



CITY OF NEW BEDFORD

MASSACHUSETTS

ENGINEERING - 508-979-1550

EXT. 506

APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/ DRIVEWAY

Application No. 11,089

Expires: 8/22/15

Property Owner: BARRY BRYANT Tel: 508 965 0461

Address: 990 HULCREST RD NEW BEDFORD MA
street city state zip code

The above hereby requests permission to construct a paved: ☒ driveway / _____ sidewalk located at
990 HULCREST RD, plot 134 D, lot 6 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	<u>23' x 8' for walk asphalt base</u>
Concrete Full Width	_____	_____ Commercial	_____
Concrete Ribbon	_____	_____ Relocation/Widening	_____
Curb Needed	_____	<input checked="" type="checkbox"/> Curb Removal	<u>11/14</u>
	_____	Concrete	_____
	_____	<input checked="" type="checkbox"/> Bituminous Concrete	<u>1" installing 23' x 8' hot mix asphalt base</u>

Bonded Contractor: Able Asphalt Tel: _____

Traffic Commission: _____ Approved _____ Rejected _____ Date _____

Signature _____

Building Dept.

☒ Approved (New Building)
Approved - Bldg. Permit# 3-14-1275
Rejected _____

Signature Jerry D. Romanczyk (MRE)

Engineering Department

☒ Approved 7/22/14 Rejected _____ Date _____

Signature Samuel H. Sible (MRE)

Permit/Inspection fee of \$150.00 must accompany this application.

SPECIAL REQUIREMENTS:

Contractor to call 24 hrs. in advance for pre-inspection (prior to pour)
If curbing is removed, it must be returned within 24 hrs to 1105 Shawmut Ave., New Bedford

PAID: \$ 150.00

Supervising Civil Engineer

Property Owner

BY: Samuel H. Sible
Maria S. Rehner

X. H. H.

Manuel Silva

From: Maria Sequeira
Sent: Thursday, July 17, 2014 4:01 PM
To: Maria Pina-Rocha; Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-14-1275 at 990 HILLCREST RD 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

Permit driveway

990 Hillcrest Rd.
Barry Bryant
P134D

LB

* Existing 23' x 8' Hot mix Asphalt brow
No curb
Install 23' x 8' Hot mix Asphalt brow

MMS 7/22/14 DPH-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 asphalt

*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 attach 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. #: 1180C4535A-5 Expiration Date: 7/8/2014

Job Site Address: 990 + Hillcrest Rd City/State/Zip: X NB

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: 6/17/14

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 #: _____

House _____	Garage
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Measure existing
18' wide driveway
OK - 7/17/14

↑ 43
↓
Driveway
≤ 18' →

(990 H/Hurst Rd.)

Permit Log Report

Name	Type	PIN	Permit Type	Date	Details
a411mhs	Reviewed	TB-14-1275	Building	7/22/2014	Engineering-->Approved
a241tw	Reviewed	TB-14-1275	Building	7/22/2014	Bldg-Tom Welch-->Approved
a241tw	Reviewed	TB-14-1275	Building	7/22/2014	Bldg-Tom Welch-->Approved
a241ms	Reviewed	TB-14-1275	Building	7/17/2014	Engineering-->Pending
Comments				Comment Date	
Existing 23'x8' Hot Mix Asphalt brow. No curb. Install 23'x8' Hot Mix Asphalt brow.				7/22/2014	





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 Bruce Bryant 990 Hilarest Rd., being
(Name) (Mailing Address)
(Bryant Family Trust)
Owner of property located at 990 Hilarest Rd.

Plot , Lot , hereby agree to allow Steve Asphar, Inc.
(Name)
128 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 Bruce Bryant
Signature
990 Hilarest Rd.
Address
Date 8/21/14 508 9650461
Telephone number

See #6497



Commonwealth of Massachusetts
CITY OF NEW BEDFORD
City Hall, Room 308, 133 William Street New Bedford, MA 02740 (508) 979-1540



No. B-14-1275

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
Parcel ID 134D-6
Contractor Lic. # _____

This certifies that **BRYANT BARRY A "TRUSTEE" BRYANT FAMILY**
owner/contractor has permission to: Driveways - 30.00

on: 990 HILLCREST RD

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
BUILDING DEPARTMENT COMMENTS

The following department/commission has expressed concern about the issuance of this PERMIT IS FOR-----: resurface driveway 18'X 43'

Department/Commission: _____

YOUR AREA INSPECTOR IS: **Thomas Welch**

Tel. (508) 979-1540 Between 8:00am - 9:00am

OCCUPANCY PERMIT REQUIRED BEFORE OCCUPANCY
NOTICE: NOTIFY INSPECTOR 48 HOURS IN ADVANCE OF APPLYING SHEATHING OR LATHING
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

Barry A. Bryant
Building Commissioner

Plan Review Comments: