CITY OF NEW BEDFORD
MASSACHUSETTS
ENGINEERING – 508-979-1550

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY

Expires: 3/17/17

Application No. 11,215 Date: 3/17/16

Property Owner: Mark Giammalvo Tel: 508-738-117

Address: 102 Silva St NB MA
street city state zip code

The above hereby requests permission to construct a paved: ✓ driveway / ✓ sidewalk located at 102 Silva St., plot 62, lot 150 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	Existing 16.5' x 10' Cement concrete Bow
____	Concrete Full Width		____	Commercial	
____	Concrete Ribbon		____	Relocation/Widening	
____	Curb Needed		✓	Curb Removal	Remove 1.5' Granite curb (EAST Side)
			✓	Concrete	Install 18' x 10' Cement concrete Bow
			____	Bituminous Concrete	

Bonded Contractor: Dupre Inc. **Tel:**

Traffic Commission: _____ Approved _____ Rejected _____ Date

_____
Signature

Building Dept.

✓ Approved (New Building)
✓ Approved - Bldg. Permit# B-16-383
_____ Rejected

Danny Fernandez (C.T.)
Signature

Engineering Department ✓ Approved _____ Rejected 3/9/16 Date

Pre-Inspected S. Dupras okw 5-4-16

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: Cheveli Turas

Property Owner

Manuel Silva

From: Maria Sequeira
Sent: Monday, March 07, 2016 11:33 AM
To: Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-16-383 at 102 ALVA 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 Sequeria
Department of Inspectioinal Services

expand driveway (18')
install 28'x24'

102 Alva St.
Mark Giammalvo
P62
L150

* Existing 16.5' x 10' Cement Concrete brow
Remove 1.5' Granite Curb (East side)
Install 18' x 10' Cement Concrete brow

MHS 3/9/16 DPI-ENG

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): DUPRE, INC.

Address: 369 NASH ROAD

City/State/Zip: NEW BEDFORD, MA 02746 Phone #: 508-993-8088

Are you an employer? Check the appropriate box:

1. [x] I am a employer with 11 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 homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. [ ] 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.‡
6. [ ] 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):

7. [ ] New construction
8. [ ] Remodeling
9. [ ] Demolition
10. [ ] Building addition
11. [ ] Electrical repairs or additions
12. [ ] Plumbing repairs or additions
13. [ ] Roof repairs
14. [x] Other DRIVEWAY INSTALLATION

*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: MERCHANTS INSURANCE GROUP

Policy # or Self-ins. Lic. #: WCA 9093227 Expiration Date: 01-01-2017

Job Site Address: 102 ALVA STREET City/State/Zip: NEW BEDFORD 02740

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by 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. 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: Joseph E. Dupre III Date: 3-3-2016

Phone #: 508-993-8088

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 #: _____

CITY OF NEW BEDFORD
MASSACHUSETTS
D.P.I. -Engineering Division
1105 Shawmut Ave.
New Bedford, Ma. 02746
Tel: 508-991-6150
Fax: ~~508-961-3054~~ 991-6152

Ronald Labelle
Commissioner

Duarte M. Andrade,
Acting City Engineer

To Whom It May Concern:

I MARK GIAMMALVO (Name) 102 ALVA STREET (Mailing Address), being

Owner of property located at 102 ALVA STREET

Plot 62, Lot 150, hereby agree to allow JOSEPH E DUPRE (Name)

369 NASH RD. NEW BEDFORD (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

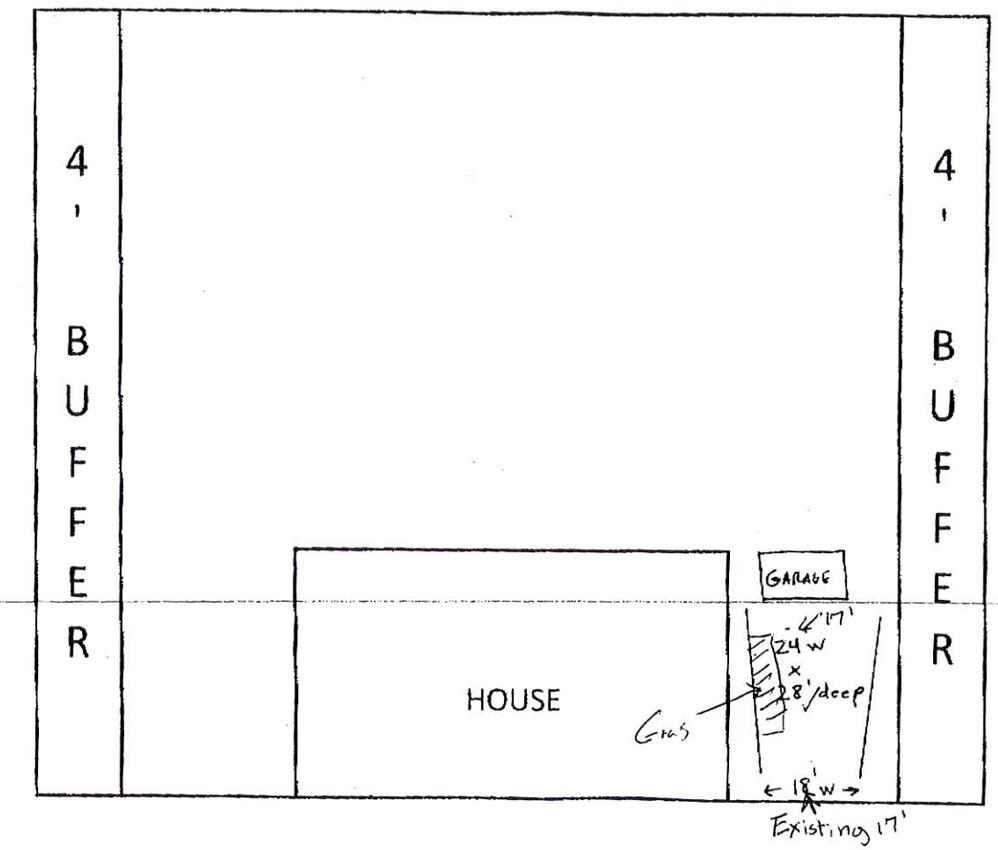
I further agree to conform to, and abide by, All City rules and ask regulations applicable to the permit (s) being applied for:

Name Mark Giammalvo
Signature

102 ALVA STREET, NEW BEDFORD
Address

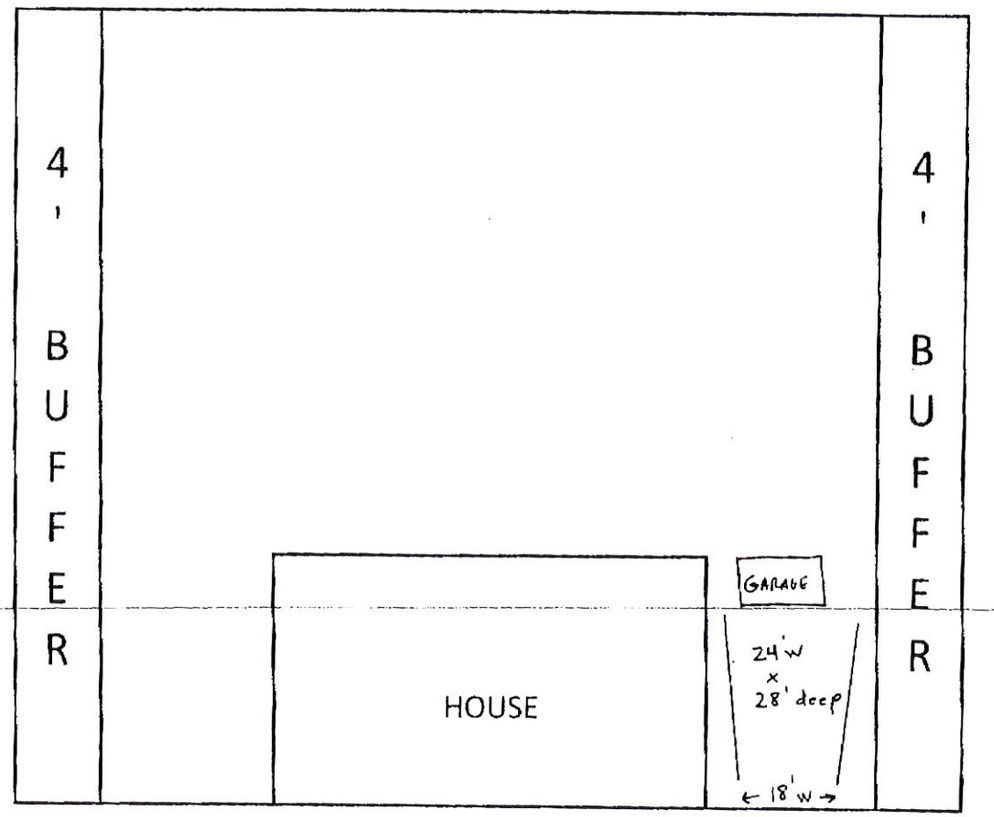
3-3-2016 508-738-1174
Date Telephone number

DRIVEWAY REQUIRMENT 13' MIN 18' MAX

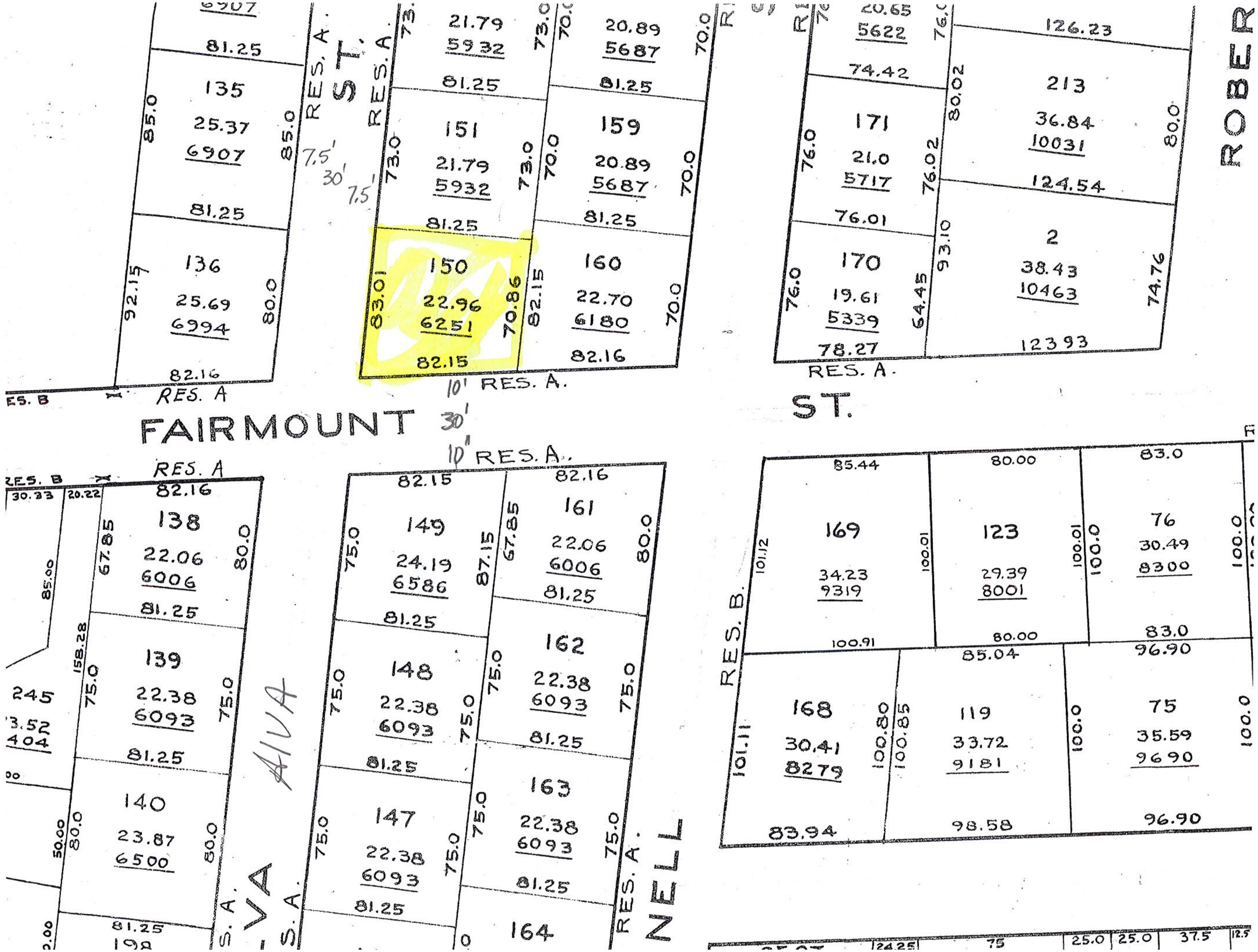


ADDRESS: 102 ALVA STREET

DRIVEWAY REQUIRMENT 13' MIN 18' MAX



ADDRESS: 102 ALVA STREET


FAIRMOUNT
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ST.
ROBER
NELL
VA
AIVA
RES. A
RES. B
10' RES. A.
30'
10' RES. A.
7.5'
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198

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-16-383

3/16/2016

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.

FEE PAID: **$30.00**

ParcelID **62-150**

This certifies that Joseph Dupre **Contractor Lic. #** 71846

owner/contractor has permission to: Driveways - 30.00

on: 102 ALVA 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: _____	Permit is for----: Driveway Resurfacing and expansion Existing curb cut opening to expand from 17FT to 18FT Top of the driveway to expand to 24FT to cover the base of the driveway and breezeway As per plan submitted

YOUR AREA INSPECTOR IS: **Matthew Silva** 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

Manny D. Romanowski

Building Commissioner

Plan Review Comments: Manny Silva - DPI: Existing 16.5'x10' Cement Concrete brow.
Remove 1.5' Granite curb (East side)
Install 18'x10' Cement Concrete brow.