



CITY OF NEW BEDFORD

MASSACHUSETTS

ENGINEERING - 508-979-1550

APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/DRIVEWAY

DEC 18 2015

Department of
Public Infrastructure

Application No. 11,209

Expires: 12/18/16

Date: 12/18/15

Property Owner: Osvaldo Luaces Tel: 508-990-2572

Address: 18 Jean St XB MA 02746
street city state zip code

The above hereby requests permission to construct a paved: 18 Jean St driveway / 160 sidewalk located at 18 Jean St, plot 92, lot 160 in accordance with the terms and conditions set forth herein, and the Ordinances of the City of New Bedford.

Sidewalk	Dimensions	Driveway	Width (ft)
<u> </u> Bituminous Concrete <u> </u>	<u> </u>	☒ Residential <u> </u>	<u>18 ft</u>
<u> </u> Concrete Full Width <u> </u>	<u> </u>	<u> </u> Commercial <u> </u>	<u> </u>
<u> </u> Concrete Ribbon <u> </u>	<u> </u>	<u> </u> Relocation/Widening <u> </u>	<u> </u>
<u> </u> Curb Needed <u> </u>	<u> </u>	☒ Curb Removal <u> </u>	<u>18 ft</u>
<u> </u>	<u> </u>	☒ Concrete <u> </u>	<u>18x8' board</u>
<u> </u>	<u> </u>	<u> </u> Bituminous Concrete <u> </u>	<u> </u>

Bonded Contractor: Tel:

Traffic Commission: Approved Rejected Date

N/A

Signature

Building Dept. Approved (New Building)

 Approved - Bldg. Permit#

 Rejected

Signature

Engineering Department Approved Rejected Date 12/21/15

Manuel H. Silva

Signature

Permit/Inspection fee of \$150.00 must accompany this application.

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:

Supervising Civil Engineer Property Owner

BY:

Manuel Silva

From: Maria Sequeira
Sent: Tuesday, December 01, 2015 8:55 AM
To: Manuel Silva; Ana S. Rosa; Donna M. Amado; Malissa Rosanina
Subject: Permit/Application: TB-15-2709 at 18 JEAN 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

*18 Jean St.
Oswaldo Luarca
P92
L160*

** Remove 18' Granite Curbs
Install 18' x 8' Cement concrete brow*

MRS

12/02/15

DPI-ELG



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): Oswaldo Luarca

Address: 18 Jean St.

City/State/Zip: New Bedford MA Phone #: 774-451-8792

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with employees (full and/or part-time).^{*}
2. ☐ I am a sole proprietor or partner-ship 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 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: _____

Policy # or Self-Ins. Lic. #: _____

Expiration Date: _____

Job Site Address: _____

City/State/Zip: _____

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: Oswaldo Luarca Date: 11-25-15

Phone #: 774 451 8792

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

City or Town: _____

Permit/License # _____

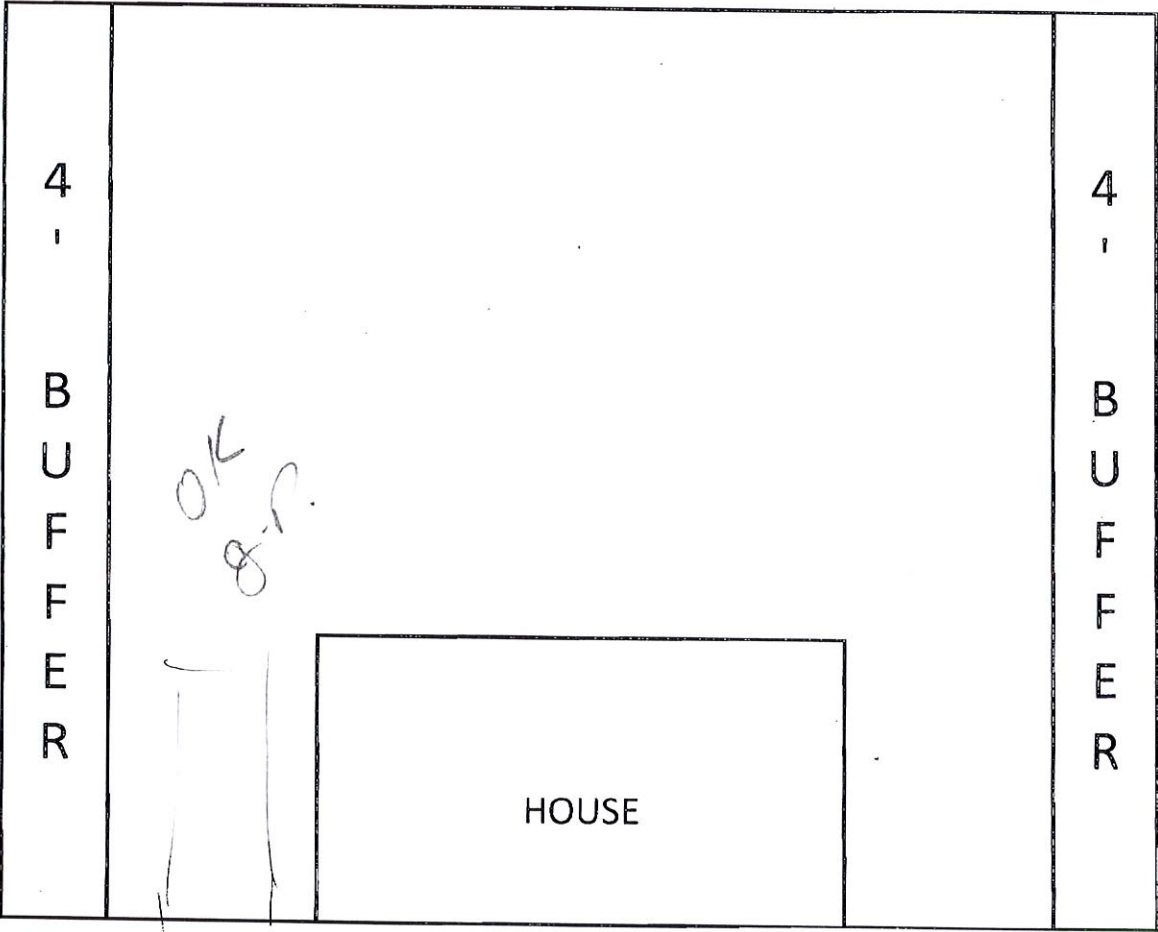
Issuing Authority (circle one):

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

Contact Person: _____

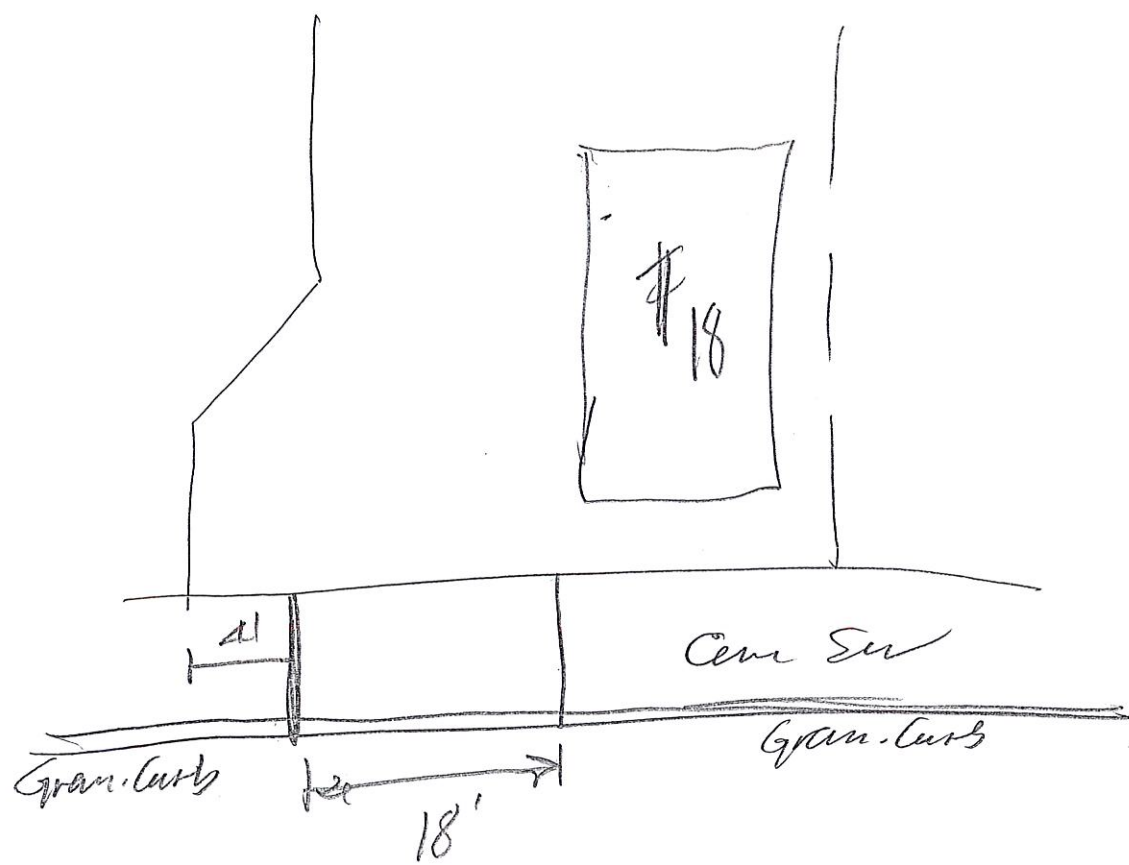
Phone #: _____

DRIVEWAY REQUIRMENT 13' MIN 18' MAX



ADDRESS: 18 Jean St.

12/2/12
Remove 18' Gran. Curbs
Install 18' x 8' Conc. Conc. brow



Perm St



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Application No. 11,209

Expires: 12/18/16

Date: 12/18/15

Property Owner: Osvaldo Luaces Tel: 508-990-2572

Address: 18 Glen St NB MA 02746
street city state zip code

The above hereby requests permission to construct a paved: driveway / sidewalk located at
18 Glen St, plot 92, lot 169 in accordance with the
terms and conditions set forth herein, and the Ordinances of the City of New Bedford.

Sidewalk	Dimensions	Driveway	Width (ft)
<u>Bituminous Concrete</u>	<u>1</u> Residential	<u>18 ft</u>	
<u>Concrete Full Width</u>	Commercial		
<u>Concrete Ribbon</u>	Relocation/Widening		
<u>Curb Needed</u>	<u>1</u> Curb Removal	<u>18 ft</u>	
	<u>1</u> Concrete	<u>18x8' brown</u>	
	Bituminous Concrete		

Bonded Contractor: _____ Tel: _____

Traffic Commission: N/A Approved _____ Rejected _____ Date _____

Building Dept. _____
Signature _____
Approved (New Building) _____
Approved - Bldg. Permit# _____
Rejected _____

Engineering Department _____
Signature _____
Approved 1 Rejected _____ Date 12/21/15
Manuel H. Silva
Signature AR

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: _____

Supervising Civil Engineer _____ Property Owner _____

BY: _____