

# OF NEW BEDFORD **MASSACHUSETTS**

SIDEWALK/DRIVEWAY APPLICATION FOR CONSTRUCTION OF PAVED

**ENGINEERING - 508-979-1526** 

Property Owner	Supervising Civil Engineer
ist accompany this application.  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: Solution (prior to pouring)	Permit/Inspection fee of \$150.00 must accompany this application.  Contractor to call 24 hrs. in accompany this application.  Contractor to call 24 hrs. in accompany this application.  Contractor to call 24 hrs. in accompany this application.  Contractor to call 24 hrs. in accompany this application.  Contractor to call 24 hrs. in accompany this application.  1105 Shawmut Ave., New Bed  P.
Approved Rejected S/10/13 Date  well 14. Signature	Figure The Colonia - or Approx Engineering Department Approx Sign
Marchanick C.T.	Signal
Approved (New Building) Approved - Bldg, Permit# B-13-856 Rejected	Building Dept.
Signature	Si
RejectedDate	Traffic Commission: Approved_
Tel: (SOS) 636 - 9750	Bonded Contractor: Able Osphalt
Bituminous Concrete Tribell rot mix	
Relocation/Widening  Curb Removal	Curb Needed
Commercial	Concrete Fulll Width
11, Ex18408,	rete
/ Driveway Width (ft)	Sidevvalk Dimensions
	set forth herein,
construct a paved: // driveway / // sidewalk located at // plot 132, lot 809 in accordance with the	The above hereby requests permission to cons
city state zip code	Address: 63 Vantura Hove.
Tel: 774-271-1160	Property Owner: Michard Samonic
3	Application No. 10,991
Expires: $5/23/19$ .	

BY:

1300

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. <u>B-13-856</u>

**Plan Review Comments:** 

## **BUILDING PERMIT**

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.

5/22/2013

\$30.00

This certifies	that Able Asphalt		Contractor Lic. #	ParcellD 132-809
owner/contrac	ctor has permission to:	Driveways - 30.00		,
on:	63 VENTURA LN			
provisions of the s		adn to the by-laws of the City o	n to the terms of application ther f New Bedford relating to the ins	efore on file in this office; to the pection, erection, enlarging, altering,
	Permit is issued si	ubject to the following special requ	irements: (Restrictions)	
CITY DEPARTMEN	NT/COMMISSION COMMENT	S	BUILDING DEPARTMENT	COMMENTS
permit. You are adv	riced to contact that agency a	nd resolve this matter.		
	YOUR AREA INSPECT	OR IS: Thomas Welch	Tel. (	(508) 979-1540 Between 8:00am - 9:00am
	NOTIFY INSPECTOR 48 H	OURS IN No Building		UIRED BEFORE OCCUPANCY he Certificate of Use and Occupancy shall have been issued
This C	ard Must Be Displayed in a	Conspicuous Place on the Pren	nises and Not Torn Down or Rem	oved Until Completion of Work
	SUBJECT TO MASSACHU STATE BUILDING		ny D. Romanowacz	
			Building Commissioner	



# ITY OF NEW BEDFORD MASSACHUSETTS

Engineering Department, Rm. 303
133 William Street
New Bedford, Ma. 02740
Tel: 508-979-1527
Fax: 508-961-3043

Acting City Engineer

To Whom It May Concern:

Telephone number

# Manuel Silva

From: Sent:

<u>.</u>

Subject:

Maria Sequeira Wednesday, May 08, 2013 10:46 AM Maria Pina-Rocha; Manuel Silva; Raymond A. Khalife; Ana S. Rosa; Donna M. Amado Permit/Application: TB-13-856 at 63 VENTURA LN 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

T132 Richard Samanica 63 Ventura

Existing 11'X8' Hot mix Asphalt book No Curby 11'X8' Hot mix Asphalt brown

LOS Ventura Land 1,91 3 SnoH y H 7 Diver 7 (South 50 5 زا 9 8 ,1-1 h ,XAM '81 DRIVEWAY
Reguirement
/3 min. PUS 2- 809 258-81-8

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. . .

\*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. 1 am a sole proprietor or partner-ship and have no employees 1. I am a employer with Are you an employer? Check the appropriate box: Address: Name (Business/Organization/Individual): Applicant Information City/State/Zip: \ Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers employees (full and/or part-time).\* myself. [No workers' comp. I am a homeowner doing all work [No workers' comp. insurance working for me in any capacity. insurance required.] † required.] A COMPANY OF THE PARTY OF THE P 128 CHINAHIB BORROL all D The Commonwealth of Massachusetts Department of Industrial Accidents 4. I am a general contractor and I have hired the sub-contractors Office of Investigations 600 Washington Street We are a corporation and its listed on the attached sheet. ‡ comp. insurance required.] c. 152, §1(4), and we have no right of exemption per MGL officers have exercised their workers' comp. insurance These sub-contractors have employees. [No workers Boston, MA 02111 www.mass.gov/dia Phone #: 9 Type of project (required): 13. 1 Other\_ 12. Roof repa 11. Plumbing repairs or additions 10. Electrical repairs or additions Below is the policy and job site 8 ☐ Building addition Remodeling ☐ New construction □ Demolition Please Print Legibly DAIRAGE

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penaltics of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penaltics 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. Job Site Address: Policy # or Self-ins. Lic. #:/ Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Insurance Company Name: I am an employer that is providing workers' compensation insurance for my employees. information. entura 45250-9 0 City/State/Zip: Expiration Date:

-				7 P	Si	1 4	
Contact Person: Phone #:	Issuing Authority (circle one):  1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector 6. Other	City or Town: Permit/License #	Official use only. Do not write in this area, to be completed by city or town official.	Phone #: (506) (636-9700. / 606)-509-3708	Signature Date 5/0/13	I do hereby certify under the pairs and penalties of perjury that the information provided above is true and correct.	711

### Permit Log Report

6/13/2013					Existing 11'x8' Hot Mix No curb. A xiM tot' 11'x8' Hot Mix A
Comment Date			Comments		
Engineering>Pending	6/8/2013	gnibliuB	7B-13-856	БемеіvəЯ	sm142s
Approved Approved	£102/6/9	gnibling	928-£1-8T	рөмөivəЯ	w114Sa
Engineering>Approved	5/13/2013	gnibliuB	TB-13-856	рәмәivəЯ	s4m114s
Details	Date	Permit Type	NId	Туре	Name

