



# CITY OF NEW BEDFORD MASSACHUSETTS

## ENGINEERING - 508-979-1526

APPLICATION FOR  
CONSTRUCTION OF  
PAVED  
SIDEWALK/DRIVEWAY

Application No. 10.979

Expires: 4/4/14  
Date: 4/4/13

Property Owner: Daniel Silva Tel: \_\_\_\_\_

Address: 70 Forest New Bedford MA 02740  
street city state zip code

The above hereby requests permission to construct a paved: ☒ driveway / ☒ sidewalk located at  
70 Forest Street, plot 36, lot 89 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	_____	<input checked="" type="checkbox"/> Residential	_____
Concrete Full Width	_____	<input type="checkbox"/> Commercial	_____
Concrete Ribbon	_____	Relocation/Widening	_____
Curb Needed	_____	<input checked="" type="checkbox"/> Curb Removal	<u>16' Granite Curb</u>
		<input checked="" type="checkbox"/> Concrete	<u>Install 16' x 8' Cement concrete 13000</u>
		Bituminous Concrete	_____

Bonded Contractor: JTC Construction Tel: 774-263-2197

Traffic Commission: \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Building Dept. \_\_\_\_\_ Approved (New Building) \_\_\_\_\_  
Approved - Bldg. Permit# 13-13-86

Rejected \_\_\_\_\_

Signature Dany Monowicki C.T.

Engineering Department \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Date 1/25/13

PERMIT FINAL INSP.  
4/30/13 OKAY

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

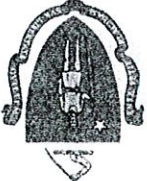
SPECIAL REQUIREMENTS:  
Contractor to call 24 hrs. in advance for pre-inspection (prior to pouring)  
If curbing is removed, it must be returned within 24 hrs to the D.P.I. Yard  
1105 Shawmut Ave., New Bedford

PAID: 150.00

Supervising Civil Engineer Manuel H. Silva Property Owner [Signature]

BY: Chaeli Torres 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



No. B-13-86

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.

FEE PAID: \$30.00  
ParcelID 36-89

Contractor Lic. # 102504

This certifies that DEMETRIO COSTA

owner/contractor has permission to: Driveways - 30.00

on: 70 FOREST 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 adn 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  
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: James E. Berube

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

*Donny J. Pinnocchio*  
Building Commissioner

Plan Review Comments:

Manny Silva - DPI: Remove 16' Granite curb  
Install 16'x8' Cement Concrete brow



**Manuel Silva**

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**From:** Patricia Lanzoni  
**Sent:** Thursday, January 17, 2013 3:06 PM  
**To:** Maria Pina-Rocha; Michele Avila-Silva; Manuel Silva; Ana S. Rosa  
**Subject:** Permit/Application: TB-13-86 at 70 FOREST 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.

Thank You

Patricia Lanzoni  
Inspectional Services

70 Forest St.

David Silva

P 36

L 89

## Manuel Silva

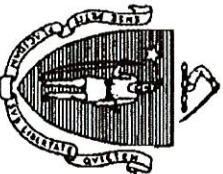
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**From:** James E. Berube  
**Sent:** Thursday, January 24, 2013 12:21 PM  
**To:** Maria Pina-Rocha; Michele Avila-Silva; Manuel Silva; Ana S. Rosa  
**Cc:** Danny Romanowicz  
**Subject:** Permit/Application: TB-13-86 at 70 FOREST ST for Driveways - 30.00

**Please complete this review by the following Date: a.s.a.p.**

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 call the building inspector or Maria Pina-Rocha in the MIS Department at extension 6245.

Jim Berube  
Building Inspector



(508) 961-3143  
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**

Name (Business/Organization/Individual): JLC CONSTRUCTION

Address: 415 LAKE RD

City/State/Zip: Tuxton, R.I. Phone #: 144-263-2197

**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: 10 Forest St. City/State/Zip: New Bedford, MA 02946

**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: 1-17-13

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 #: \_\_\_\_\_





*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**

Name (Business/Organization/Individual): JLC CONSTRUCTION

Address: 415 LAKE RD

City/State/Zip: Towerton, RI Phone #: 774-263-2197

**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.]<sup>†</sup>
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**Type of project (required):**

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12. ☐ Roof repairs
13. ☐ Other \_\_\_\_\_

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<sup>†</sup> Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

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**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: 10 Forest St. City/State/Zip: New Bedford MA 02745

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: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

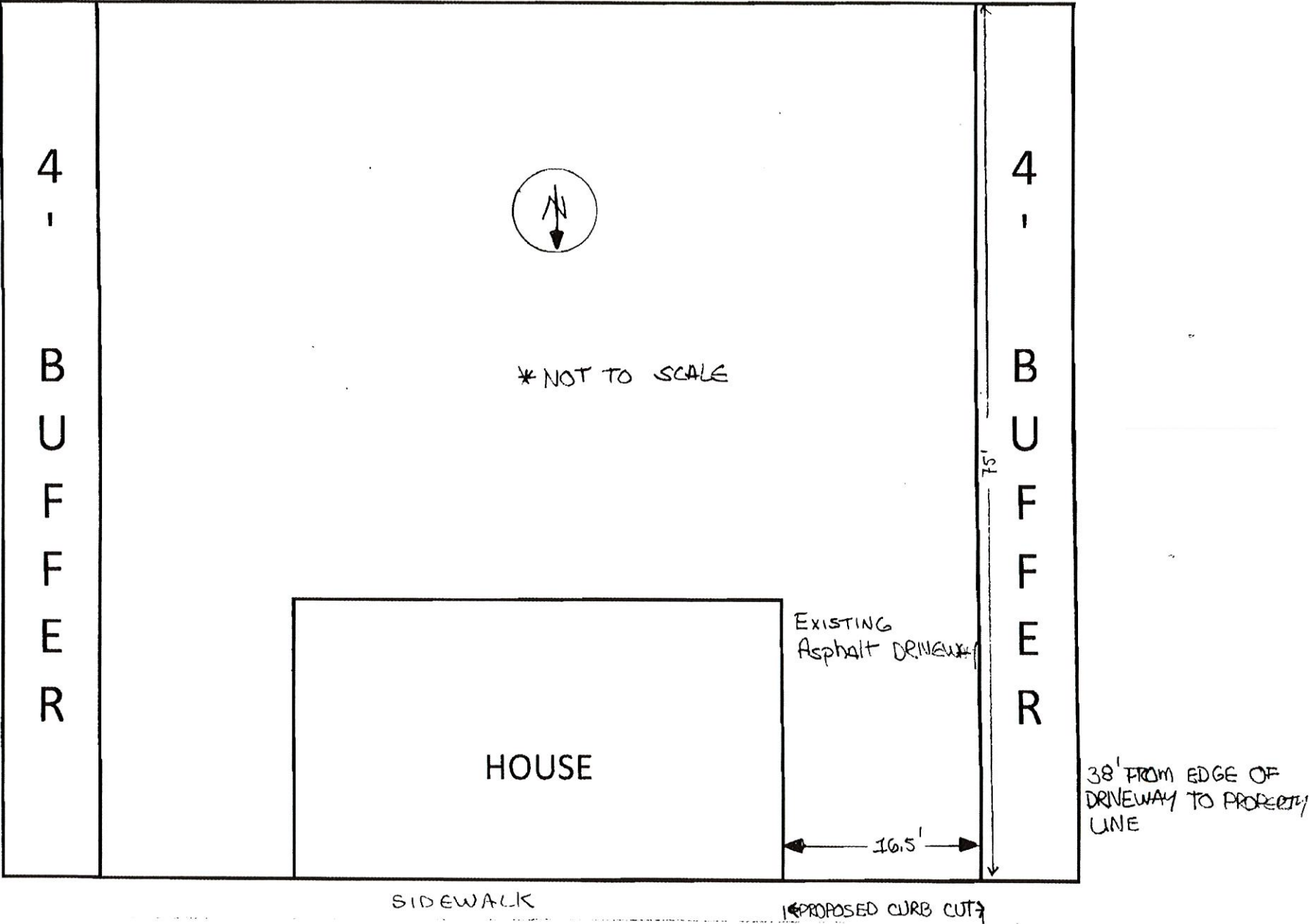
City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

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 #: \_\_\_\_\_

DRIVEWAY REQUIREMENT 13' MIN 18' MAX



ADDRESS: 70 FOREST ST. NEW BEDFORD, MA. 02740

Permit Log Report

Name	Type	PIN	Permit Type	Date	Details
a411mhs	Reviewed	TB-13-86	Building	1/25/2013	Engineering-->Approved
a241jeb	Reviewed	TB-13-86	Building	1/24/2013	Bldg-Jlm Berube-->Approved
a241cl	Reviewed	TB-13-86	Building	1/17/2013	Engineering-->Pending
Comments					Comment Date
Remove 16' Granite curb Install 16'x8' Cement Concrete brow					1/25/2013



BUS.

60.84	49.86	110.76	279 15.40	4193	9783
					39.96

37.51	58.16
14.5	3.6
9.58	12.5
2608	
71.69	

33.75 31.7  
371  
12.1

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10.57	35	40	16.27
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96.21						
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STREET	REF. B	REF. B
65.5	112	66.5
72	43	29.35
42.5	42	55
94		

1	66.5	29.35	56.35	112.35	42.92	42.75	52.17	38	47.42	31.33	89
2	116	28.4	27	26.3	30.05	37.56	74.79	104	103	102	101
3	357	99	63	3.2	2.87	4.25	105	106	107	108	109
4	47	357	99	63	3.2	2.87	4.25	106	107	108	109
5	116	28.4	27	26.3	30.05	37.56	74.79	104	103	102	101
6	357	99	63	3.2	2.87	4.25	105	106	107	108	109
7	47	357	99	63	3.2	2.87	4.25	106	107	108	109
8	116	28.4	27	26.3	30.05	37.56	74.79	104	103	102	101
9	357	99	63	3.2	2.87	4.25	105	106	107	108	109
10	47	357	99	63	3.2	2.87	4.25	106	107	108	109
11	116	28.4	27	26.3	30.05	37.56	74.79	104	103	102	101
12	357	99	63	3.2	2.87	4.25	105	106	107	108	109
13	47	357	99	63	3.2	2.87	4.25	106	107	108	109
14	116	28.4	27	26.3	30.05	37.56	74.79	104	103	102	101
15	357	99	63	3.2	2.87	4.25	105	106	107	108	109
16	47	357	99	63	3.2	2.87	4.25	106	107	108	109
17	116	28.4	27	26.3	30.05	37.56	74.79	104	103	102	101
18	357	99	63	3.2	2.87	4.25	105	106	107	108	109
19	47	357	99	63	3.2	2.87	4.25	106	107	108	109
20	116	28.4	27	26.3	30.05	37.56	74.79	104	103	102	101
21	357	99	63	3.2	2.87	4.25	105	106	107	108	109
22	47	357	99	63	3.2	2.87	4.25	106	107	108	109
23	116	28.4	27	26.3	30.05	37.56	74.79	104	103	102	101
24	357	99	63	3.2	2.87	4.25	105	106	107	108	109
25	47	357	99	63	3.2	2.87	4.25	106	107	108	109
26	116	28.4	27	26.3	30.05	37.56	74.79	104	103	102	101
27	357	99	63	3.2	2.87	4.25	105	106	107	108	109
28	47	357	99	63	3.2	2.87	4.25	106	107	108	109
29	116	28.4	27	26.3	30.05	37.56	74.79	104	103	102	101
30	357	99	63	3.2	2.87	4.25	105	106	107	108	109
31	47	357	99	63	3.2	2.87	4.25	106	107	108	109
32	116	28.4	27	26.3	30.05	37.56	74.79	104	103	102	101
33	357	99	63	3.2	2.87	4.25	105	106	107	108	109
34	47	357	99	63	3.2	2.87	4.25	106	107	108	109
35	116	28.4	27	26.3	30.05	37.56	74.79	104	103	102	101
36	357										

HERMAN		RES. B	
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45	45	48.5	48.5

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50	48.5
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Journal of Management Education 35(10) 1101-1114

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