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

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY

Expires: 3/26/14

Application No. **10,977** Date: 3/26/13

Property Owner: RONALD OLIVEIRA Tel: 508 733-5931

Address: 5 ARCHERY WAY (street) ACUSHNET (city) MA (state) 02743 (zip code)

The above hereby requests permission to construct a paved: _____ driveway / _____ sidewalk located at 132 ROTCH ST, plot 44, lot 36 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 Needed		✓	Curb Removal	10' GRAN. CURB
			✓	Concrete	10' x 10' CEM. CONC. APRON
			____	Bituminous Concrete	

Bonded Contractor: CARDOSO CONTRACTING Tel: 508 998-8210

Traffic Commission: _____ Approved _____ Rejected _____ Date

_____
Signature

Building Dept.

_____ Approved (New Building)
✓ Approved - Bldg. Permit# B-13-454
_____ Rejected

_____
Signature

Engineering Department: ✓ Approved _____ Rejected 3/25/13 Date

Pre Insp 4/9/13 MHS OK

Manuel Silva CG
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

BY: Cheryl Gundersen

Property Owner

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

No. **B-13-454**

4/3/2013

MSBC Sect. 110.14 - Any permit issued shall be deemed abandoned and invalid unless the work authorized by it shall have been commeced within six (6) months after its issuance.

FEE PAID: **$30.00**

ParcelID **44-36**

This certifies that Nelson Cardoso **Contractor Lic. #** _____

owner/contractor has permission to: Driveways - 30.00

on: 132 ROTCH ST

Providing that the person accepting this permit shall in every respect confrom to the terms of application therefore on file in this office; to the provisions of the statute of the Comonwealth adn to the by-laws of the City of New Bedford relating to the inspection, erection, enlarging, altering, raising, moving, reparing, 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 adviced to contact that agency and resolve this matter. Department.Commission: _____	DDR: BUS SIGN WILL BE MOVED

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

Danny D. Romanowicz

Building Commissioner

Plan Review Comments: :

Manny Silva - DPI: Remove 10' Granite Curb
Install 10'x10' Cement Concrete Brow

Manuel Silva

From: Mussie Gizaw
Sent: Thursday, March 21, 2013 2:26 PM
To: Maria Pina-Rocha; 'Michelle.Avila-Silva@newbedford-ma.gov'; Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-13-454 at 132 ROTCH ST for Driveways - 30.00

Please complete this review by the following deadline:ASAP

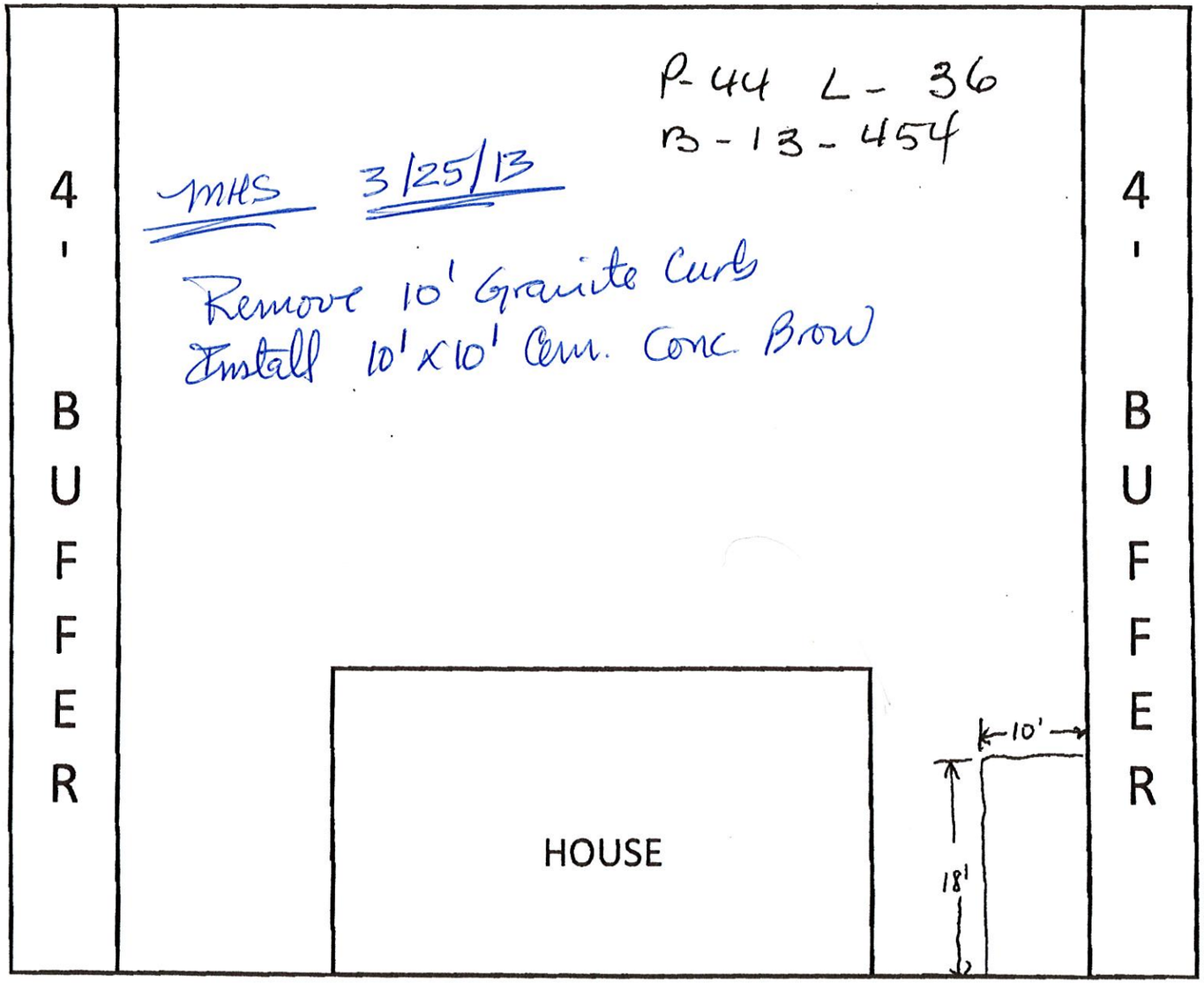
The Permit Number in the Subject line has been submitted to the Inspectional Services Department. We are in need of your review. Please log onto the View Permit System and review this application indicating whether you approve and dissapprove of the work being requested. We are NO LONGER running in parallel 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.

Thank You

Mussie Gizaw
Building Inspector
x1542

132 Rotch St.
Ronald Oliveira
P 44
L 36

DRIVEWAY REQUIRMENT 13' MIN 18' MAX



ADDRESS: 132 Rotch 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): Cardoso Contracting

Address: 95 Rear South Main ST

City/State/Zip: Attleboro MA 02703 Phone #: 508-998-8210

Are you an employer? Check the appropriate box:

1. ☐ I am a 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: _____ Date: 3/18/13

Phone #: 508-998-8210

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

City or Town: _____ **Permit/License #** _____

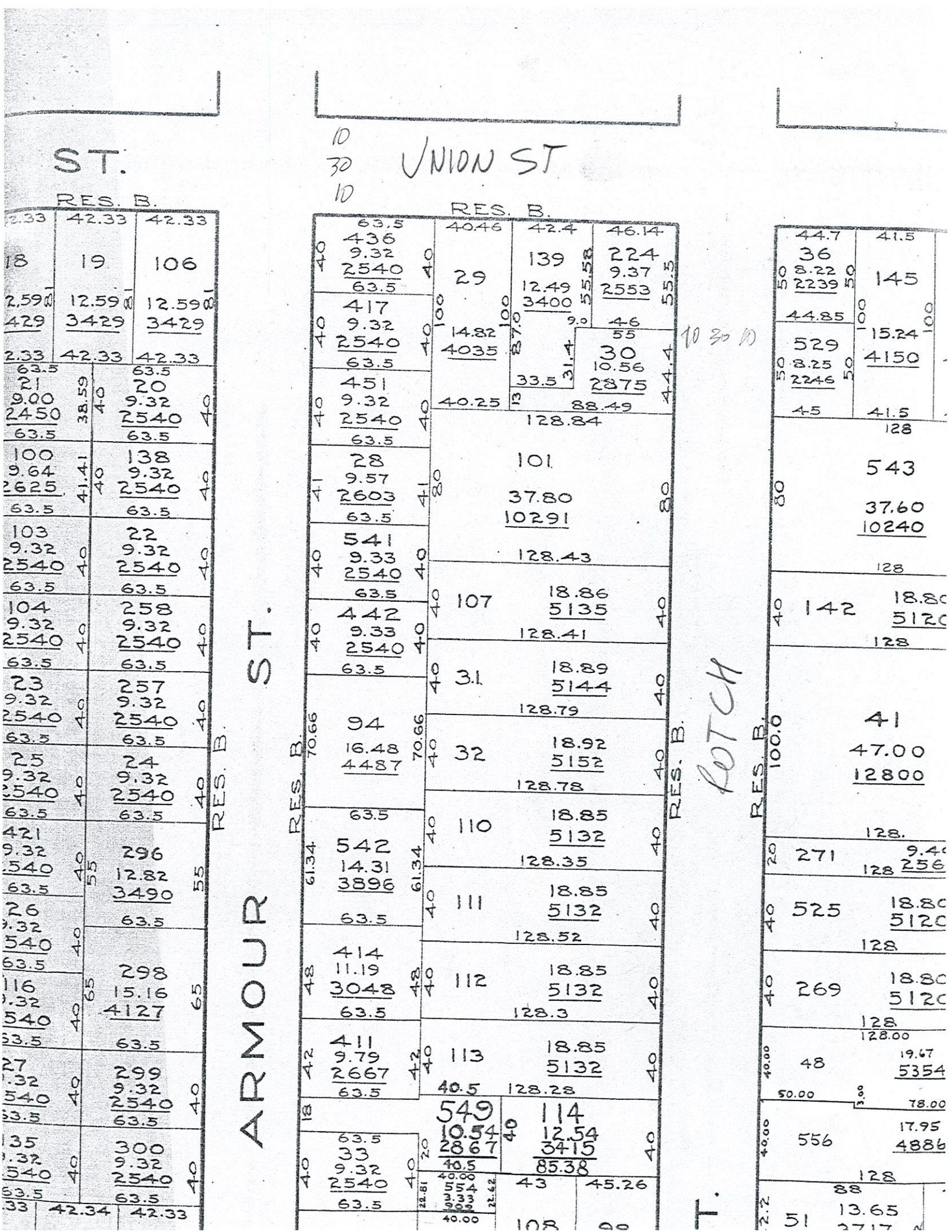
Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector 6. Other _____

Contact Person: _____ **Phone #:** _____

Permit Log Report

Name	Type	PIN	Permit Type	Date	Details
a411mhs	Reviewed	TB-13-454	Building	3/26/2013	Engineering-->Approved
a241mg	Reviewed	TB-13-454	Building	3/21/2013	Bldg-Mussie Gizaw-->Pending
a241ms	Reviewed	TB-13-454	Building	3/20/2013	Engineering-->Pending

Comments	Comment Date
Remove 10' Granite Curb Install 10'x10' Cement Concrete Brow	3/26/2013


ST.
RES. B.
ARMOUR ST.
UNION ST
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30
10
RES. B.
RES. B.
RES. B.
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RES. B.
10 30 10
LOTCH
T.
436 9.32 2540 63.5
417 9.32 2540 63.5
451 9.32 2540 63.5
28 9.57 2603 63.5
541 9.33 2540 63.5
442 9.33 2540 63.5
94 16.48 4487
542 14.31 3896 63.5
414 11.19 3048 63.5
411 9.79 2667 63.5
33 9.32 2540 63.5
29 14.82 4035
139 12.49 3400
224 9.37 2553
30 10.56 2875
101 37.80 10291 128.43
107 18.86 5135 128.41
31 18.89 5144 128.79
32 18.92 5152 128.78
110 18.85 5132 128.35
111 18.85 5132 128.52
112 18.85 5132 128.3
113 18.85 5132 128.28
549 10.54 2867
114 12.54 3415 85.38
43 45.26
108
36 8.22 2239
145 15.24 4150
529 8.25 2246
543 37.60 10240
142 18.8 512
41 47.00 12800
271 9.4 256
525 18.8 512
269 18.8 512
48 19.67 5354
556 17.95 4886
51 13.65
21 9.00 2450
20 9.32 2540
100 9.64 2625
138 9.32 2540
103 9.32 2540
22 9.32 2540
104 9.32 2540
258 9.32 2540
23 9.32 2540
257 9.32 2540
25 9.32 2540
24 9.32 2540
421 9.32 2540
296 12.82 3490
26 9.32 540
298 15.16 4127
116 9.32 540
27 9.32 540
299 9.32 2540
135 9.32 540
300 9.32 2540
19 12.59 3429
106 12.59 3429
18 2,59 429
42.33
42.34