



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

**APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK / DRIVEWAY**

Application No. 10,984

Expires: 5/8/14
Date: 5/8/13

Property Owner: Erica Peterson Tel: 774-930-2367

Address: 44 Oak St. New Bedford MA 02745
street city state zip code

The above hereby requests permission to construct a paved: ☒ driveway / ☒ sidewalk located at
44 Oak St., plot 138, lot 215 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!		Curb Removal	
		Concrete	

☒ Bituminous Concrete INSTALL 18" x 6" hot mix asphalt

Bonded Contractor: ARBE Capital Tel: (508) 230-9700

Traffic Commission: _____ Approved _____ Rejected _____ Date _____

Signature _____

Building Dept.

☒ Approved (New Building)
☐ Approved - Bldg. Permit# B-13-642
☐ Rejected

Darryl Romanovsky Signature CT.

☒ Approved _____ Rejected 4/16/13 Date

Manuel H. Silva Signature CT.

Engineering Department
for signature 6/5/13
AMTS DSH

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.L. Yard
1105 Shawmut Ave., New Bedford

PAID: 150.00

Manuel H. Silva
Supervising Civil Engineer

BY: Manuel H. Silva

Manuel H. Silva
Property Owner
Property Owner's Representative



CITY OF NEW BEDFORD

MASSACHUSETTS

ENGINEERING - 508-979-1526

Inspector
APPLICATION FOR
CONSTRUCTION OF

PAVED
SIDEWALK/DRIVEWAY

Application No. 10,984

Expires: 5/8/14

Property Owner: Erica Peterson Tel: 774-930-2367

Address: 64 Oak St. New Bedford MA 02745
street city state zip code

The above hereby requests permission to construct a paved: ☒ driveway / ☒ sidewalk located at
64 Oak St., plot B8, lot 215 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 checked="" type="checkbox"/> Residential	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concrete Full Width	<input type="checkbox"/> Commercial	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concrete Ribbon	<input type="checkbox"/> Relocation/Widening	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Curb Needed!	<input type="checkbox"/> Curb Removal	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Concrete	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> Bituminous Concrete	<input type="checkbox"/>	<input type="checkbox"/>

INSTALL
18' x 6' hot
mix
asph/lt

Bonded Contractor: Orle Campbell Tel: (508) 330-9700

Traffic Commission: ☐ Approved ☐ Rejected ☐ Date

Signature

Building Dept.

☒ Approved (New Building)
☐ Approved - Bldg. Permit# B-13-642
☐ Rejected

Signature Danny Romanovsky CT.

Engineering Department

☒ Approved ☐ Rejected 4/16/13 Date
Signature Manuel H. Silva CT.

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

BY: Chaei Torres

Property Owner
Signature [Signature]
Property Owner's Representative

Manuel Silva

From: Maria Sequeira
Sent: Friday, April 12, 2013 10:23 AM
To: Maria Pina-Rocha; Sarah Porter; Michelle.Avila-Silva@newbedford-ma.gov; Manuel Silva; Ana S. Rosa; Sandy Douglas; Donna M. Amado
Subject: Permit/Application: TB-13-642 at 64 LARK ST for Driveways - 30.00

Please review permit # in the View Permit System. The paper work will be forwarded to you via interoffice mail.
Thank you for your attention in this matter.
Maria Sequeira
Department of Inspectional Services

64 Lark St.
Erica Pereira

P 138
L 215

* NO CURB
INSTALL 18'x6' HOT MIX ASPHALT DRIVE

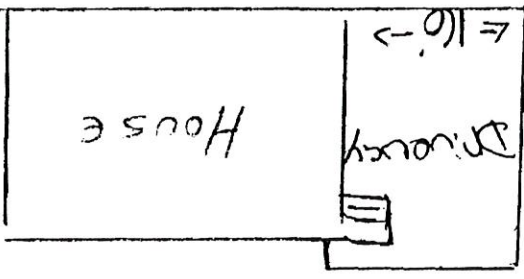
MHS 4/16/13 DRG-ENG

DRIVEWAY
Requirement
13' min.
18' MAX.

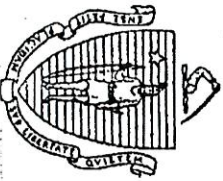
P-138 - L-215
P-13 - 642

RETTTCB
4'

RETTTCB
4'



ST.
64 Lane 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): Abc Asphalt, Inc.
Address: 128 Woodcock Road
City/State/Zip: Bathtown MA 02447 Phone #: 508-636-9700

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.] †	

Type of project (required):
6. <input type="checkbox"/> New construction
7. <input type="checkbox"/> Remodeling
8. <input type="checkbox"/> Demolition
9. <input type="checkbox"/> Building addition
10. <input type="checkbox"/> Electrical repairs or additions
11. <input type="checkbox"/> Plumbing repairs or additions
12. <input type="checkbox"/> Roof repairs
13. <input checked="" type="checkbox"/> Other <u>Driveway</u>

*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: Trailers Inc.
Policy # or Self-ins. Lic. #: 1160045050-5 Expiration Date: 7/8/2013
Job Site Address: X 104 Lark St. City/State/Zip: X 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.

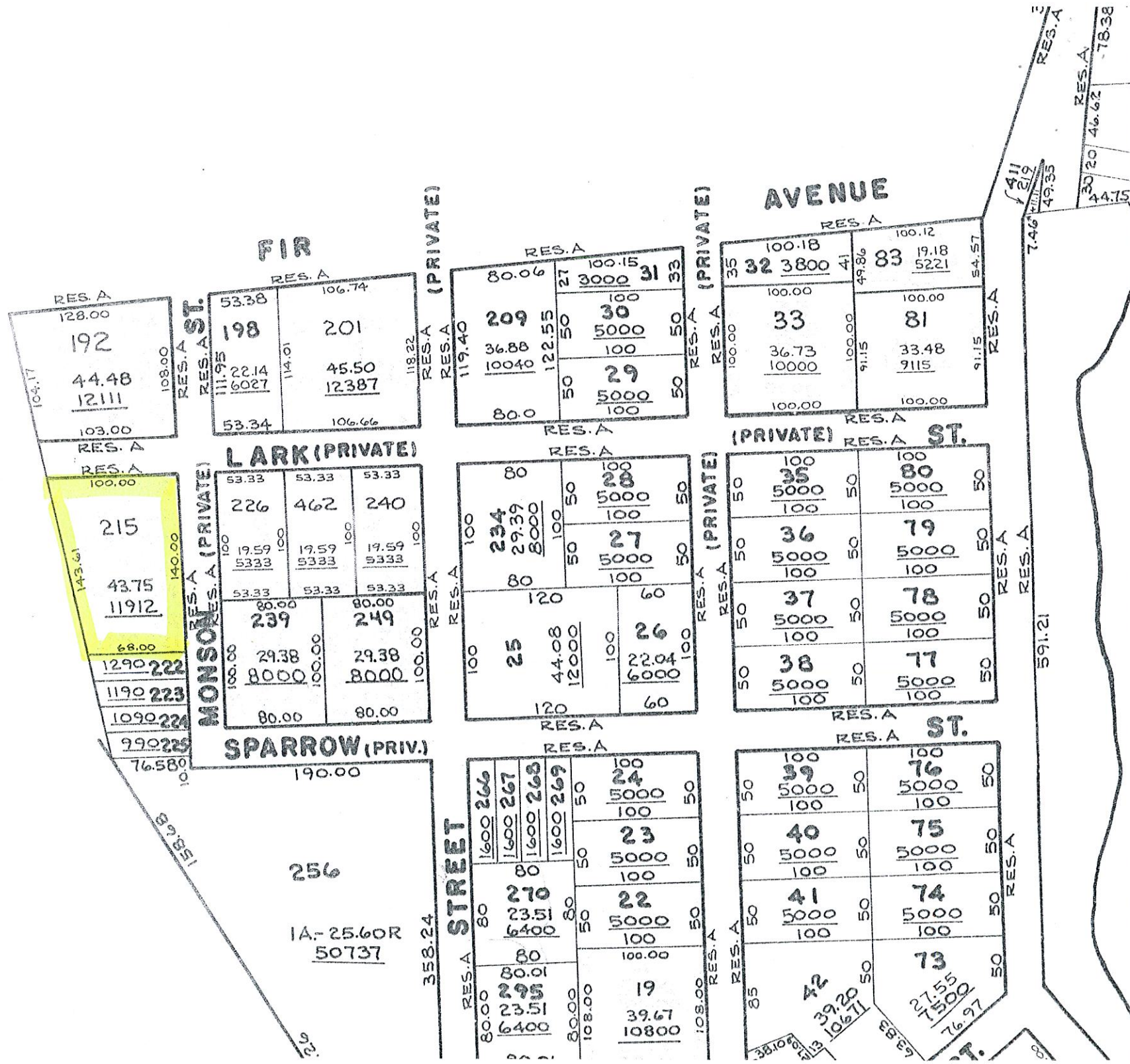
Signature: [Signature] Date: X 4/9/13
Phone #: (508) 636-9700 / (508) 509-3700

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-13-642	Building	4/16/2013	Engineering-->Approved
a171sp	Reviewed	TB-13-642	Building	4/12/2013	Conservation-->Conditionally Approved
a171sp	Reviewed	TB-13-642	Building	4/12/2013	Conservation-->Conditionally Approved
a171sp	Reviewed	TB-13-642	Building	4/12/2013	Conservation-->Conditionally Approved
a241ms	Reviewed	TB-13-642	Building	4/11/2013	Engineering-->Pending
Comments					Comment Date
all excess materials to be disposed of in a legal upland location					4/12/2013
No curb. Install 18'x6' Hot Mix Asphalt brow.					4/16/2013





Duarte M. Andrade,
Acting City Engineer

**CITY OF NEW BEDFORD
MASSACHUSETTS**
Engineering Department, Rm. 303
133 William Street
New Bedford, Ma. 02740
Tel: 508-979-1527
Fax: 508-961-3043

To Whom It May Concern:

I Steven Pereira 144 Lark St., being
(Name) (Mailing Address)

Owner of property located at 144 Lark St.
Plot , Lot , hereby agree to allow Atle Apparat Inc.
(Name)
128 Woodcock Rd. West. 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 Steven Pereira
Signature
Address 144 Lark St.
Date 5/7/13 Telephone number 508 774 930
2347



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-13-642**

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.

5/7/2013

FEE PAID: **\$30.00**

ParcelID **138-215**

This certifies that Able Asphalt Contractor Lic. # _____
owner/contractor has permission to: Driveways - 30.00
on: 64 LARK 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: _____

BUILDING DEPARTMENT COMMENTS

YOUR AREA INSPECTOR IS: Thomas Welch

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

Plan Review Comments: Manny Silva - DPI: No curb.
Install 18'x6' Hot Mix Asphalt brow.