO MASSACHUSETTS
STATE BUILDING CODE

Building Commissioner

Manny Silva

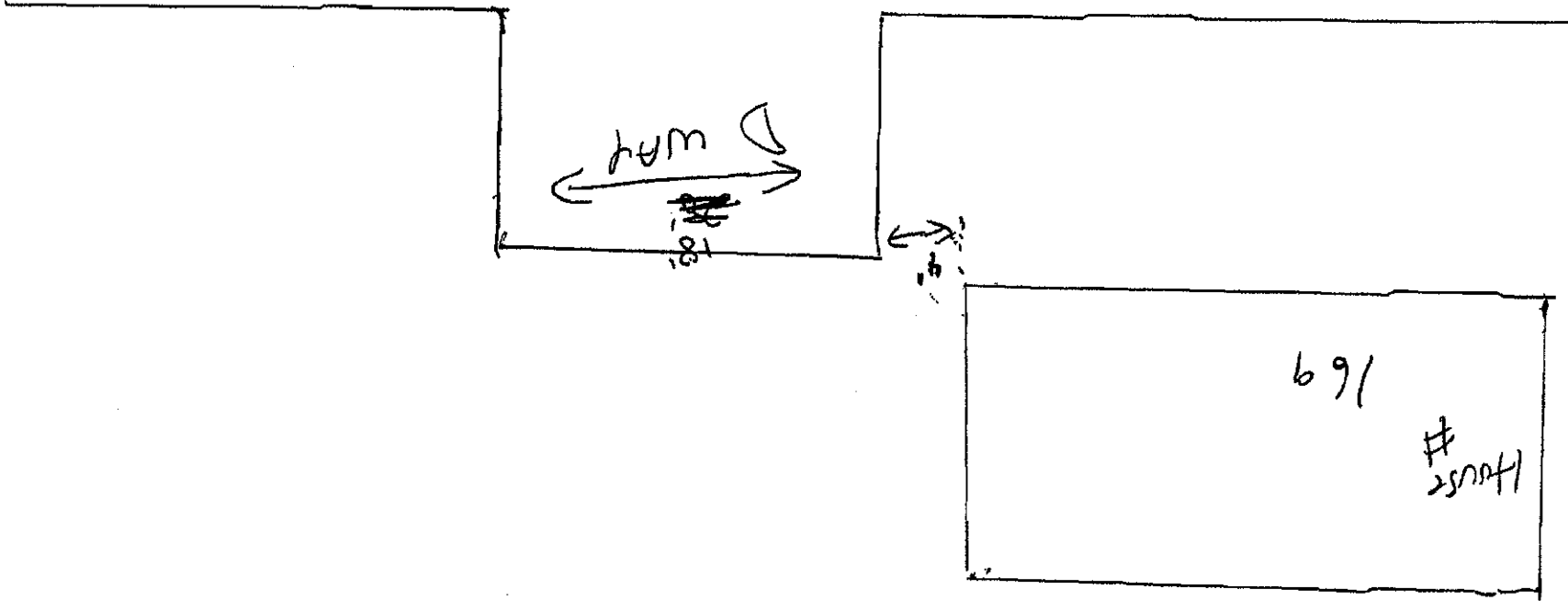
Plan Review Comments: Manny Silva - DPL: Remove 18' Cement Curb
Install 18'x10' Cement Concrete brow

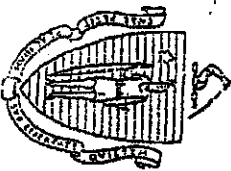
DRIVEWAY REQUIREMENT 13' MIN 18' MAX



ADDRESS: 169 Macomber St NB

CHRISTIAN BREALTE
169 MACOMBER ST. N.B





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): Fairhaven Excavating
Address: 15 Oliver St
City/State/Zip: FHVN MA 02719 Phone #: 508-991-6249

Are you an employer? Check the appropriate box:	
1. <input checked="" type="checkbox"/> I am a employer with <u>5</u> employees (full and/or part-time).*	4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet †
2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]	5. <input type="checkbox"/> 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.]
3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †	

*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 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: Safelastern Insurance
Policy # or Self-ins. Lic. #: W2A2WC00055400 Expiration Date: 08/03/13
Job Site Address: 169 Macomber St City/State/Zip: New Bedford

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: [Signature] Date: 11/6/13

Phone #: 508-991-6249

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, November 08, 2012 1:43 PM
To: Maria Pina-Rocha; Michele Avila-Silva; Manuel Silva; Ana S. Rosa
Subject: Permit/Application: TB-12-2144 at 169 MACOMBER ST 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

169 Macomber St
Deborah Flynn
P 75
L 147

Permit Log Report

Name	Type	PIN	Permit Type	Date	Details
a411mhs	Reviewed	TB-12-2144	Building	11/13/2012	Engineering-->Approved
a241ms	Reviewed	TB-12-2144	Building	11/8/2012	Engineering-->Pending

Comments	Comment Date
Remove 18' Cement Curb Install 18'x10' Cement Concrete brow	11/13/2012

ROCKDALE AVE
RES. A
84.23
886
