



# CITY OF NEW BEDFORD

MASSACHUSETTS

ENGINEERING - 508-979-1526

APPLICATION FOR  
CONSTRUCTION OF  
PAVED  
SIDEWALK/DRIVEWAY

Application No. 10,995

Expires: 5/23/14  
Date: 5/23/13

Property Owner: Frischella, MacBain Tel: <sup>(508)</sup> 728-2200

Address: 894 Lucy St W.B. MA - 2 02745  
street city state zip code

The above hereby requests permission to construct a paved: ✓ driveway / ✓ sidewalk located at  
894 Lucy Street, plot 132, lot 397 in accordance with the  
terms and conditions set forth herein, and the Ordinances of the City of New Bedford.

Side walk	Dimensions	Driveway	Width (ft)
Bituminous Concrete	<u>✓</u>	Residential	<u>Existing - 8'0"</u> <u>hot mix asphalt + 6" sand</u>
Concrete Full Width	<u>        </u>	Commercial	<u>        </u>
Concrete Ribbon	<u>        </u>	Relocation/Widening	<u>        </u>
Curb Needed	<u>        </u>	Curb Removal	<u>✓</u> <u>N/A</u>
		Concrete	<u>        </u>
		Bituminous Concrete	<u>✓</u> <u>Install hot mix asphalt 20'x10'</u>

Bonded Contractor: Mais Cosalt Tel:         

Traffic Commission:          Approved          Rejected          Date         

Signature         

Building Dept.          Approved (New Building)           
✓ Approved - Bldg. Permit# 13-13-833  
         Rejected

Signature Danny Romanick, CT

Engineering Department          Approved ✓ Rejected          Date 5/16/13  
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.L. Yard  
1105 Shawmut Ave., New Bedford

PAID: 150.00

Manuel H. Silva  
Supervising Civil Engineer C.T.

BY: Cheryl Torres

         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-13-833**

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.

5/23/2013

FEE PAID: **\$30.00**

ParcelID **132-397**

This certifies that **KRISTAL REIS**

Contractor Lic. # **105097**

owner/contractor has permission to: **Driveways - 30.00**

on: **894 LUCY 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. 120.11

**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:

**Manuel Silva**

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**From:** Maria Sequeira  
**Sent:** Monday, May 06, 2013 11:02 AM  
**To:** Maria Pina-Rocha; Anne Louro; Manuel Silva; Raymond A. Khalife; Ana S. Rosa; Donna M. Amado  
**Subject:** Permit/Application: TB-13-833 at 894 LUCY 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

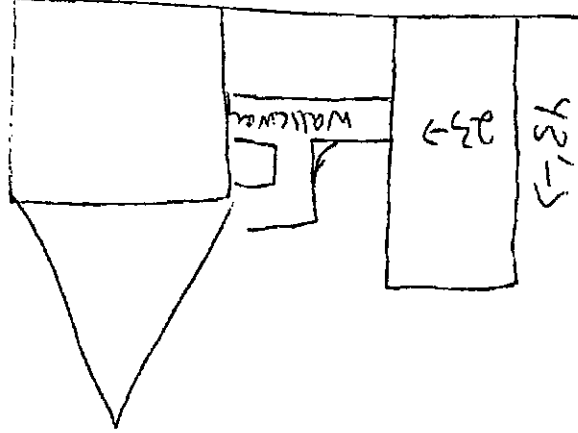
894 Lucy St.  
Priscilla Bean

P132  
L397

\* existing 20'x10' Hot mix Asphalt brow  
No curb  
Install 20'x10' Hot mix Asphalt brow

MHS      5/6/13      DPB-ELG

894 Lucy St.



508-995-0302

PO

B-13-833

T-132-739



**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**1 Congress Street, Suite 100**  
**Boston, MA 02114-2017**  
**www.mass.gov/dia**

Print Form

**Applicant Information**

Please Print Legibly

Name (Business/Organization/Individual): Reis Asphalt, IncAddress: 476 Hixville RoadCity/State/Zip: Dartmouth, MA 02747Phone #: 508-996-0735

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 4 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: Peerless Insurance CompanyPolicy # or Self-ins. Lic. #: WC 8884937Expiration Date: 12/31/13Job Site Address: 894 Lucy St.City/State/Zip: New Bedford, MA

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: KLaidDate: 5/3/13Phone #: 508-996-0735

*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
a41mhs	Reviewed		TB-13-833	Building	5/6/2013	Engineering-->Approved
a175al	Reviewed		TB-13-833	Building	5/6/2013	Historic-->Not Applicable
a241ms	Reviewed		TB-13-833	Building	5/6/2013	Engineering-->Pending
Comments						
Existing 20'x10' Hot Mix Asphalt brow. No curb. Install 20'x10' Hot Mix Asphalt brow.						
Comment Date		5/6/2013				

