



CITY OF NEW BEDFORD

MASSACHUSETTS

APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/DRIVEWAY

ENGINEERING - 508-979-1550

EXT. 506

Application No. 11,072

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

Property Owner: Jose Rosario

Tel: 508 991 8391

Address: 25 Stackhouse St.

New Bedford city

state

zip code

The above hereby requests permission to construct a paved: ☒ driveway / ☒ sidewalk located at 25 Stackhouse St, plot 22, lot 34 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>15' x 13' existing</u>
Concrete Full Width		<input type="checkbox"/> Commercial	
Concrete Ribbon		<input type="checkbox"/> Relocation/Widening	
Curb Needed		<input type="checkbox"/> Curb Removal	
<u>As surface as is drive way</u>		<input type="checkbox"/> Concrete	
		<input checked="" type="checkbox"/> Bituminous Concrete	<u>15' x 13' Hot mix asphalt</u>

Bonded Contractor: Able Asphalt, Inc

Tel: 508 636 9700

Traffic Commission:

Approved

Rejected

Date

Signature

Building Dept.

Approved (New Building)

☒ Approved - Bldg. Permit# B-14-272

☐ Rejected

Signature

Engineering Department

Approved

Rejected

Date

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 —

Supervising Civil Engineer

Mauro A. Silva

Property Owner

BY: Catharine Ferreira

X [Signature]

Manuel Silva

From: Maria Sequeira
Sent: Tuesday, March 25, 2014 12:13 PM
To: Maria Pina-Rocha; Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-14-272 at 25 STACKHOUSE 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 Driv. and

25 Stackhouse St.
for Driveways
P22
L34

*EXISTING 15' X 13' HOT MIX ASPHALT BEOW
NO CURB REMOVAL
INSTALL 15' X 13' HOT MIX ASPHALT BEOW

MRS 3/25/14 DPI-ENG

DRIVEWAY
Requirement
13' min.
18' MAX.

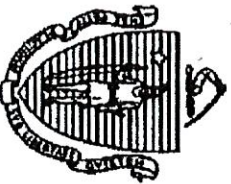
REFUGES 4'

House

142
↑
Driveway
-13-

REFUGES 4'

25 Stackhouse St



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: 128 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. #: UB0045252-5 Expiration Date: 7/8/2014

Job Site Address: 25 Stockhouse St. City/State/Zip: MA 01914

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: 3/19/14

Phone: (508) 436-9700 / (508) 379-3702

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
a411mhs	Reviewed	TB-14-272	Building	3/26/2014	Engineering-->Approved
a241ms	Reviewed	TB-14-272	Building	3/25/2014	Engineering-->Pending
Comments			Comment Date		
Existing 15'X13' Hot Mix Asphalt brow. No curb removal. Instal 15'X13' Hot Mix Asphalt brow.			3/26/2014		



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 Jose Rosalio 25 Stackhouse St., being
(Name) (Mailing Address)

Owner of property located at 25 Stackhouse St.

Plot _____, Lot _____, hereby agree to allow Abel Laplante, Inc.
(Name)

128 Woodcock Rd. Wat., 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 Jose Rosalio Signature
Address 25 Stackhouse St.
Date 3/19/20 Telephone Number (508) 9918344