CITY OF NEW BEDFORD
MASSACHUSETTS
ENGINEERING – 508-979-1550
EXT. 506

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY
6524/2.

Expires: 6/2/15

Application No. **11,079**

Date: 6/2/14

Property Owner: Claudio Dacosta Tel: 774-930-2268

Address: 24 Circuit St. N.B MA
street city state zip code

The above hereby requests permission to construct a paved: ✓ driveway / ✓ sidewalk located at 24 Circuit Street, plot 18, lot 53 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	___	✓	Residential	___
___	Concrete Full Width	___	___	Commercial	___
___	Concrete Ribbon	___	___	Relocation/Widening	___
___	Curb Needed	___	✓	Curb Removal	15.5 granite curb
			✓	Concrete	Install 15.5'x13' Cem concrete Beam
			___	Bituminous Concrete	___

Bonded Contractor: Cable Asphalt. **Tel:** (508) 636-9700

Traffic Commission: ____ Approved ____ Rejected ____ Date

Signature

Building Dept.
____ Approved (New Building)
✓ Approved - Bldg. Permit# B-14-660.
____ Rejected

Danny Romanowicz C.T.
Signature

PRE-POUR INSP-OK- 7/21/14 -(RS)

Engineering Department ✓ Approved ____ Rejected 5/12/14 Date

Manuel H. Silva C.T.
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

Manuel H. Silva
Supervising Civil Engineer

BY: Charli Torres

x [signature]
Property Owner

Manuel Silva

From: Maria Sequeira
Sent: Thursday, May 08, 2014 11:35 AM
To: Maria Pina-Rocha; Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-14-660 at 24 CIRCUIT 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

install new drive

24 Circuit St.
Claudio Da Costa
P 18
L 53

* Remove 15.5' Granite Curb
Install 15.5' x 13' Cement Concrete Brow

MHS 5/12/14 DPI - 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: 128 Woodcock Road

City/State/Zip: Dartmouth, MA 02747 Phone #: (508) 636-9700

Are you an employer? Check the appropriate box:

1. ☒ I am a 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 driveways

*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: Travlers Ins.

Policy # or Self-ins. Lic. #: UBOC45252-5 Expiration Date: 7/8/2014

Job Site Address: X 24 Circuit St. 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 X Date X 5/7/14

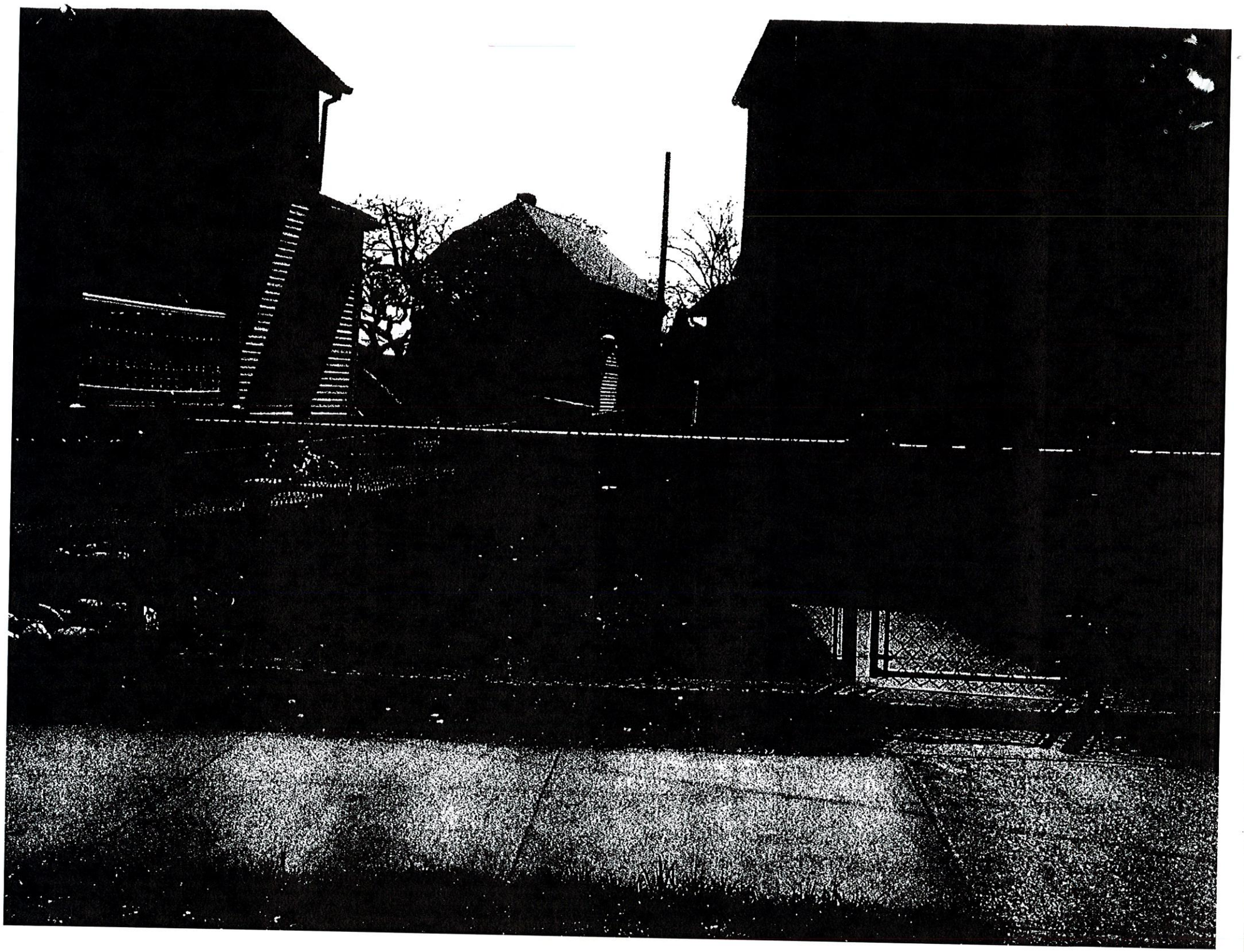
Phone #: (508)-636-9700 / (508)-509-3702

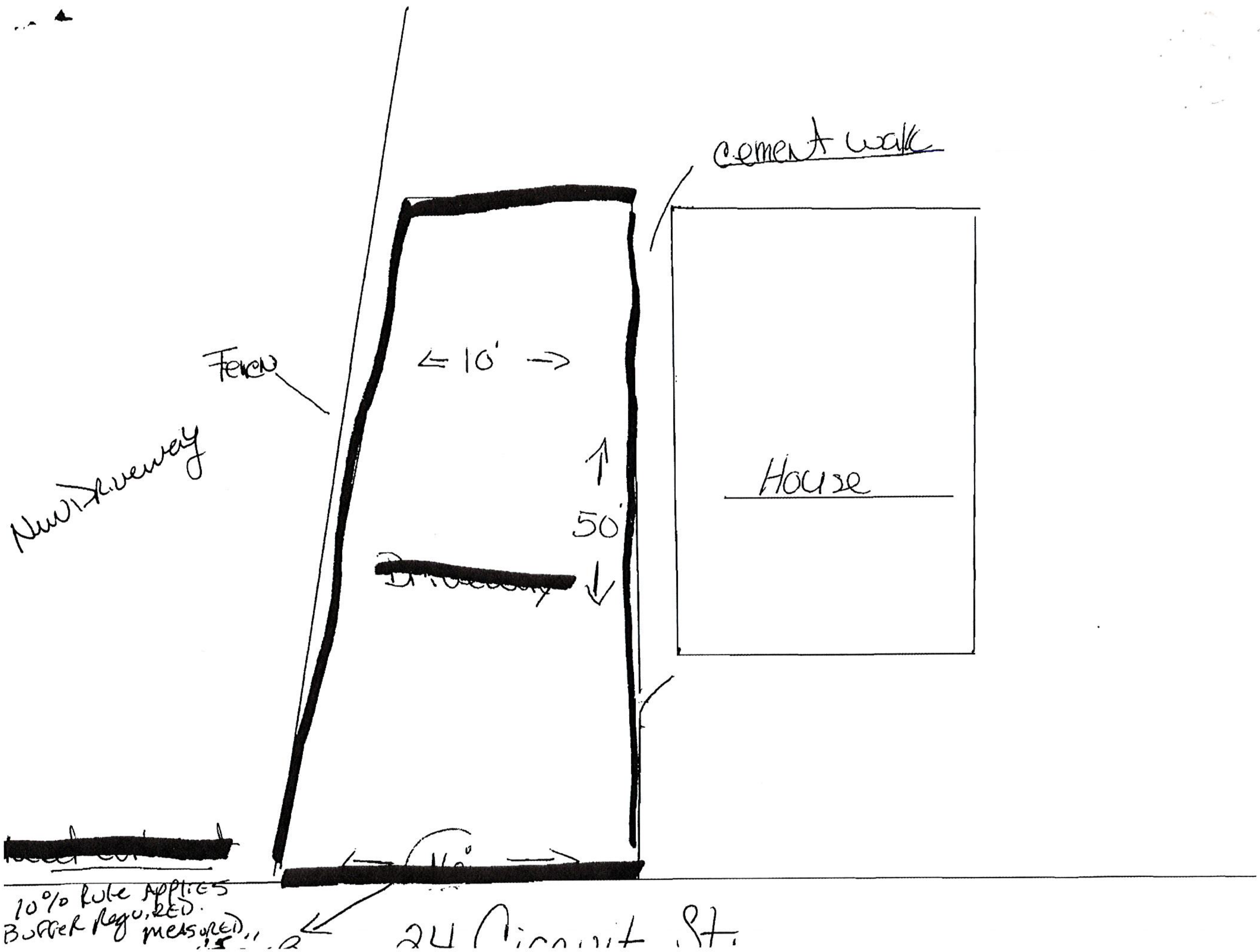
Official use only. Do not write in this area, to be completed by city or town official.

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 #:** _____




cement walk
Fence
← 10' →
50'
House
New Driveway
[redacted]
[redacted]
10% Rule Applies
Buffer Required
measured
24 Circuit St

Permit Log Report

Name	Type	PIN	Permit Type	Date	Details
a411mhs	Reviewed	TB-14-660	Building	5/12/2014	Engineering-->Approved
a241ms	Reviewed	TB-14-660	Building	5/8/2014	Engineering-->Pending
a241ms	Reviewed	TB-14-660	Building	5/8/2014	Bldg-Jim Berube-->Pending

Comments	Comment Date
Remove 15.5' Granite curb. Install 15.5'x13' Cement Concrete brow.	5/12/2014

RES. B

CIRCUIT

RES. A.

ST.

BOLTON

RES. A.

BUS.

BUS.

BUS.

RES. A.

PRIVATE ARTHUR MACEDO SQUARE

AVE.

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-14-660**

MSBC Sect. 110.14 - Any permit issued shall be deemed abandoned and invalid unless the work authorized by it shall have been commeced within six (6) months after its issuance.

5/30/2014

FEE PAID: **$30.00**

ParcelID **18-53**

This certifies that Able Asphalt **Contractor Lic. #** _____

owner/contractor has permission to: Driveways - 30.00

on: 24 CIRCUIT ST

Providing that the person accepting this permit shall in every respect confrom to the terms of application therefore on file in this office; to the provisions of the statute of the Comonwealth adn to the by-laws of the City of New Bedford relating to the inspection, erection, enlarging, altering, raising, moving, reparing, 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 adviced to contact that agency and resolve this matter. Department.Commission: _____	:

YOUR AREA INSPECTOR IS: **James E. Berube** 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 O. Romanowicz

Building Commissioner

Plan Review Comments: :

Manny Silva - DPI: Remove 15.5' Granite curb.
Install 15.5'x13' Cement Concrete brow.

CITY OF NEW BEDFORD
MASSACHUSETTS

Engineering Department, Rm. 303
133 William Street
New Bedford, Ma. 02740
Tel: 508-979-1527
Fax: 508-961-3043

Duarte M. Andrade,
Acting City Engineer

To Whom It May Concern:

I Claudio DaCosta (Name) 24 Circuit St. (Mailing Address), being

Owner of property located at 24 Circuit St

Plot _____, Lot _____, hereby agree to allow Able Asphalt (Name)

128 Woodcock Rd (Mailing Address), to act on my behalf including affixing my 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 Claudio DaCosta (Signature)

24 Circuit St. (Address)

5/19/14 (Date) 774 930 2268 (Telephone number)