



CITY OF NEW BEDFORD

MASSACHUSETTS

ENGINEERING - 508-979-1550

EXT. 506

APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/DRIVEWAY

Application No. 11,075

Expires: 5/1/15
Date: 5/1/14

Property Owner: Robert Pinto Tel: 508-264-0408

Address: 986 Kensington St New Bedford MA 02745
street city state zip code

The above hereby requests permission to construct a paved: ☒ driveway / _____ sidewalk located at
986 Kensington St., plot 132A, lot 41 in accordance with the
terms and conditions set forth herein, and the Ordinances of the City of New Bedford.

Sidewalk	Dimensions	Driveway	Width (ft)
<input type="checkbox"/> Bituminous Concrete	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential	<input type="checkbox"/>
<input type="checkbox"/> Concrete Full Width	<input type="checkbox"/> Commercial	<input type="checkbox"/> Relocation/Widening	<input type="checkbox"/>
<input type="checkbox"/> Concrete Ribbon	<input type="checkbox"/> Relocation/Widening	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Curb Needed	<input type="checkbox"/> Curb Removal	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Concrete	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> Bituminous Concrete	<input type="checkbox"/>	<u>18'x10'</u>

Bonded Contractor: Reis Osphalte Tel: _____

Traffic Commission: _____ Approved _____ Rejected _____ Date _____

N/A

Signature _____

Building Dept.

☒ Approved (New Building)
☐ Approved - Bldg. Permit# B-14-345
☐ Rejected

Signature Larry Romanick - Da

ISSUED PER PAID - 19X10 - 025/14 - 1520
Engineering Department ☒ Approved ☐ Rejected 4/11/14 Date

Signature Manuel H. Silva - Da

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.L. Yard
1105 Shawmut Ave., New Bedford

PAID: \$150.00

Manuel H. Silva
Supervising Civil Engineer

BY: Larry Romanick

Property Owner [Signature]



Commonwealth of Massachusetts
CITY OF NEW BEDFORD

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



No. **B-14-345**

BUILDING PERMIT

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.

4/29/2014

This certifies that **KRISTAL REIS**

owner/contractor has permission to: **Driveways - 30.00** Contractor Lic. # **105097**

on: **986 KENSINGTON ST**

FEE PAID: **\$30.00**

ParcelID **137A-41**

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:

Manuel Silva

From:
Sent:
To:
Subject:

Maria Sequeira
Friday, April 04, 2014 2:36 PM
Maria Pina-Rocha; Manuel Silva; Ana S. Rosa; Donna M. Amado
Permit/Application: TB-14-345 at 986 KENSINGTON 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 driveway

986 Kensington St.
Robert Futo
P137A
L41

* Existing 14'x10' Hot mix Asphalt brow
No curb
Install 18' x10' Hot mix Asphalt brow

MHS 4/10/14 DPI-ENG
per MHS
4/11/14



Department of Public Infrastructure

Ronald H. Labelle
Commissioner

CITY OF NEW BEDFORD
Jonathan F. Mitchell, Mayor

Water
Wastewater
Highways
Engineering
Cemetery

To Whom It May Concern:

508-264-0408

I Robert Pinto, 986 Kensington St, being
(Name) (Mailing Address)

Owner of property located at

986 Kensington St

Plot 137A, Lot 41, hereby agree to allow REIS ASPHALT, INC
(Name)

476 HIXVILLE ROAD, DARTMOUTH to act on my behalf including affixing my
(Mailing Address)

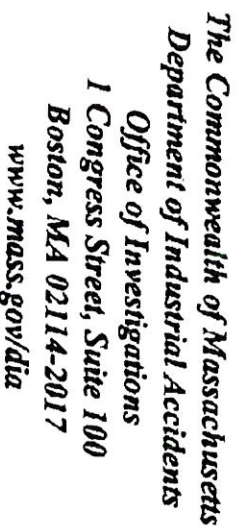
signature in securing permit for:

- ☐ 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 X Pinto Signature
986 Kensington St Address
4-1-1-1 Date
929-7405 Telephone number

NOTE FROM REIS ASPHALT:
THIS PERMIT IS FOR THE ENTRANCE OF THE DRIVEWAY
AND THE CUSTOMERS PERMIT FEE IS \$150, WHICH WE
ADD TO THE FINAL PRICE OF THE DRIVEWAY IS WE DO
NOT RECEIVE THE CHECK FOR THE CITY BEFOREHAND



www.mass.gov/dia

Please Print Legibly

Reis Asphalt, Inc

Address: 476 Hixville Road

City/State/Zip: Dartmouth, MA 02747

Phone #: 508-996-0735

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with 4 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.]
6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or alterations
11. ☐ Plumbing repairs or alterations
12. ☐ Roof repairs
13. ☐ Other _____

* Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

[†]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: Peerless Insurance Company

Policy # or Self-ins. Lic. #: WC 8884937

Expiration Date: 12/31/14

Job Site Address:

City/State/Zip: New Bedford, MA

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 MG.L. 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:

Date: 2-1-12

Phone #: 508-996-0735

Official use only. Do not write in this area, to be completed by city or town official

City or Town:

Permit/License #

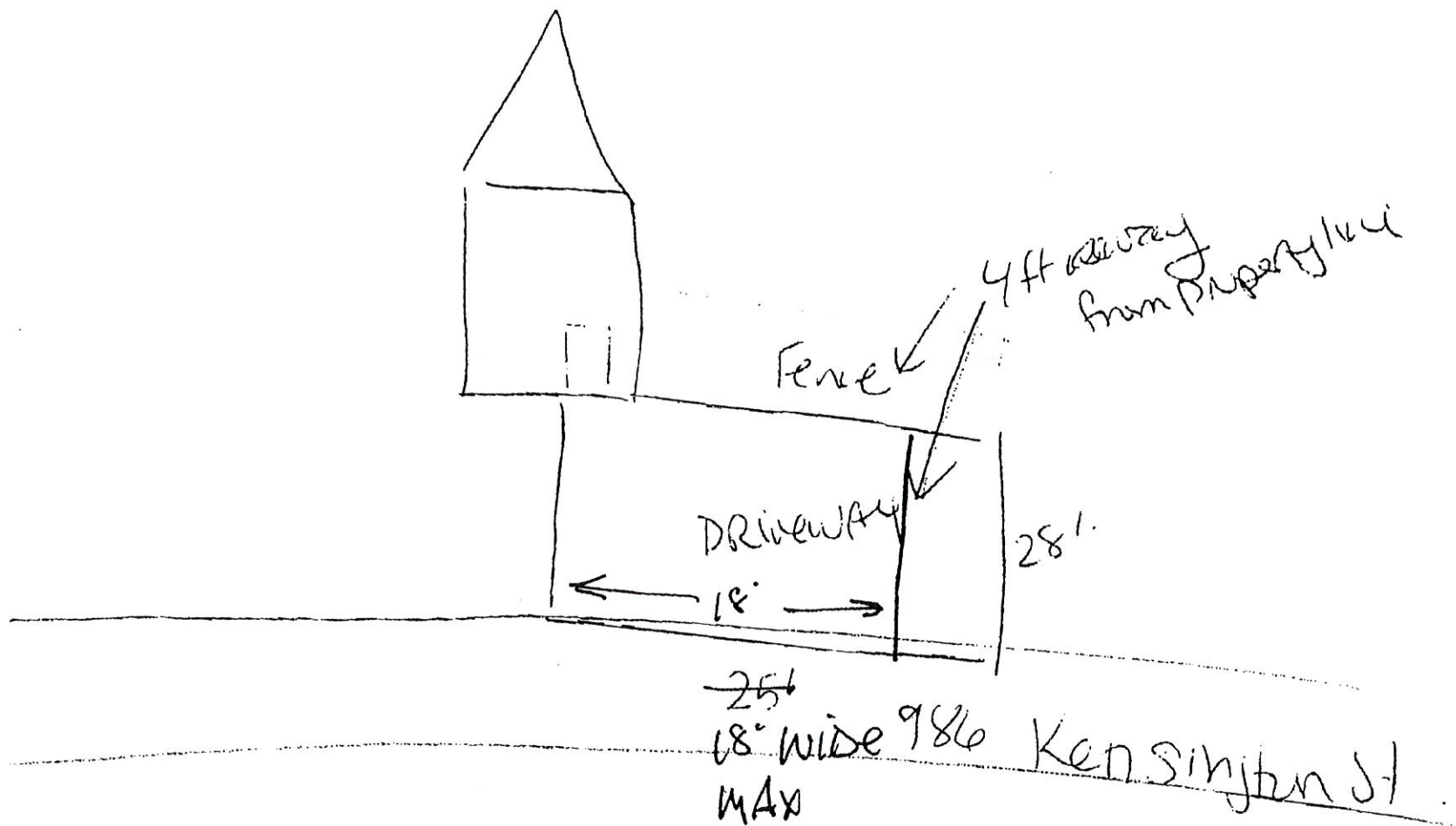
Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

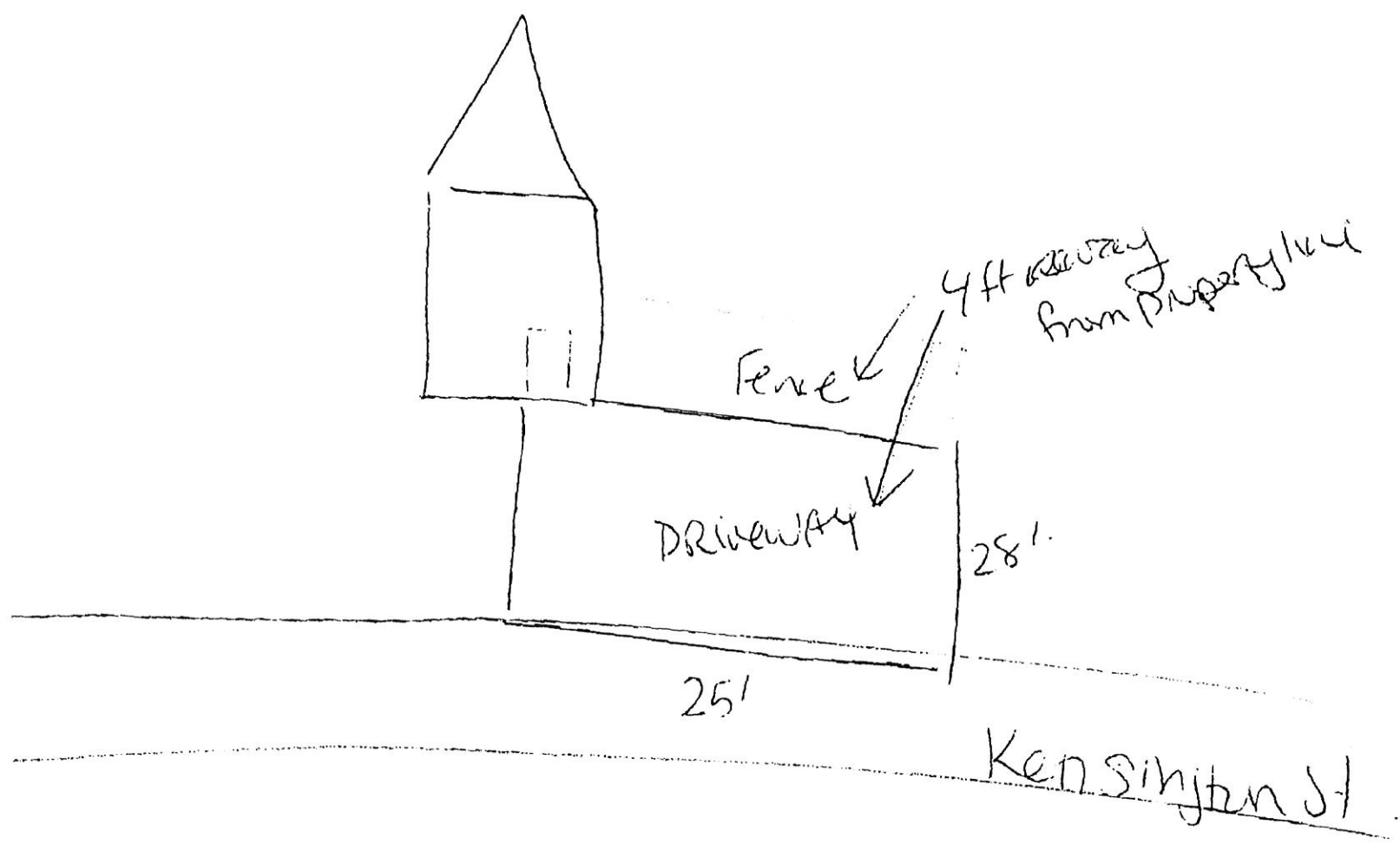
Contact Person:

Phone #:

Town



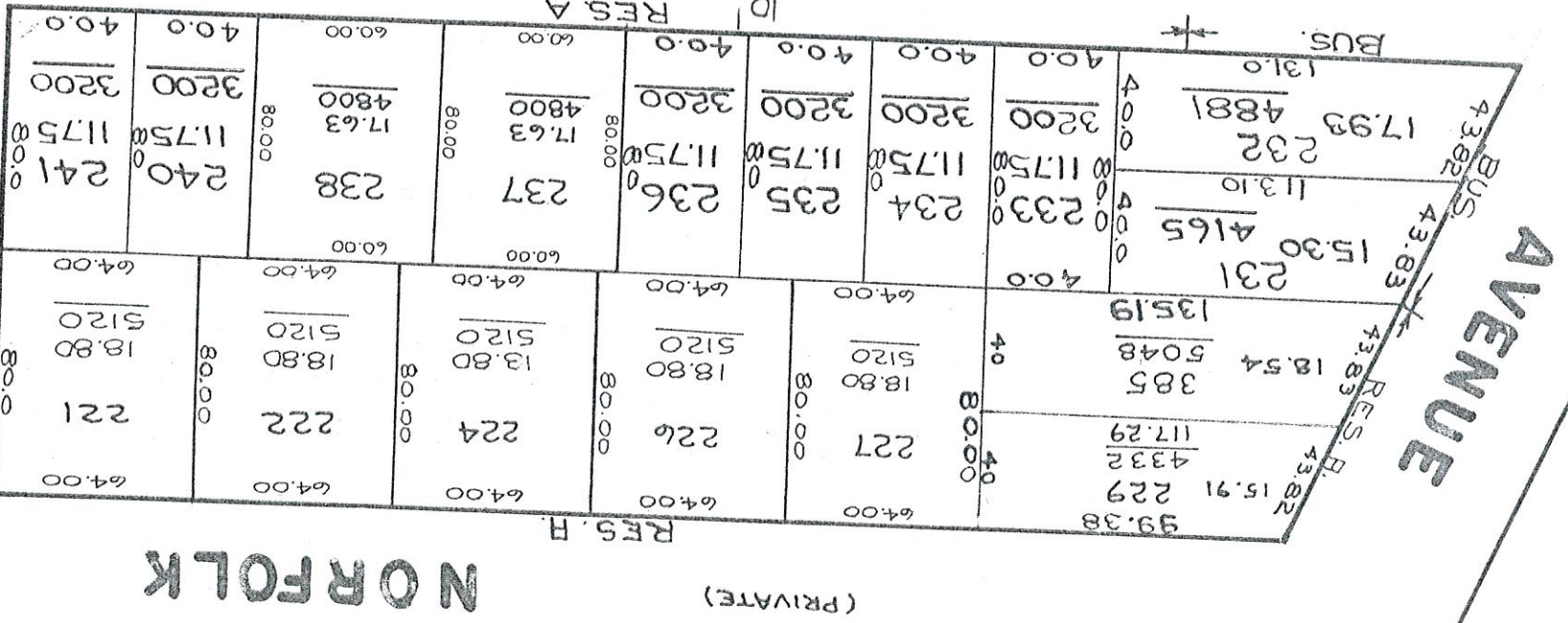
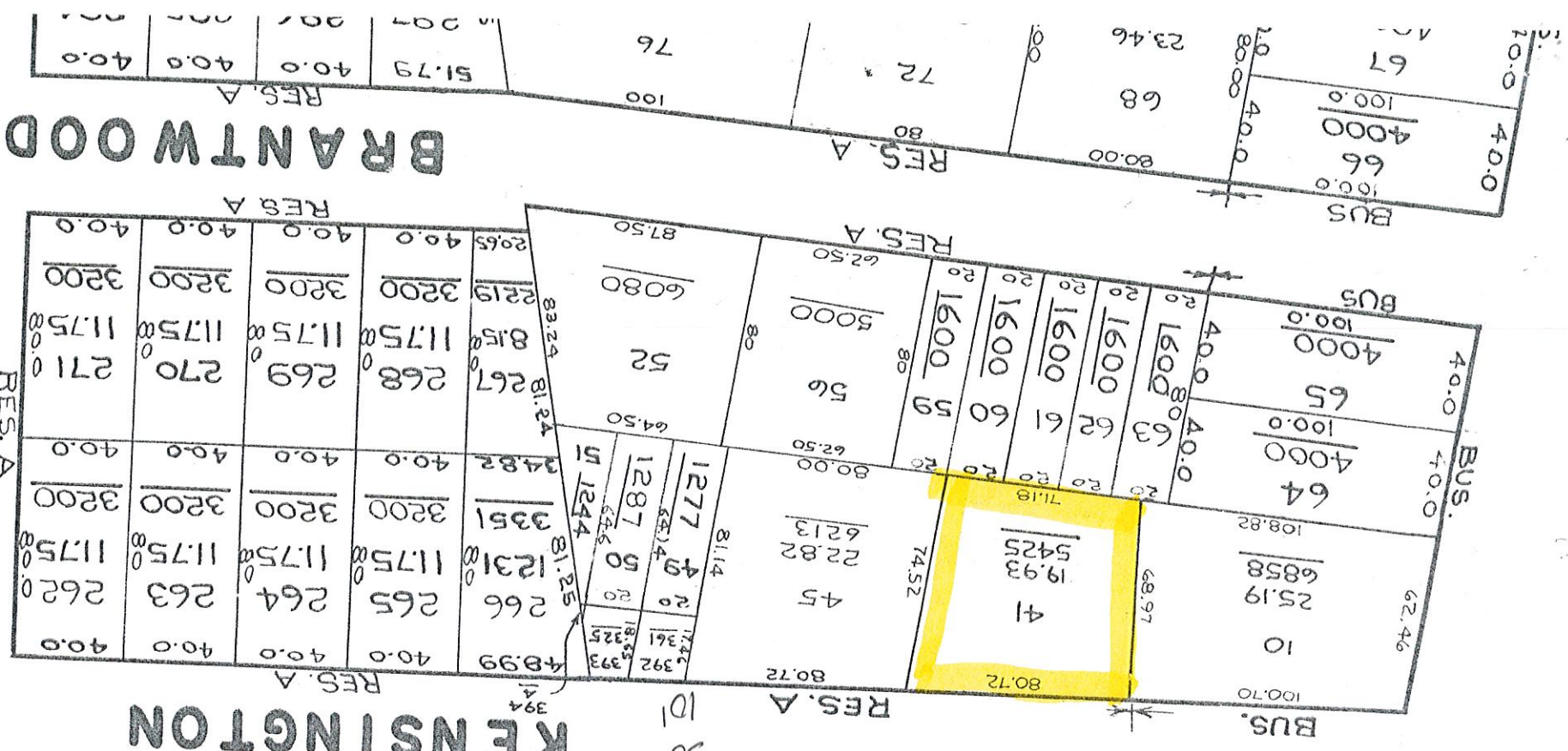
18' wide maximum driveway
resurface allowed
thru 4/3/14



Permit Log Report

Name	Type	PIN	Permit Type	Date	Details
a41mhs	Reviewed	TB-14-345	Building	4/10/2014	Engineering-->Approved
a241ms	Reviewed	TB-14-345	Building	4/4/2014	Engineering-->Pending
Comments					
Existing 14'x10' Hot Mix Asphalt brow. No curb. Install 14'x10' Hot Mix Asphalt brow.					
Comment Date				4/10/2014	

INET



STREET

PRIVATE

RES A

RES A

(PRIVATE)