



CITY OF NEW BEDFORD MASSACHUSETTS

APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/DRIVEWAY

ENGINEERING - 508-979-1550

EXT. 506

(508) 01/1

Application No. 11,082

Expires: 6/2/15

Property Owner: Scott Demello Tel: (508) 996-5540

Address: 233 Hathaway Rd city N.B. state MA zip code 02745

The above hereby requests permission to construct a paved: ☒ driveway / ☒ sidewalk located at 233 Hathaway Rd, plot 121, lot 59 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 checked="" type="checkbox"/> Residential	<input checked="" type="checkbox"/> Existing	<u>19.5' x 8'</u> hot mix asphalt base
<input type="checkbox"/> Concrete Full Width	<input type="checkbox"/> Commercial		
<input type="checkbox"/> Concrete Ribbon	<input type="checkbox"/> Relocation/Widening		
<input type="checkbox"/> Curb Needed	<input type="checkbox"/> Curb Removal		
<input checked="" type="checkbox"/> <u>asphalt existing</u> Driveway	<input checked="" type="checkbox"/> Concrete		
	<input checked="" type="checkbox"/> Bituminous Concrete		<u>19.5' x 8'</u> hot mix

Bonded Contractor: ABLE Asphalt Tel: (508) 996-5540

Traffic Commission: _____ Approved _____ Rejected _____ Date _____

Building Dept. _____ Signature _____
Approved (New Building) ☒
Approved - Bldg. Permit# B-14-545
Rejected _____

PAID - \$241.15 6/11/14 (125)
Engineering Department _____ Signature Danny Romanovsky C.T.
Approved ☒ Rejected _____ Date 4/29/14
Signature Meredith Silva C.T.

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

Meredith A. Silva
Supervising Civil Engineer

BY: Charles Torres _____ Property Owner [Signature] ✓

Manuel Silva

From:
Sent:
To:
Subject:

Maria Sequeira
Friday, April 25, 2014 3:26 PM
Maria Pina-Rocha; Manuel Silva; Ana S. Rosa; Donna M. Amado
Permit/Application: TB-14-545 at 233 HATHAWAY 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

~~Resurface cur. driveway~~

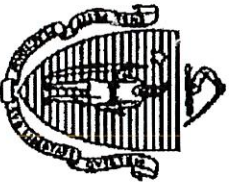
233 Hathaway Rd.
Scott Denello

P121

L59

* Existing 19.5' x 8' Hot mix Asphalt brow
— No curb removal
Install 19.5' x 8' Hot mix Asphalt brow

MHS 4/29/14 DP1-606



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

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input checked="" type="checkbox"/> I am a employer with <u>5</u> employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partner-ship and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.]†</p>	<p>4. <input type="checkbox"/> 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.†</p> <p>5. <input type="checkbox"/> 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.]</p>	<p>Type of project (required):</p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input checked="" type="checkbox"/> Other <u>driveway</u></p>
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*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. #: 11B0C45252-5 Expiration Date: 7/8/2014

Job Site Address: 232 Hathaway Rd city/State/Zip: New Bedford

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.

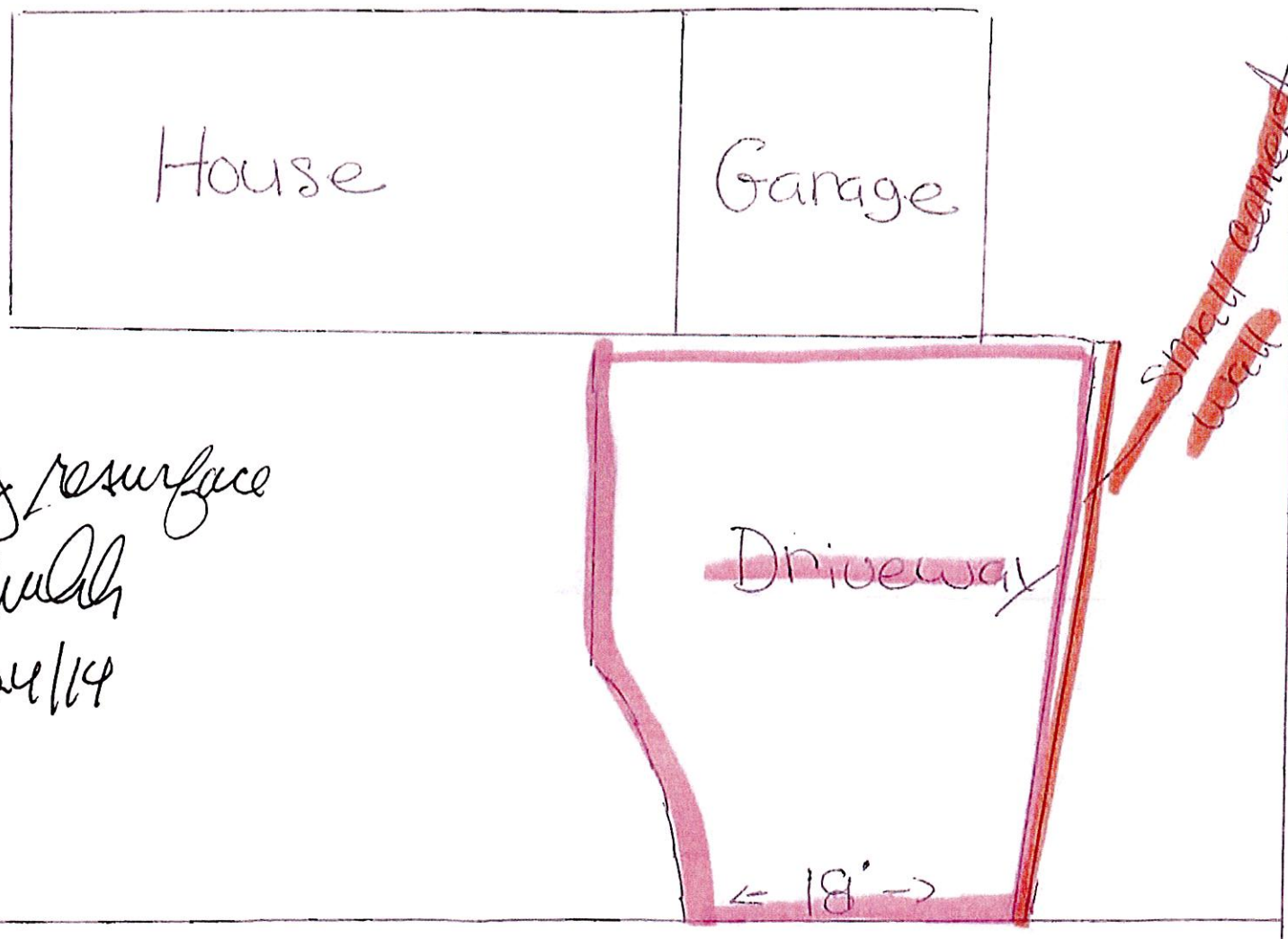
I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 4/21/14

Phone: (508) 436-9700 / (508) 579-3702

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 #: _____



Driveway resurface
OK Mulch
4/24/14

233 Hathaway Rd

Permit Log Report

Name	Type	PIN	Permit Type	Date	Details
a41mhs	Reviewed	TB-14-545	Building	4/29/2014	Engineering-->Approved
a241meb	Reviewed	TB-14-545	Building	4/29/2014	Wire-->Not Applicable
a241tw	Reviewed	TB-14-545	Building	4/28/2014	Wire-->Pending
a241tw	Reviewed	TB-14-545	Building	4/28/2014	Bldg-Tom Welch-->Approved
a241ms	Reviewed	TB-14-545	Building	4/25/2014	Bldg-Tom Welch-->Pending
a241ms	Reviewed	TB-14-545	Building	4/25/2014	Engineering-->Pending
Comments					Comment Date
Existing 19.5'x8' Hot Mix Asphalt brow. No curb removal. Install 19.5'x8' Hot Mix Asphalt brow.					4/29/2014

ROUTE 140

455.99

620.13

371 ±

350 ±

110.50
100.31
36.84
59
77.0
127.50
17.18 ±
73.9
287.94
402.72
147.92
70
250.0
150.0

265 ±
3A - 147.20
170784
39
339

18.83 ±
33.19
9035
78.96
14.68
16058 ±
183 ±
847 ±
89.55 ±

150.96 ±
29136
107.03
47
185.96 ±
105.14
69
55.97
15240
86.0
146.70
15528 ±
3016 ± BUS.
1 BUS BUS.

369.73 ±
211.11
1A - 56.32
40
58893

284.27
7.63
325 ±
317.89
2A - 27.20
94583
63
254.04

404.06
IND. B. 100' DEEP
FACILITY TO R. R.

210.0
168.13
62.8
216.64
38657
141.99
60
209.68
293 IND. B.
84506
1A - 150.40
96

155.58 ±

198.38
SHAWMUT

101



Commonwealth of Massachusetts
CITY OF NEW BEDFORD
BUILDING PERMIT

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

No. B-14-545

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.

This certifies that Able Asphalt

owner/contractor has permission to: Driveways - 30.00

on: 233 HATHAWAY 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 state 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.

Department/Commission:

YOUR AREA INSPECTOR IS: Thomas Welch

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

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

NOTICE: NOTIFY INSPECTOR 48 HOURS IN
ADVANCE OF APPLYING SHEATHING OR LATHING

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

Donny R. Pennoyer

Plan Review Comments:



5/30/2014

FEE PAID: \$30.00

ParcelID 121-59

Contractor Lic. #



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 Scott Delvello 233 Hathaway Rd, being
(Name) (Mailing Address)

Owner of property located at 233 Hathaway Rd.

Plot _____, Lot _____, hereby agree to allow Phile Asplatt
(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 Scott Delvello Signature

Address 233 Hathaway Rd.
Date 5/19/14 Telephone number 99105540