



CITY OF NEW BEDFORD

MASSACHUSETTS

APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/ DRIVEWAY

ENGINEERING - 508-979-1550

EXT. 506

Application No. 11.105

Expires: 9/16/15

Date: 9/16/14

Property Owner: David Jesus.

Tel: _____

Address: 99 Duval St

NB city

MA state

02746 zip code

The above hereby requests permission to construct a paved: _____

driveway / _____ sidewalk located at

99 Duval Street

, plot 83, lot 88 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>Existing 20' x 8'</u> <small>not m'x asphalt</small> |
| Concrete Full Width | | Commercial | |
| Concrete Ribbon | | Relocation/Widening | |
| Curb Needed | | Curb Removal | <u>N/A</u> |
| <u>work being done before permit.</u> | | Concrete | <u>Install concrete 20' x 8'</u> <small>concrete</small> |
| | | Bituminous Concrete | |

Bonded Contractor: Morgado Co.

Tel: _____

Traffic Commission: _____

Approved _____

Rejected _____

Date _____

Building Dept.

no pre-inspection

Signature _____

Approved (New Building) _____

Approved - Bldg. Permit# _____

Rejected _____

Signature _____

Engineering Department

Approved _____

Rejected _____

Date _____

Manuel H. Silva

Signature _____

CT.

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

BY: Manuel H. Silva

Property Owner

David Morgado



CITY OF NEW BEDFORD
Jonathan F. Mitchell, Mayor

Department of Public Infrastructure

Ronald H. Labelle
Commissioner

Water
Wastewater
Highways
Engineering
Cemetery

To Whom It May Concern:

I David Jesus, being
(Name) (Mailing Address)

Owner of property located at

99 Delucraft St.

Plot _____, Lot _____, hereby agree to allow Morago Company Inc
(Name)

1 Anne's Path Lakeville, 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 David Jesus Signature
99 Delucraft St. Address
Date Sept 16 Telephone number _____

Manuel Silva

From: Maria Sequeira
Sent: Wednesday, June 25, 2014 12:30 PM
To: Maria Pina-Rocha; Sarah Porter; Manuel Silva; Ana S. Rosa; Sandy Douglas; Donna M. Amado
Subject: Permit/Application: TB-14-1106 at 99 DEWOLF 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.

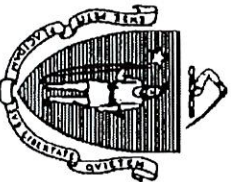
Thank you for your attention in this matter.
Maria Sequeira
Department of Inspectional Services

Concrete driveway

*99 Dewolf St.
David Jones
P83
L 88*

8/19/14

** Existing 20'x8' Hot mix Asphalt brow
No curb removal
Install 20'x8' Cement Concrete brow*



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

Name (Business/Organization/Individual): Morgado Company Inc.

Address: 1 Anne's Path

City/State/Zip: Lakeville MA 02347 Phone #: 508-997-1022

Are you an employer? Check the appropriate box:

1. ☒ I am a employer with _____ 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 _____

*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: Berkshire Hathaway Guard

Policy # or Self-ins. Lic. #: RAWC594920 Expiration Date: May 2015

Job Site Address: 99 Devolf St. City/State/Zip: New Bedford MA 02744

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: Arthur Morgado Date: June 14, 2014

Phone #: 508-997-1022

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 #: _____

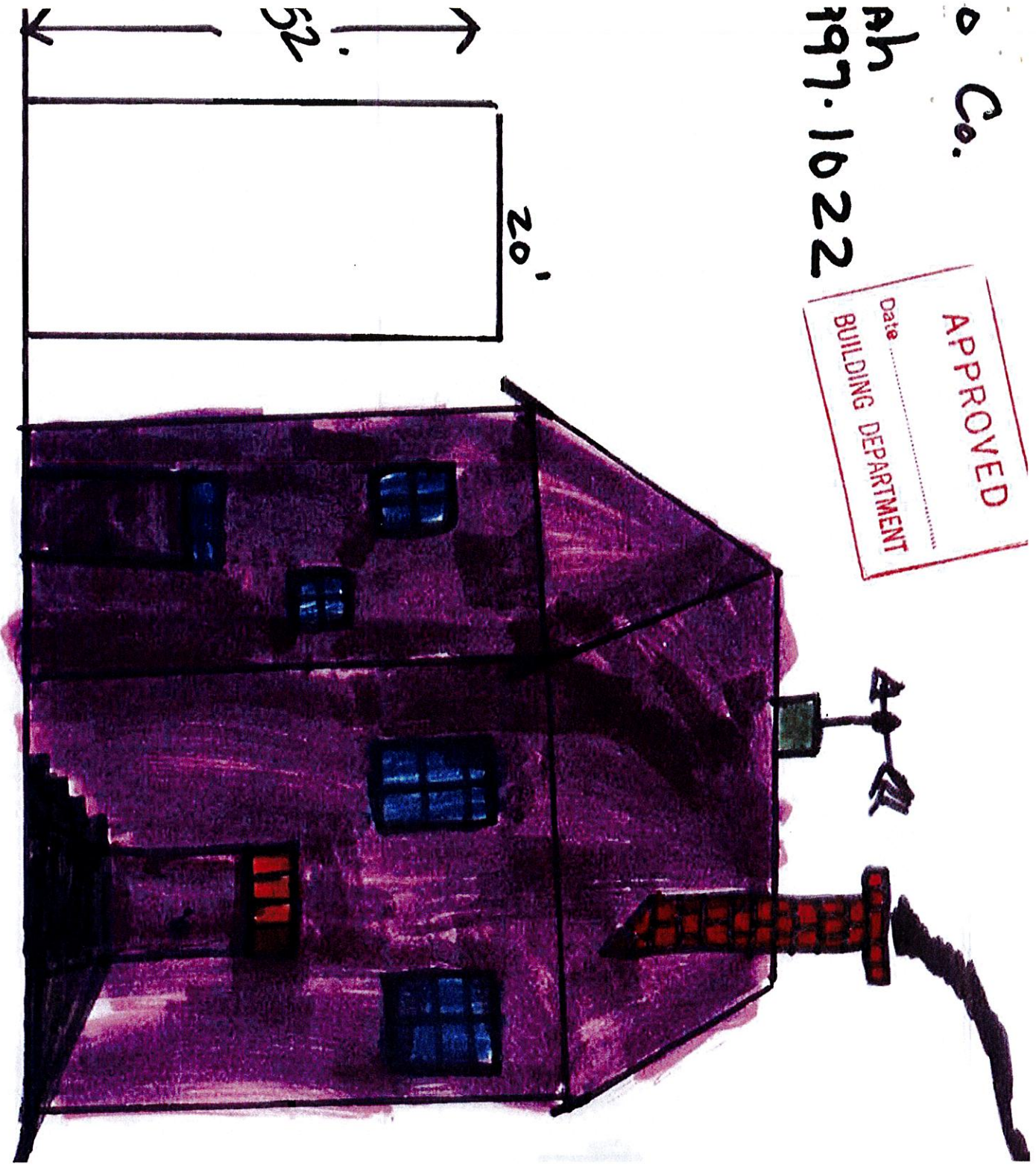




Co.

Ah

197.1022



Bedford Mt

off Mt Vernon St.

Permit Log Report

| Name | Type | PIN | Permit Type | Date | Details |
|---|----------|------------|-------------|-----------|-------------------------|
| a411mhs | Reviewed | TB-14-1106 | Building | 7/2/2014 | Engineering-->Approved |
| a171sp | Reviewed | TB-14-1106 | Building | 6/25/2014 | Conservation-->Approved |
| a241ms | Reviewed | TB-14-1106 | Building | 6/25/2014 | Engineering-->Pending |
| Comments | | | | | |
| Existing 20'x8' Hot Mix Asphalt brow. No curb removal. Install 20'x8' Cement Concrete brow. | | | | 7/2/2014 | Comment Date |

