







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-14-544

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.

5/30/2014

FEE PAID: **\$30.00**

ParcelID **127C-207**

This certifies that Able Asphalt Contractor Lic. # \_\_\_\_\_  
owner/contractor has permission to: Driveways - 30.00  
on: 160 ILLINOIS 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. 120.1

**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

*Danny D. Romanowicz*

Building Commissioner

Plan Review Comments:





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 Douglas Roberto 160 Illinois St., being  
(Name) (Mailing Address)

Owner of property located at 160 Illinois St.

Plot \_\_\_\_\_, Lot \_\_\_\_\_, hereby agree to allow Steve Asplund  
(Name)

138 Woodcock Rd., 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 Douglas Roberto @  
\_\_\_\_\_  
Address 160 Illinois St.  
Date 5/19/14 9954915  
Telephone number

Manuel Silva

From:  
Sent:  
To:  
Subject:

Maria Sequeira  
Friday, April 25, 2014 3:26 PM  
Maria Pina-Rocha; Manuel Silva; Ana S. Rosa; Donna M. Amado  
PermitApplication: TB-14-544 at 160 ILLINOIS ST for Driveways - 30.00

Please review the permit in the subject line above in the View Permit System. The paper work you need is attached to the application.

Thank you for your attention in this matter.  
Maria Sequeira  
Department of Inspectional Services

resurface exist. driveway

160 Illinois St.  
Douglas Da Costa

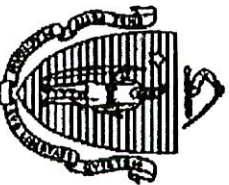
P127C

L 207 + 208

\* Existing 33.5' x 10' Hot mix Asphalt base  
No curb removed  
Install 33.5' x 10' Hot mix Asphalt base

1 unit 4/29/14 DPT-ENG





*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): Able Asphalt, Inc.

Address: 188 Woodcock Road

City/State/Zip: Dartmouth, MA 02747 Phone #: (508) 436-9700

**Are you an employer? Check the appropriate box:**

1. ☒ I am an employer with 5 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 driveway

\*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: Travelers Ins.

Policy # or Self-ins. Lic. #: 4460C45252A-5 Expiration Date: 7/8/2014

Job Site Address: 100 Illinois St. City/State/Zip: Woburn, MA 01801

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: [Signature] Date: 4/21/14

Phone: (508) 436-9700 / (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 #: \_\_\_\_\_

160 Illinois St

OK. Garage  
Huda 4/24/14

~~Asphalt driveway~~

existing  
Driveway  
to be paved

House

Garage



Permit Log Report

Name	Type	PIN	Permit Type	Date	Details
a411mhs	Reviewed	TB-14-544	Building	4/29/2014	Engineering-->Approved
a241tw	Reviewed	TB-14-544	Building	4/28/2014	Bldg-Tom Welch-->Approved
a241ms	Reviewed	TB-14-544	Building	4/25/2014	Bldg-Tom Welch-->Pending
a241ms	Reviewed	TB-14-544	Building	4/25/2014	Engineering-->Pending
Comments					
Existing 33.5'x10' Hot Mix Asphalt brow. No curb removal. Install 33.5'x10' Hot Mix Asphalt brow.					
				4/29/2014	Comment Date

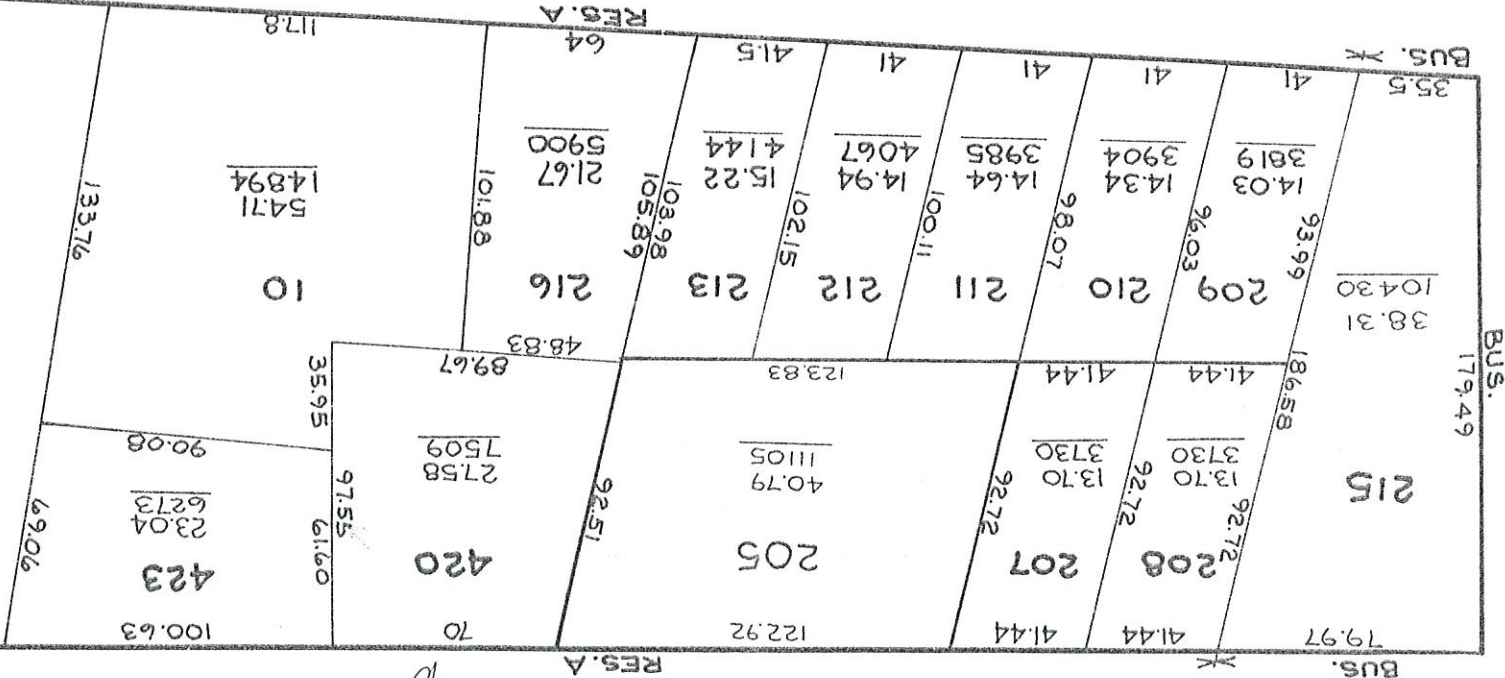
160.00

100.53

# ASHLEY

ARNOLD B.  
LACKIE SQ.

# TARKILN HILL



# ILLINOIS

