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

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY

Received
MAR 2016
Department of Public Infrastructure

Expires: 3/30/17

Application No. 11217 Date: 3/30/16

Property Owner: Lucinda Gravelle Tel: 774-992-5355

Address: 371 Park St, New Bedford MA 02740
street city state zip code

The above hereby requests permission to construct a paved: ✓ driveway / _____ sidewalk located at 371 Park St, plot 64, lot 197 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	18 ft granite curb install
			✓	Concrete	18 x 10
			____	Bituminous Concrete	

Bonded Contractor: Dupre inC. **Tel:** _____

Traffic Commission: _____ Approved _____ Rejected _____ Date

_____
Signature

Building Dept.
_____ Approved (New Building)
✓ Approved - Bldg. Permit# B-16-502
_____ Rejected

Danny Romanowicz
Signature

Engineering Department Pre Insp MHS 4/19/2016 OK ✓ Approved _____ Rejected 3/29/16 Date

Manuel Silva
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 Silva
Supervising Civil Engineer

BY: Mallory Dept

Property Owner ✓

Manuel Silva

From: Danny Romanowicz
Sent: Tuesday, March 29, 2016 11:04 AM
To: Manuel Silva
Subject: Permit/Application: TB-16-502 at 371 PARK ST for Driveways - 30.00

Manny;
Can you do this one today ?

Danny D. Romanowicz
Danny D.Romanowicz C.B.O.
Commissioner of Buildings
and Inspectional Services

133 William Street
New Bedford, Ma. 02740
Telephone 508 979 1540
Fax 508 961 3143
danny.romanowicz@newbedford-ma.gov.

install new driveway
Concrete entrance-brow

371 Park St.
Steven Gravelle
P 64
L 197

* Remove 18' Granite Curb
Install 18' x 10' Cement Concrete brow

MHS 3/29/16 DPI-ENG

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 LUCINDA GRAVELLE (Name) 371 PARK ST., NEW BEDFORD (Mailing Address), being

Owner of property located at 371 PARK ST., NEW BEDFORD, MA 02740

Plot 64, Lot 197, hereby agree to allow SUPAF, INC (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 Lucinda Gravelle
Signature

371 PARK STREET NEW BEDFORD 02740
Address

3-16-16 774 992 5355
Date Telephone number

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): DUPRE, INC.

Address: 369 NASH ROAD

City/State/Zip: NEW BEDFORD MA 02746 Phone #: 508 993 8188

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 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 DRIVEWAY ENTRANCE 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 their workers' comp. policy information.

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 909 3227 Expiration Date: 01-01-2017

Job Site Address: 371 PARK STREET City/State/Zip: NEW BEDFORD, MA 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 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: Joseph E. Dupre III Date: 3-16-16

Phone #: 508 993 8188

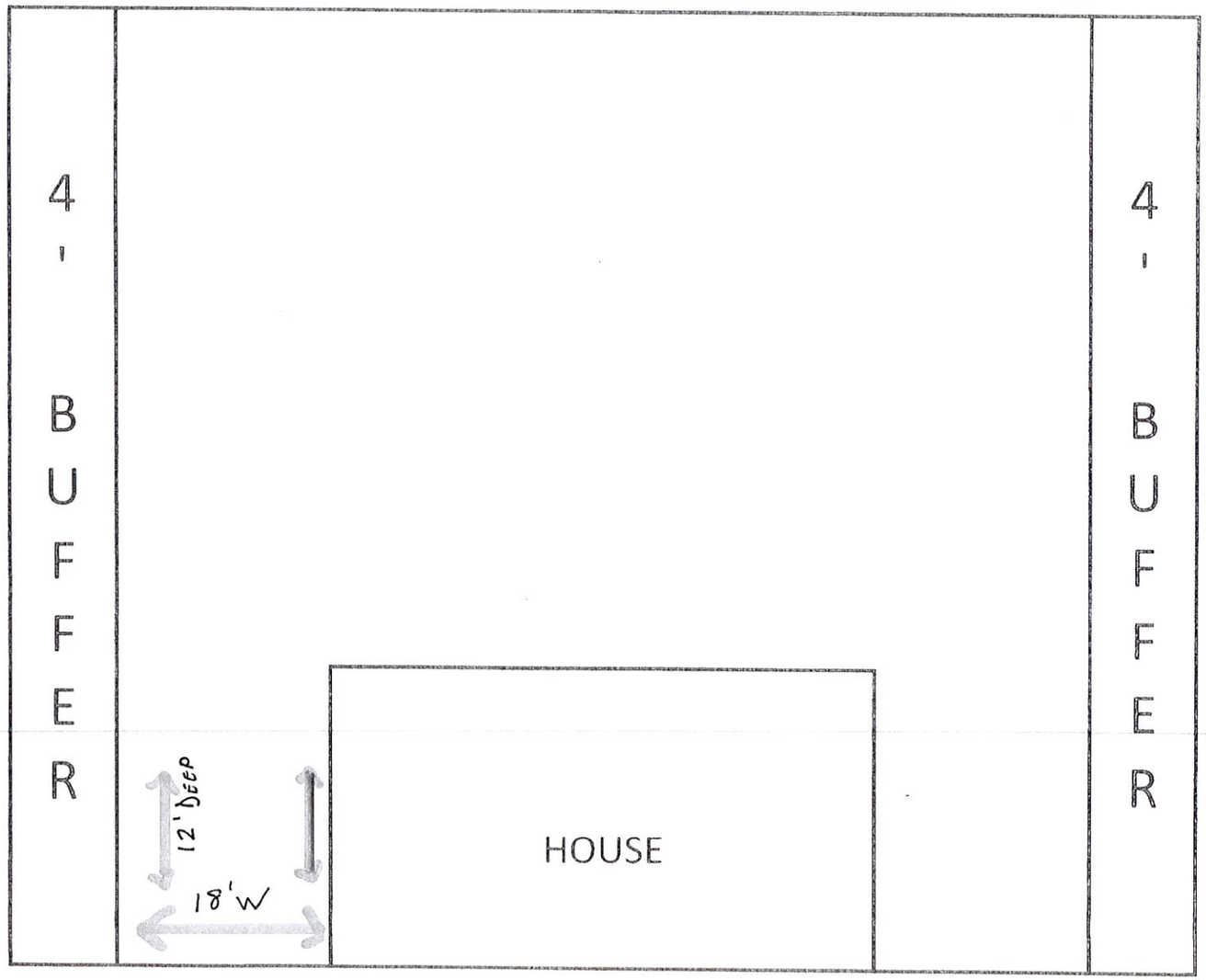
Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

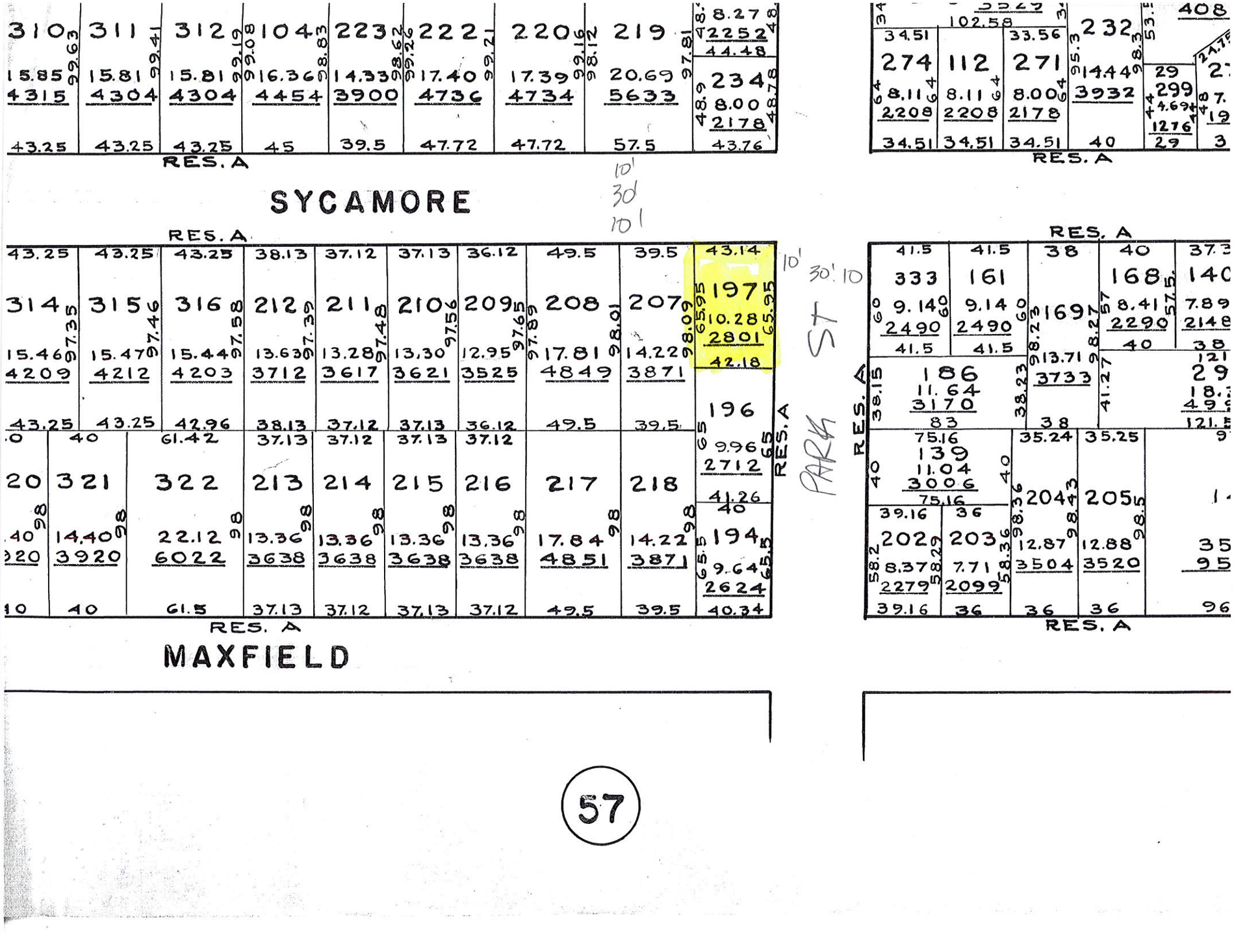
Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ **Phone #:** _____

DRIVEWAY REQUIRMENT 13' MIN 18' MAX



ADDRESS: 371 PARK ST., NEW BEDFORD, MA 02740


310 311 312 104 223 222 220 219
15.85 15.81 15.81 16.36 14.33 17.40 17.39 20.69
4315 4304 4304 4454 3900 4736 4734 5633
43.25 43.25 43.25 45 39.5 47.72 47.72 57.5
8.27 2252 44.48 234 8.00 2178 43.76
RES. A
SYCAMORE
RES. A
314 315 316 212 211 210 209 208 207
15.46 15.47 15.44 13.63 13.28 13.30 12.95 17.81 14.22
4209 4212 4203 3712 3617 3621 3525 4849 3871
43.25 43.25 42.96 38.13 37.12 37.13 36.12 49.5 39.5
43.14 197 10.28 2801 42.18 196 9.96 2712 41.26 194 9.64 2624 40.34
RES. A
321 322 213 214 215 216 217 218
14.40 22.12 13.36 13.36 13.36 13.36 17.84 14.22
3920 6022 3638 3638 3638 3638 4851 3871
40 61.42 37.13 37.12 37.13 37.12 49.5 39.5
RES. A
MAXFIELD
10'
30'
10'
PARK ST
RES. A
274 112 271 232
8.11 8.11 8.00 14.44
2208 2208 2178 3932
34.51 34.51 34.51 40
102.58
29 299 4.69 1276 29
408
RES. A
333 161 168
9.14 9.14 8.41
2490 2490 2290
41.5 41.5 40
186 11.64 3170 83
169 3733 38
RES. A
139 11.04 3006 75.16
204 3 205
202 203
8.37 7.71
2279 2099
39.16 36
12.87 3504
12.88 3520
RES. A

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-16-502**

3/30/2016

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 **64-197**

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

owner/contractor has permission to: Driveways - 30.00

on: 371 PARK 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)

780 CMR - Section 116.0 - Construction Control

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--: install new driveway / concrete entrance-/brow

YOUR AREA INSPECTOR IS: **Robert Carreiro** 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:

CITY OF NEW BEDFORD
MASSACHUSETTS
D.P.I. -Engineering Division
1105 Shawmut Ave.
New Bedford, Ma. 02746
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_____ Water Service Permits
✓ Driveway Installation Permits
✓ Sidewalk Installation Permits

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Name Lucinda Gravelle (Signature)

371 PARK ST., NEW BEDFORD (Address)

3-16-16 (Date) 774 992 5355 (Telephone number)