

# CITY OF NEW BEDFORD

MASSACHUSETTS

ENGINEERING - 508-979-1526

APPLICATION FOR  
CONSTRUCTION OF  
PAVED  
SIDEWALK/DRIVEWAY

MAY 24 2013

Department of  
Public Infrastructure

Expires: 5/24/2014

Application No. 10,996

Date: 5/24/13

C 774 929 5676

Property Owner: Laura (FARID) DAS SANTOS

Tel: 508 995 1396

Address: 90 CONVENT RD New Bedford MA 02745  
street city state zip code

The above hereby requests permission to construct a paved: ☒ driveway / ☐ sidewalk located at  
90 CONVENT RD New Bedford MA 02745, plot 134E, lot 103 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	Existing 15' x 7.5' concrete	18' x 7.5' ok per M. S. M. per
Concrete Full Width	<input type="checkbox"/> Commercial		
Concrete Ribbon	<input type="checkbox"/> Relocation/Widening		
Curb Needed	<input type="checkbox"/> Curb Removal		
	<input type="checkbox"/> Concrete		
	<input type="checkbox"/> Bituminous Concrete	15' x 7.5' 40T MIX ASPHALT 600W	

Bonded Contractor: NEUSEN CONCRETE Tel: 508 998 8210

Traffic Commission: W/A Approved ☐ Rejected ☐ Date ☐

Building Dept. Signature ☒ Approved (New Building)  
☒ Approved - Bldg. Permit # 13-13-919  
Rejected ☐

Signature Danny D. Romanowski CS  
Signature Mervin D. Lelievre CS

Permit/Inspection fee of \$150.00 must accompany this application.  
Contractor to call 24 hrs. in advance for pre-inspection (prior to pouring)  
SPECIAL REQUIREMENTS: If curbing is removed, it must be returned within 24 hrs to the D.P.I. Yard  
1105 Shawmut Ave., New Bedford

PAID:

Mervin D. Lelievre Supervising Civil Engineer  
Steven D. Lelievre Property Owner

BY: Clayton D. Lelievre Property Owner's Representative

Manuel Silva

From:  
Sent:  
To:  
Subject:

Maria Sequeira  
Wednesday, May 15, 2013 8:40 AM  
Maria Pina-Rocha; Manuel Silva; Ana S. Rosa; Donna M. Amado  
Permit/Application: TB-13-919 at 90 LONGVIEW RD 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

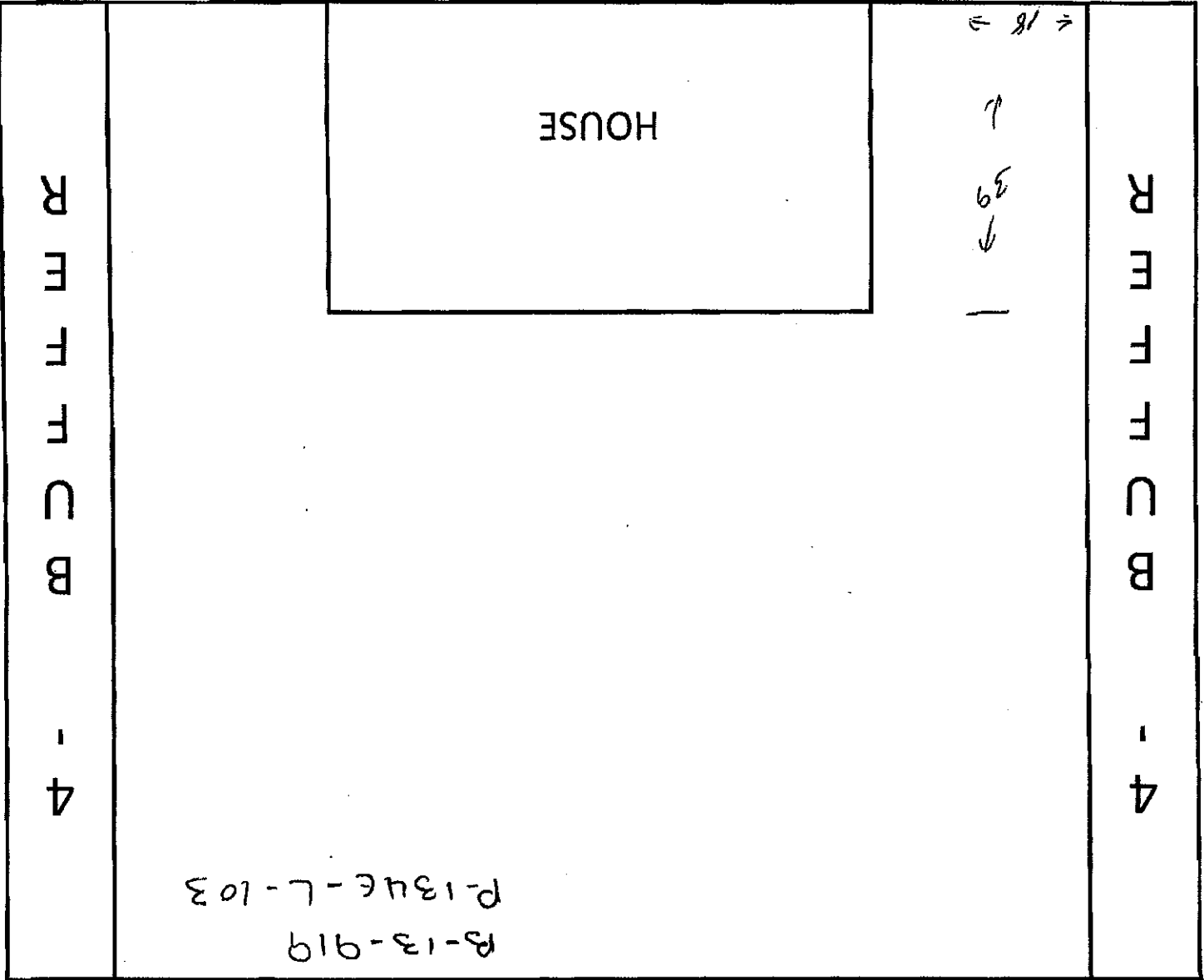
90 Longview Rd.  
Laura Feria

P134E  
L103

\* Existing 15' x 7.5' Hot mix Asphalt brow  
No curb  
Install 15' x 7.5' Hot mix Asphalt brow

MS Silva 5/15/13 DE-ELG

DRIVEWAY REQUIREMENT 13' MIN 18' MAX



ADDRESS: 90 LONGVIEW RD



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): Cardoso Contracting Inc.

Address: 95 R. South Main ST.

City/State/Zip: Ashushant, Mass 02743 Phone #: 508-958-8210

Are you an employer? Check the appropriate box:	
1. <input type="checkbox"/> I am an employer with _____ 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.]	These sub-contractors have employees and have workers' comp. insurance. <sup>†</sup>
3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] <sup>†</sup>	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.]
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 type="checkbox"/> Other _____	

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

<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.

<sup>‡</sup>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: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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: Richard Cardoso Date: 4/16/13

Phone #: 508-958-8210

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

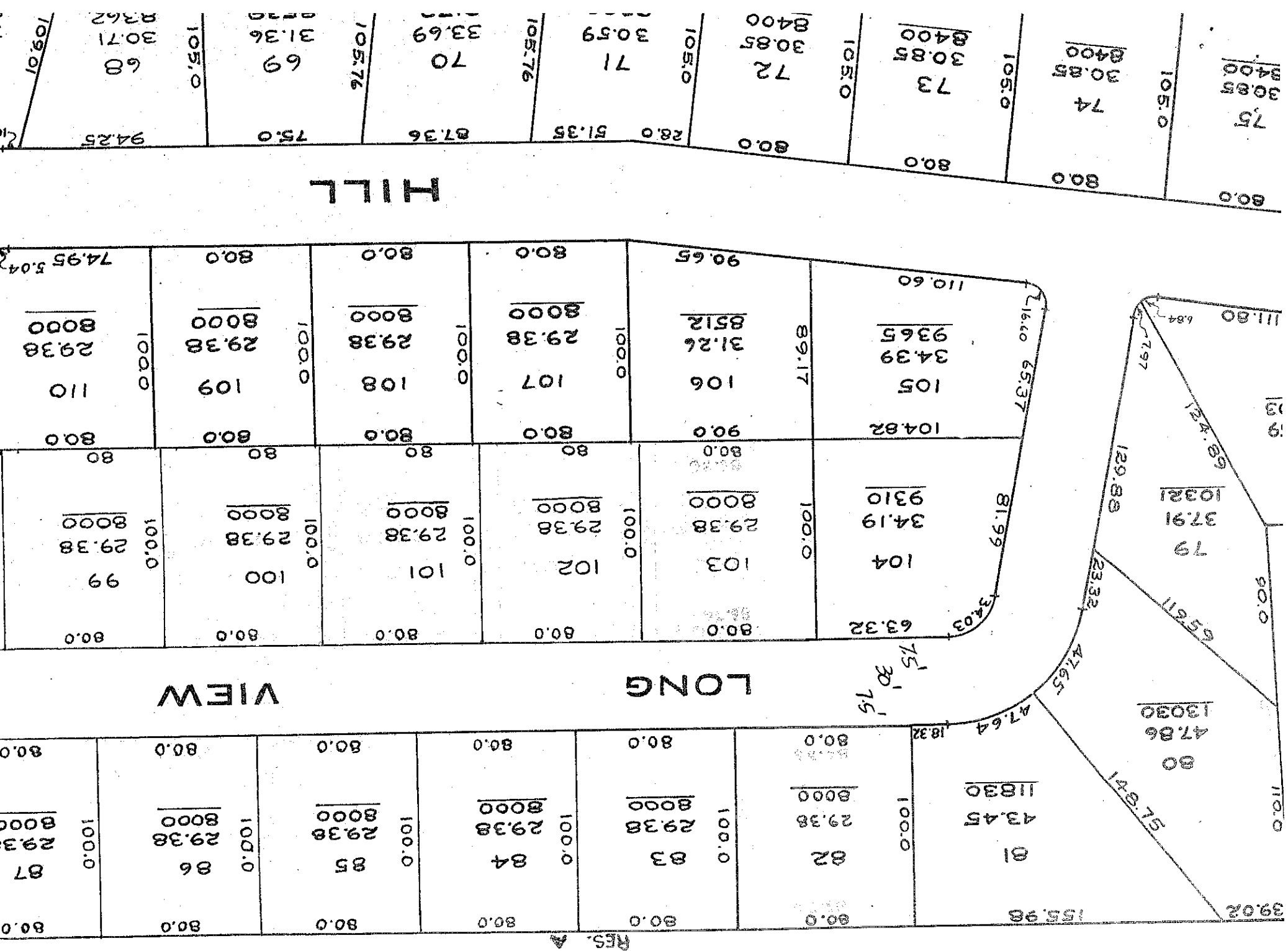
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Permit Log Report

Name	Type	PIN	Permit Type	Date	Details
a411mhs	Reviewed	TB-13-919	Building	5/15/2013	Engineering-->Approved
a241ms	Reviewed	TB-13-919	Building	5/15/2013	Engineering-->Pending

Comments		Comment Date
Existing 15'x7.5' Hot Mix Asphalt brow. No curb. Install 15'x7.5' Hot Mix Asphalt brow.		5/15/2013



RES.