



CITY OF NEW BEDFORD

MASSACHUSETTS

APPLICATION FOR

CONSTRUCTION OF

PAVED

SIDEWALK/DRIVEWAY

ENGINEERING - 508-979-1526

Application No. 10,992

Expires: 5/23/14

Date: 5/23/13

Property Owner: Ken Height Tel: _____

Address: 1899 Packdale Ave Wob city Boston state MA zip code 02205

The above hereby requests permission to construct a paved: ☒ driveway / ☒ sidewalk located at 1899 Packdale Ave, plot 80, lot B 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 type="checkbox"/> Residential	<input checked="" type="checkbox"/> Existing	<u>15' x 8'</u> <u>hot mix</u>
<input type="checkbox"/> Concrete Full Width	<input type="checkbox"/> Commercial	<input type="checkbox"/> Relocation/Widening	<input type="checkbox"/>
<input type="checkbox"/> Concrete Ribbon	<input checked="" type="checkbox"/> Curb Removal	<input type="checkbox"/>	<u>N/A</u>
<input type="checkbox"/> Curb Needed	<input type="checkbox"/> Concrete	<input checked="" type="checkbox"/> Bituminous Concrete	<u>Install 140' M² 15' x 1' asphalt Bit</u>

Bonded Contractor: ABLE Asphalt Tel: (508) 636-9700

Traffic Commission: _____ Approved _____ Rejected _____ Date _____

Building Dept. _____ Signature _____
Approved (New Building) ☒
Approved - Bldg. Permit# B-13-859
Rejected ☐

Engineering Department _____ Signature Samy Monemsky C.T.
Approved ☒ Rejected ☐ 5/14/13 Date
Signature Manuel H. Silva C.T.

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 H. Silva
Supervising Civil Engineer

BY: Chavell T8145

Property Owner _____
Property Owner's Representative X. [Signature]

Manuel Silva

From: James E. Berube
Sent: Friday, May 10, 2013 3:07 PM
To: Maria Pina-Rocha; Anne Louro; Manuel Silva; Ana S. Rosa; Donna M. Amado
Cc: Danny Romanowicz
Subject: Permit/Application: TB-13-859 at 1299 ROCKDALE AVE for Driveways - 30.00

Please complete this review by the following Date: 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 call the building inspector or Maria Pina-Rocha in the MIS Department at extension 6245.

Jim Berube
Building Inspector

1299 Rockdale Ave.

Kim Heydt

780

L13

* Existing 15'x8' Hot mix Asphalt base
No curbs Removal
Install 15'x8' Hot mix Asphalt base



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 Applicant, Inc.
Address: 128 Woodstock Road
City/State/Zip: Batman MA 02477 Phone #: 508-030-9700

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: Taillers Inc.
Policy # or Self-ins. Lic. #: 116045252-5 Expiration Date: 7/8/2013

Job Site Address: X 1009 Rockdale Ave. City/State/Zip: 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 23A 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 5/3/13
Phone #: (508) 630-9700 / (508) 509-3702

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.

ABLE ASPHALT, INC.
128 WOODCOCK ROAD
N. DARTMOUTH, MA 02747

4'
B
U
F
F
E
R

Garage

Driveway

4'
B
U
F
F
E
R

House

Grass

1299

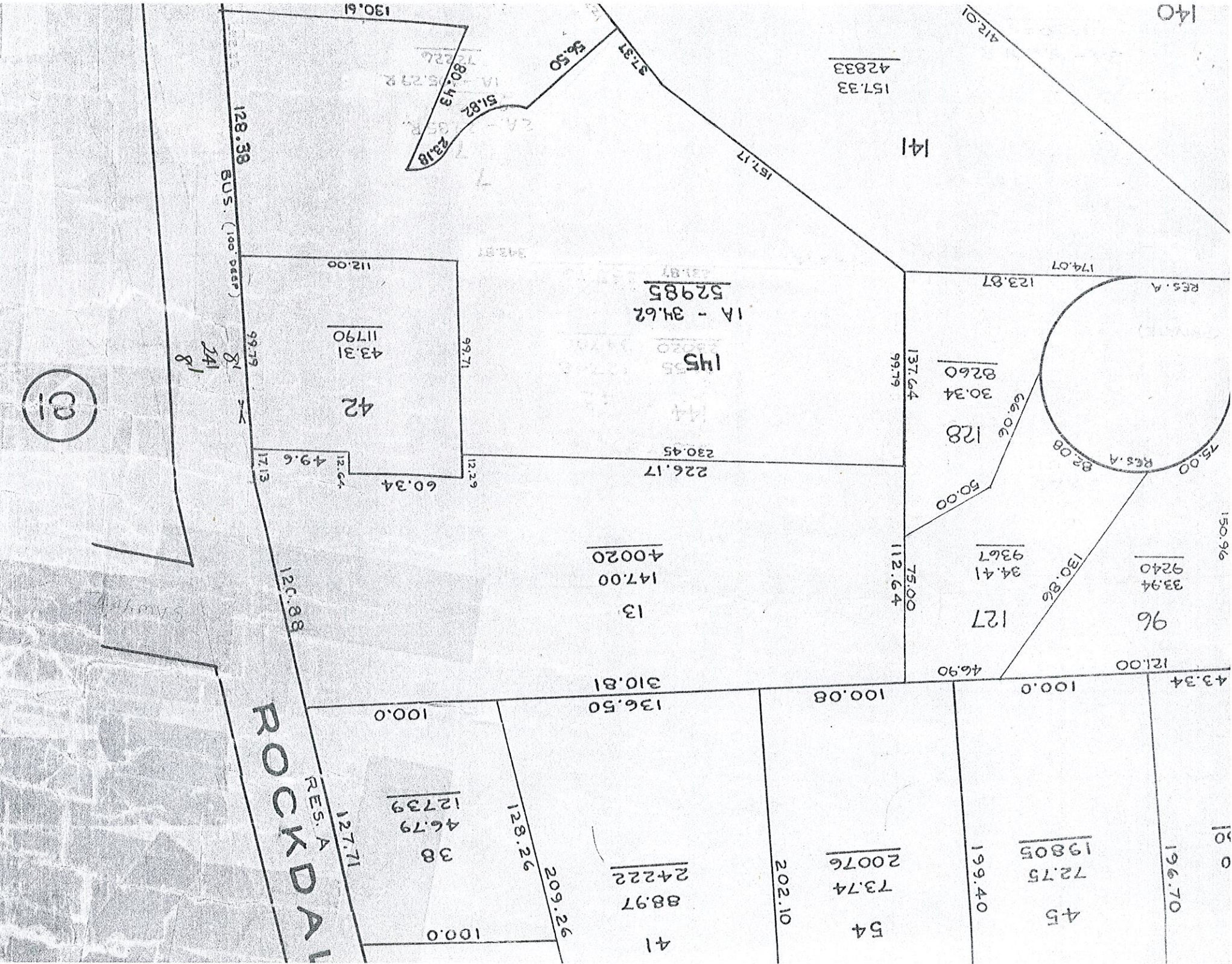
1299 Rockdale Ave.

ST.

Permit Log Report

Name	Type	PIN	Permit Type	Date	Details
a41 mhs	Reviewed	TB-13-859	Building	5/14/2013	Engineering-->Approved
a241jeb	Reviewed	TB-13-859	Building	5/9/2013	Engineering-->Pending
a241jeb	Reviewed	TB-13-859	Building	5/9/2013	Bldg-Jlm Berube-->Pending
a175al	Reviewed	TB-13-859	Building	5/8/2013	Historic-->Not Applicable

Comments		Comment Date
Existing 15'x8' Hot Mix Asphalt brow. No curb removal. Install 15'x8' Hot Mix Asphalt brow.		5/14/2013



81



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 Kim Heydt 1209 Rockdale Ave., being
(Name) (Mailing Address)

Owner of property located at 1209 Rockdale Ave.

Plot _____, Lot _____, hereby agree to allow _____
(Name)

128 Woodcock Rd. Int. 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 _____
Signature Kim Heydt (KH)
Address 1209 Rockdale Ave.
Date 5/22/13
Telephone number _____



Commonwealth of Massachusetts

CITY OF NEW BEDFORD

City Hall, Room 308, 133 William Street New Bedford, MA 02740 (508) 979-1540



BUILDING PERMIT

5/22/2013

No. B-13-859

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 80-13

This certifies that Able Asphalt Contractor Lic. # _____

owner/contractor has permission to: Driveways - 30.00

on: 1299 ROCKDALE AVE

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: 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

Building Commissioner

Plan Review Comments: