

CITY OF NEW BEDFORD MASSACHUSETTS

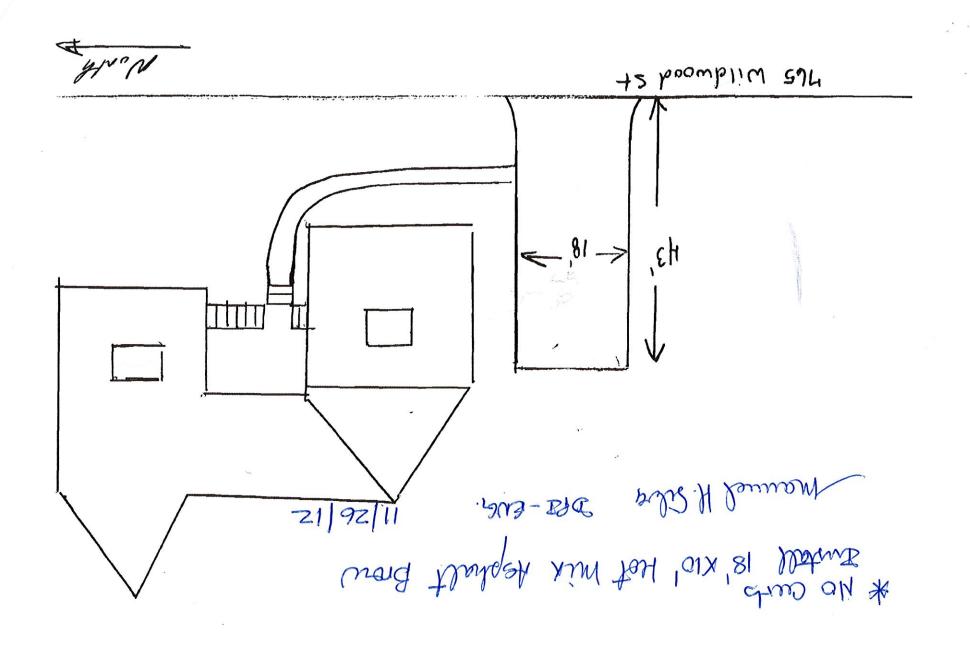
APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY

ENGINEERING - 508-979-1526

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	Signature Engineering Department Approved Rejected Date Signature Signature	Traffic Commission: Approved Rejected Date Signature Approved (New Building) Approved - Bldg. Permit# Rejected	Bonded Contractor: Morgado Co. Tel: (508)997-1022	Curb Needed Off Chrocoly Bituminous Concrete hof mix	Concrete Full Width Commercial Concrete Ribbon Relocation/Widening	Dimensions Driveway Residential	The above hereby requests permission to construct a paved: driveway / sidewal, plot, plot, plot, plot, plot, plot, plot, plot	Address: The Way of the New Bedford MB 027 state zip	Expires: 3 19 10,976 Date: 3 19 13
on (prior to pouring) hrs to the D.P.I. Yard	Date	te	1	HWIX asbut		Width (ft)	sidewalk located at in accordance with the	OZJY zip code	119/14

BY:

Property Owner's Representative



Morgado Co C601 1092 802



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

ct Person: Phone #:	Contact Person:
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector 6. Other	1. Board of H
r Town: Permit/License #	City or Town:
Official use only. Do not write in this area, to be completed by city or town official.	Official use or
508-9971032 "	Phone #:
I do hereby certify under the pains and penalties of pendury that the information provided above is true and correct. Signature: Philippin Date: Nov 7, 2012	I do hereby certif
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.	Failure to secure fine up to \$1,500 of up to \$250.00 investigations of
oddress: 765 WILDWOOD St. City/State/Zip: 1/100 BROFORD MA	Job Site Address:
Policy # or Self-ins. Lic. #: 10KUB-0489NH6 Expiration Date: Man 13, 2013	Policy # or Self-ii
Insurance Company Name: Wawlew's	information. Insurance Compa
I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site	I am an employe
*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.	*Any applicant that cl † Homeowners who s †Contractors that chec employees. If the sub
insurance required.] † c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]	insurance
work officers have exercised their 11.	3. I am a hon
comp. insurance.* 5. We are a corporation and its 10.	[No works
working for me in any capacity. employees and have workers' employees and have workers' 9. Building addition	ship and h working f
listed on the attached sheet. 7. These sub-contractors have	2. I am a sole
1. ✓ I am a employer with 4. ☐ I am a general contractor and I 6. ☐ New construction have hired the sub-contractors	1. I am a emp
yer? Check the appropriate box:	Are you an em
	City/State/Zip:
ss: Anni Codra	Address:
Name (Business/Organization/Individual): WWYIIdo Compony hoc	Name (Busine
Applicant Information Applicant Information Please Print Legibly	Applicant I

Manuel Silva

From: Sent: To: Subject:

Danny Romanowicz Wednesday, November 21, 2012 11:02 AM Manuel Silva Permit/Application: TB-12-2256 at 765 WILDWOOD RD for Driveways - 30.00

Please complete this review by the following deadline: AS SOON AS YOU CAN

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

Thank You

Building Commissioner Danny Romanowicz

765 wildwood Rd. Foseph Goyette 7 130 G L 142

Permit Log Report

11/26/2012	No curb Install 18'x10' Hot Mix Asphalt brow							
Comment Date	Comments							
holeW moT-gblB bevorqqA<	11/20/2012	gnibliua	TB-12-2266	Peweive Red	wtl42s			
Engineering>Pending	11/21/2012	gnibliuB	TB-12-2256	Reviewed	a241ddr			
Engineering>Pending	11/21/2012	BuibliuB	TB-12-2256	Peweive Reved	a241ddr			
Engineering>Approved	11/26/2012	gnibliuB	TB-12-2256	Reviewed	s411mhs			
SlisteU	Date	Permit Type	Nld	Туре	ЭшвИ			





