



CITY OF NEW BEDFORD

MASSACHUSETTS

ENGINEERING - 508-979-1526

APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/ DRIVEWAY

Application No. 10,968

Expires: 1/8/14
Date: 1/8/13

Property Owner: Lima Henrique Ferreira Tel: (508) 996-1609

Address: 83 Robinson Street W.B MA 02745
street city state zip code

The above hereby requests permission to construct a paved: ☒ driveway / ☒ sidewalk located at
83 Robinson Street, plot 71, lot 274 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	☐ Commercial	☐	☐
☐ Concrete Ribbon	☐ Relocation/Widening	☒ Curb Removal	<u>11' x 8'</u> <u>11' x 8'</u>
☐ Curb Needed	☒ Concrete	☐ Bituminous Concrete	☐

Bonded Contractor: JTC Construction Tel: per mhs 1/9/13

Traffic Commission: ☐ Approved ☐ Rejected ☐ Date

Signature _____

Building Dept.

☒ Approved (New Building)
☒ Approved - Bldg. Permit# B-12-16615
☐ Rejected

Signature Stany Monovichy cty.

Engineering Department

1/8/13 OK Mhs OK
Approved ☒ Rejected ☐ Date 9/13/12
Signature Mhs cty.

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

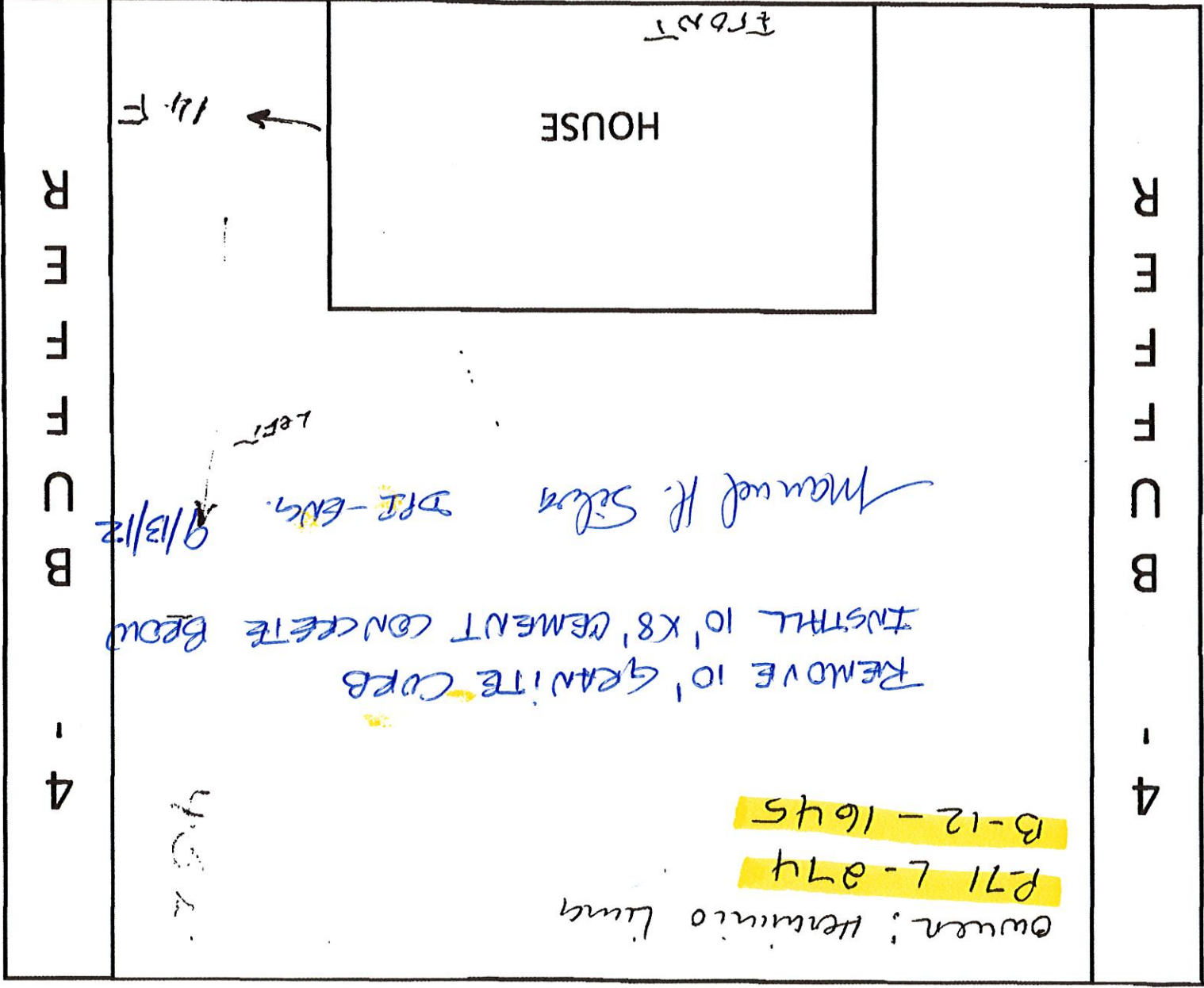
Mhs H. Silva
Supervising Civil Engineer

Henrico Lima
Property Owner

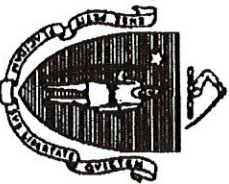
BY: Chavel Ties

Property Owner's Representative

DRIVEWAY REQUIREMENT 13' MIN 18' MAX



ADDRESS: 83 ROBESON ST



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): Herminio Jimenez
Address: 83 Robeson ST
City/State/Zip: D22740 Phone #: 508 996-6081

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ 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: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

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: Herminio Jimenez Date: 9-4-12

Phone #: _____

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: Wednesday, September 12, 2012 11:51 AM
To: Maria.Pina-Rocha@newbedford-ma.gov; Michele Avila-Silva; Manuel Silva; Ana S. Rosa
Subject: Permit/Application: TB-12-1645 at 83 ROBESON 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

Permit Log Report

Name	Type	PIN	Permit Type	Date	Details
a41mhs	Reviewed	TB-12-1645	Building	9/13/2012	Engineering-->Approved
a241ms	Reviewed	TB-12-1645	Building	9/12/2012	Engineering-->Pending
Remove 10' granite curb			Comments		
Install 10'x8' cement concrete brow			Comment Date		
			9/13/2012		



Commonwealth of Massachusetts
CITY OF NEW BEDFORD
BUILDING PERMIT

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



No. B-12-1645

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.

This certifies that LIMA HERMINIO JLIMA JOAO

Contractor Lic. #

owner/contractor has permission to: Driveways - 30.00

on: 83 ROBESON 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, 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: Mussie Gizaw

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

Donny R. Lawrence

Plan Review Comments: Manny Silva - DPI: Remove 10' granite curb
Install 10'x8' cement concrete brow