



# CITY OF NEW BEDFORD

MASSACHUSETTS

ENGINEERING - 508-979-1550

EXT. 506

APPLICATION FOR  
CONSTRUCTION OF  
PAVED  
SIDEWALK/DRIVEWAY

Application No. 11,071

Expires: 4/30/15  
Date: 4/30/14

Property Owner: Noah Galatza Tel: 508 496 2730

Address: 150 Bismark St. New Bedford MA state MA city zip code

The above hereby requests permission to construct a paved: \_\_\_\_\_ driveway / \_\_\_\_\_ sidewalk located at 150 Bismark St, plot 132, lot 127 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	
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	

Bonded Contractor: Able Asphalt Inc Tel: 508 636 9700 18' X 8' not m'z c/sprk# B605.

Traffic Commission: \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Date \_\_\_\_\_

Building Dept. \_\_\_\_\_ Signature \_\_\_\_\_  
Approved (New Building) \_\_\_\_\_  
Approved - Bldg. Permit# B-14-440  
Rejected \_\_\_\_\_

~~PRE-PAY INSP. 6/16/14 - OK~~ 9/22/14 Date  
Engineering Department \_\_\_\_\_ Signature Danny Remondino cm  
Approved \_\_\_\_\_ Rejected \_\_\_\_\_  
Signature Mammy & Blue cm

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

Supervising Civil Engineer Mammy & Blue

BY: Catharine Trever

Property Owner X William

Manuel Silva

From:  
Sent:  
To:  
Subject:

Maria Sequeira  
Thursday, April 17, 2014 8:29 AM  
Maria Pina-Rocha; Manuel Silva; Ana S. Rosa; Donna M. Amado  
Permit/Application: TB-14-440 at 150 BISMARCK 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

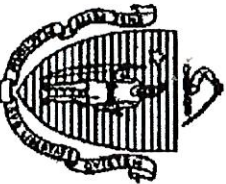
150 Bismark St.  
Noah Galarza

P136  
L127

\* No curb  
Install 18'x8' Hot mix Asphalt brow

MHS      4/22/14      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: 138 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. #: 1160C45252A-5 Expiration Date: 7/8/2014

Job Site Address: 150 Bismark St. City/State/Zip: MA 018.

**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: 3/28/14

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





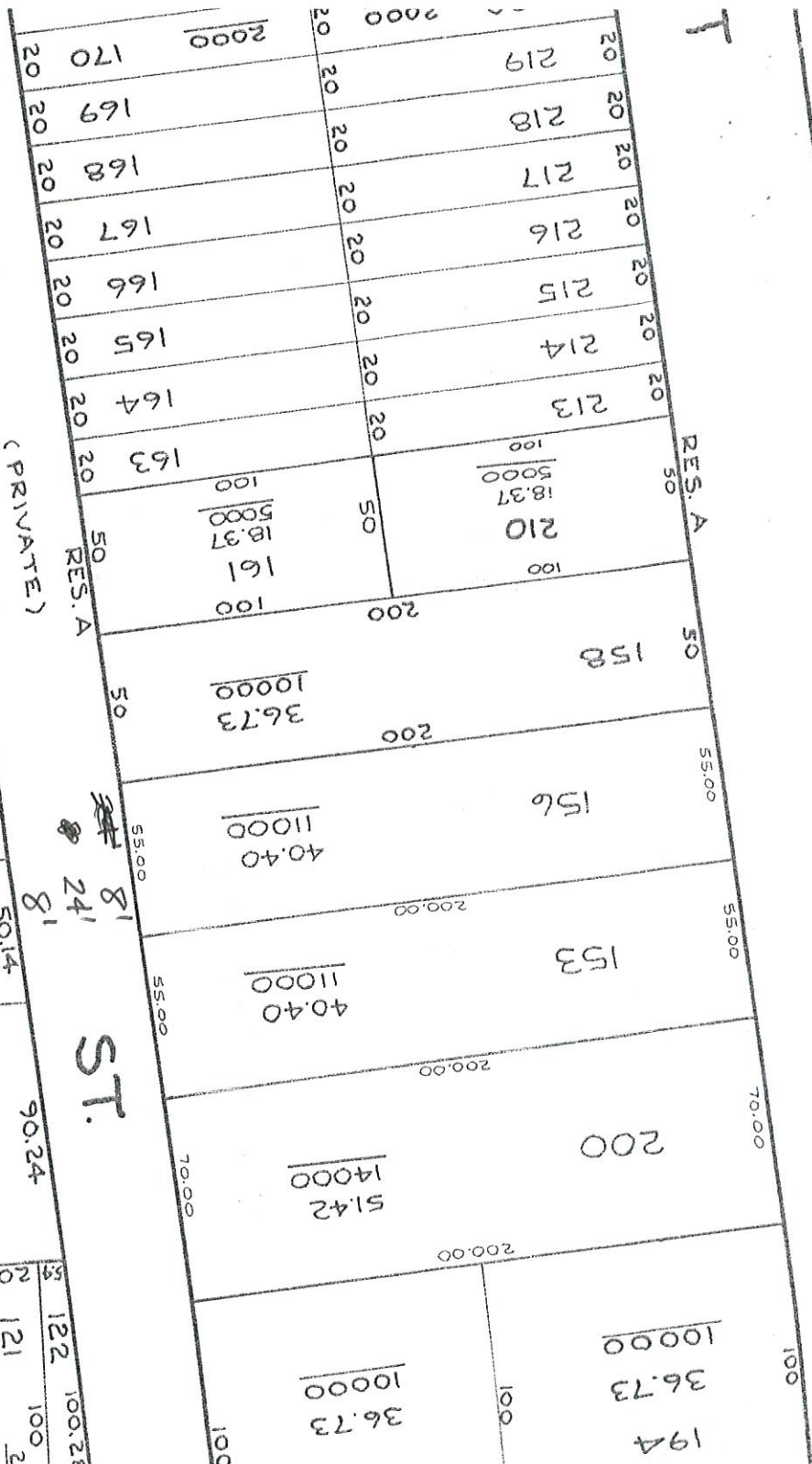




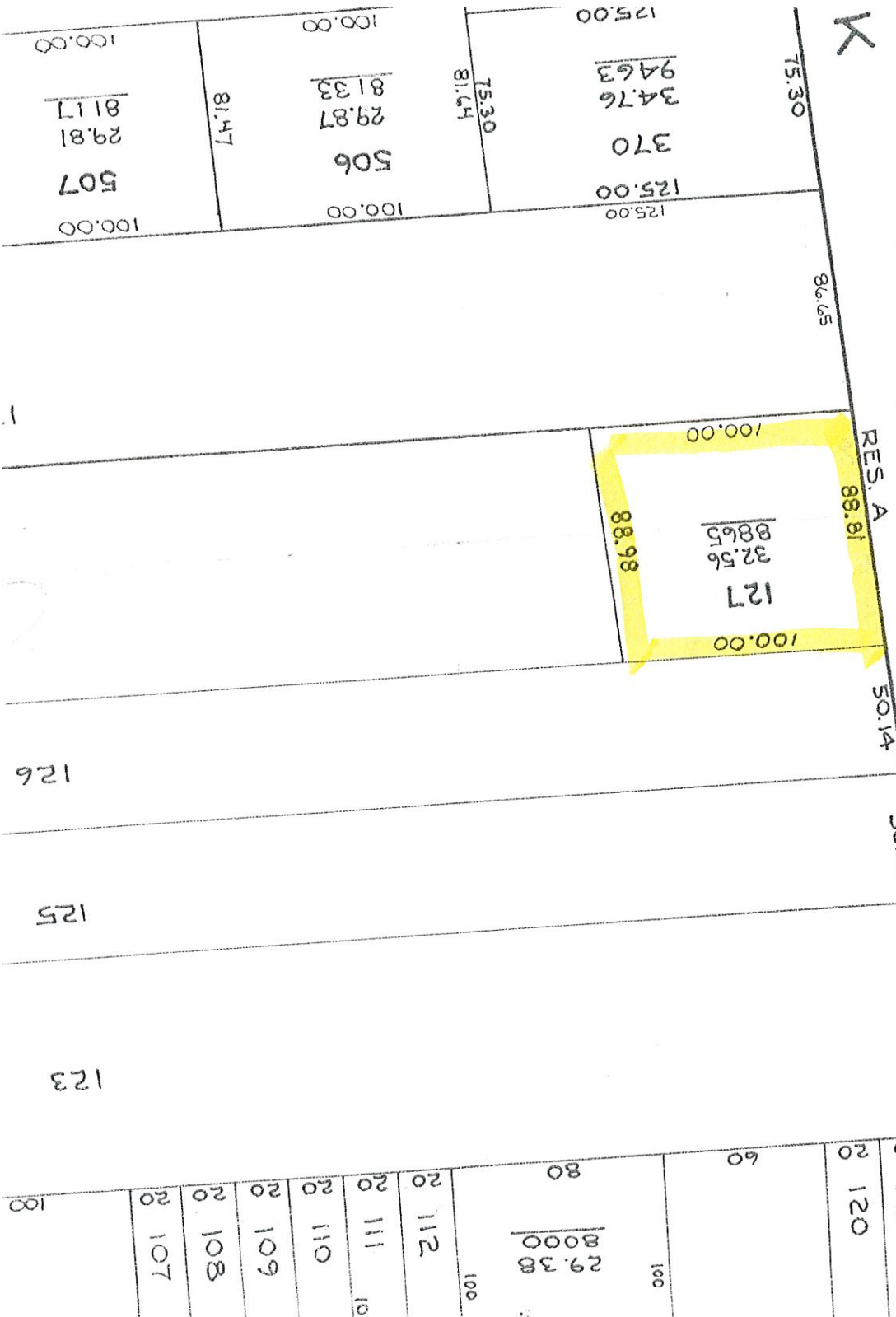
Permit Log Report

Name	Type	PIN	Permit Type	Date	Details
a41mhs	Reviewed	TB-14-440	Building	4/22/2014	Engineering-->Approved
a241tw	Reviewed	TB-14-440	Building	4/17/2014	Bldg-Tom Welch-->Approved
a241ms	Reviewed	TB-14-440	Building	4/16/2014	Engineering-->Pending
Comments					Comment Date
No curb. Install 18'x8' Hot Mix Asphalt brow.					4/22/2014

AVE.



K





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 Noah Galaza 130 Bismark St., being  
(Name) (Mailing Address)

Owner of property located at 130 Bismark St.

Plot \_\_\_\_\_, Lot \_\_\_\_\_, hereby agree to allow Arde Laplathe,  
(Name)  
138 Woodcock Rd. Unit. 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 Noah Galaza  
Signature  
Address 130 Bismark St.  
Date 4/24/14 Telephone number 508 496 2730





Commonwealth of Massachusetts

CITY OF NEW BEDFORD

City Hall, Room 308, 133 William Street New Bedford, MA 02740 (508) 979-1540



No. B-14-440

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 136-127

This certifies that Able Asphalt

Contractor Lic. #

owner/contractor has permission to:

Driveways - 30.00

on: 150 BISMARCK 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  
BUILDING DEPARTMENT 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.  
Permit is for: the installation of a driveway  
18' wide max driveway

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

Building Commissioner  
*Thomas Welch*

Plan Review Comments:

Manny Silva - DPI: No curb.  
Install 18'x8' Hot Mix Asphalt brow.