



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

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

Application No. 10,999

Expires: 5/31/14
Date: 5/31/13

Property Owner: Almeida Properties

Tel: _____

Address: 468 RIVET ST New Bedford MA 02740
street city state zip code

The above hereby requests permission to construct a paved: ☒ driveway / _____ sidewalk located at
468 RIVET ST, plot 28, lot 204 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 <small>MULTI-FAMILY</small>	_____
Concrete Full Width	_____	Commercial	_____
Concrete Ribbon	_____	Relocation/Widening	_____
Curb Needed	_____	Curb Removal	_____
		<input checked="" type="checkbox"/> Concrete	<u>18' x 8' cement concrete bars</u>
		Bituminous Concrete	_____

Bonded Contractor: Capelo Contracting Inc Tel: 5089988210

Traffic Commission: _____ Approved _____ Rejected _____ Date _____

Building Dept. _____
Signature _____
Approved (New Building) ☒
Approved - Bldg. Permit# B-13-584
Rejected _____

Danny Dromonevsky
Signature _____

Engineering Department ☒ Approved _____ Rejected 5/15/13 Date _____

Manuel J Silva
Signature _____

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 OK 4/11/13

Manuel J Silva
Supervising Civil Engineer

[Signature]
Property Owner

BY: Cheryl Dunne

Property Owner's Representative

Manuel Silva

From: Maria Sequeira
Sent: Friday, April 05, 2013 9:10 AM
To: Maria Pina-Rocha; Michelle Avila-Silva@newbedford-ma.gov; Manuel Silva; Ana S. Rosa;
Subject: Permit/Application: TB-13-584 at 468 RIVET 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

468 Rivet St.

Arnaldo Proportio

P 28

L 206

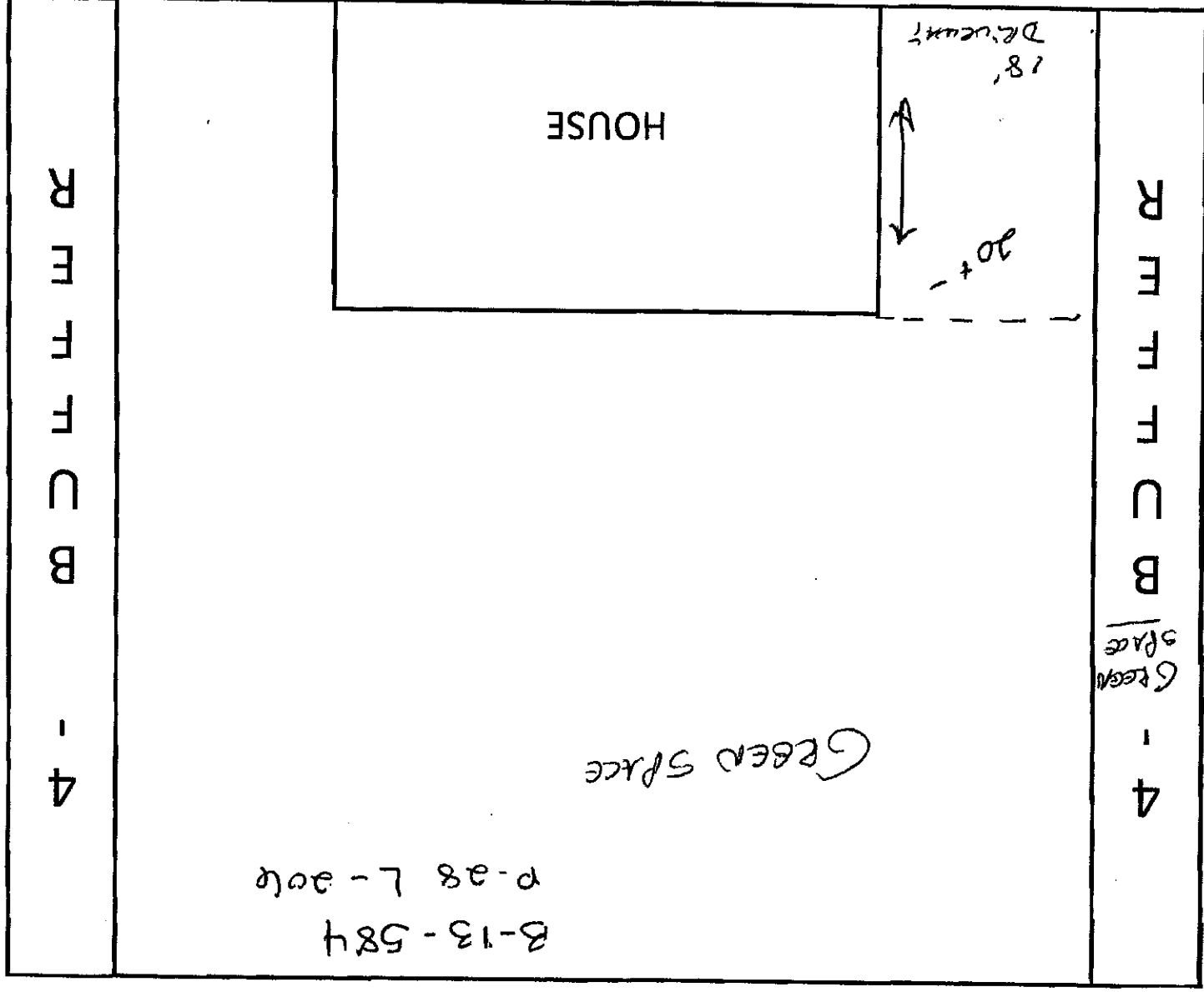
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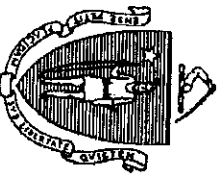
Remove 18' Granite curb

Install 18' x 8' Cement Concrete Base

MHS 4/9/13 DPR-ELG

DRIVEWAY REQUIREMENT 13' MIN 18' MAX





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: Acushnet Mas. Phone #: (508) 998-8210

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with _____ 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: _____

See application

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: _____

William Cardoso

Date: _____

10/25/12

Phone #: _____

(508) 998-8210

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
a41mhs	Reviewed	TB-13-584	Building	4/9/2013	Engineering-->Approved
a241jeb	Reviewed	TB-13-584	Building	4/8/2013	Bldg-Jlm Berube-->Pending
a241ms	Reviewed	TB-13-584	Building	4/5/2013	Engineering-->Pending
Remove 18' Granite curb.			Comments		
Install 18'x8' Cement concrete brow.			Comment Date		
			4/9/2013		

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STREET

JUNIPER

STREET

STREET

ROCK

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