



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

**APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/DRIVEWAY**

Application No. 11220

Expires: 4/26/17

Date: 4/26/16

Property Owner: Robert Carr Tel: 508-989-3322

Address: 187 Metcalf St N.B MA
street city state zip code

The above hereby requests permission to construct a paved: ☒ driveway ☐ sidewalk located at
187 Metcalf St N.B MA, plot 127, lot 170 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	<u>existing</u> <u>6.5 x 10</u>
☐ Concrete Full Width	☐	☐ Commercial	☐
☐ Concrete Ribbon	☐	☐ Relocation/Widening	☐
☐ Curb Needed	☐	☐ Curb Removal	<u>N/A</u>
		☐ Concrete	☐
		☒ Bituminous Concrete	<u>6.8 x 10</u>

Bonded Contractor: Able Asphalt inc Tel: _____

Traffic Commission: ☒ Approved ☐ Rejected _____ Date _____

Building Dept. _____ Signature _____
☐ Approved (New Building)
☒ Approved - Bldg. Permit# B-16-436
☐ Rejected

Danny Romowicz _____
Signature

Engineering Department ☒ Approved ☐ Rejected 4/26/16 Date
Manny Dwyer _____
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: _____

Manny Dwyer _____
Supervising Civil Engineer

BY: Malloy Dee _____
Property Owner

Manuel Silva

From: Maria Sequeira
Sent: Monday, March 14, 2016 10:09 AM
To: Anne Louro; Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-16-436 at 187 METCALF 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

resurface exist. drive

*187 Metcalf St.
Robert Carr
P127E
L17D*

** Existing 68.5' x 10' Hot mix Asphalt brow
No Curb
Install 68.5' x 10' Hot mix Asphalt brow
MHS 3/16/2016 DEI-EV6*



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: 128 Woodcock Rd.

City/State/Zip: Dorchester, MA 02147 Phone #: (508) 631-09700

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 5 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 Driveways

*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: Travlers Ins.

Policy # or Self-ins. Lic. # 4160045252-5 Expiration Date: 7/8/2015

Job Site Address: 187 Metcalf St. 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.

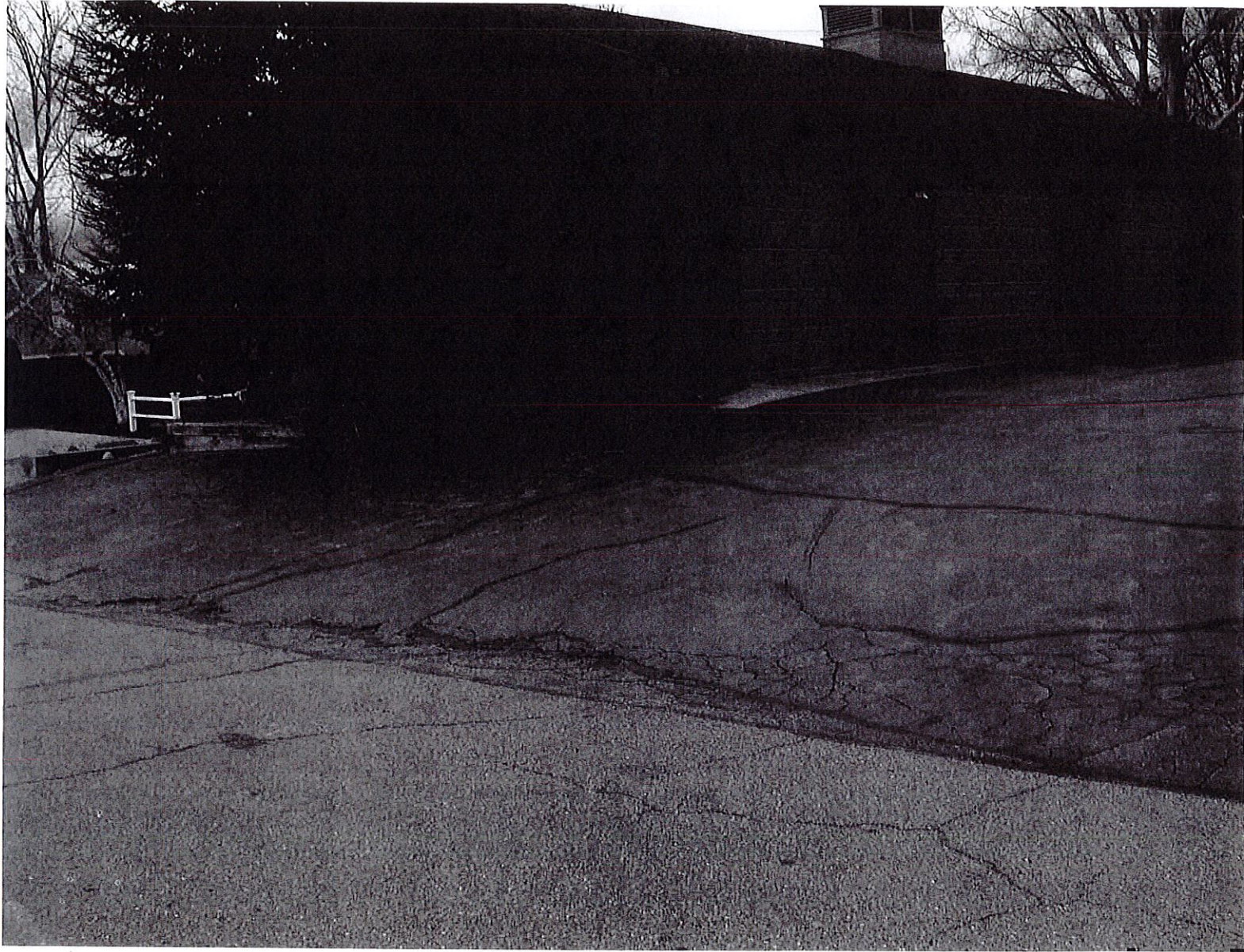
Signature: [Signature] Date: 3/8/16

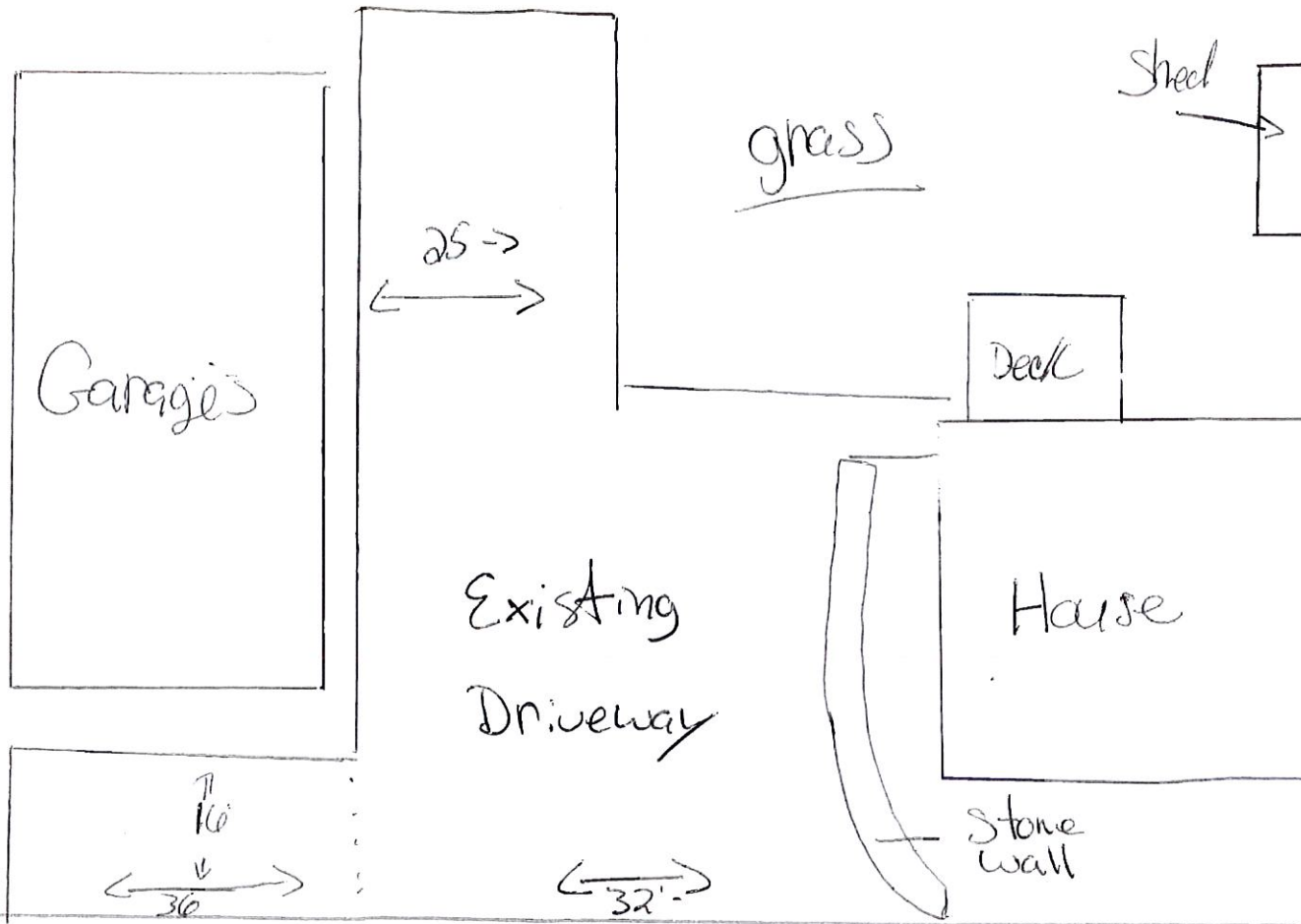
Phone #: (508) 631-09700 OR (508) 5093703

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 #: _____



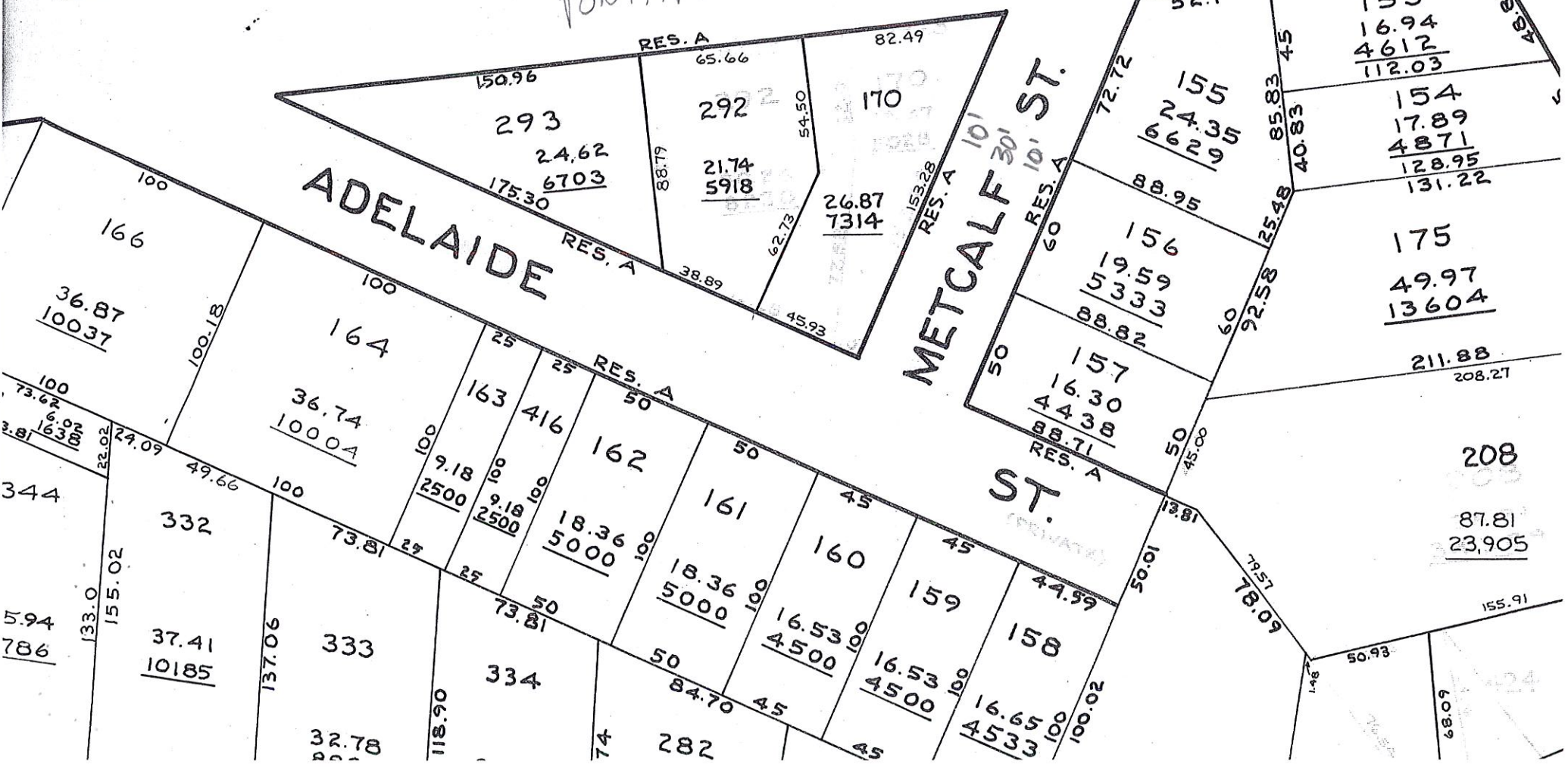
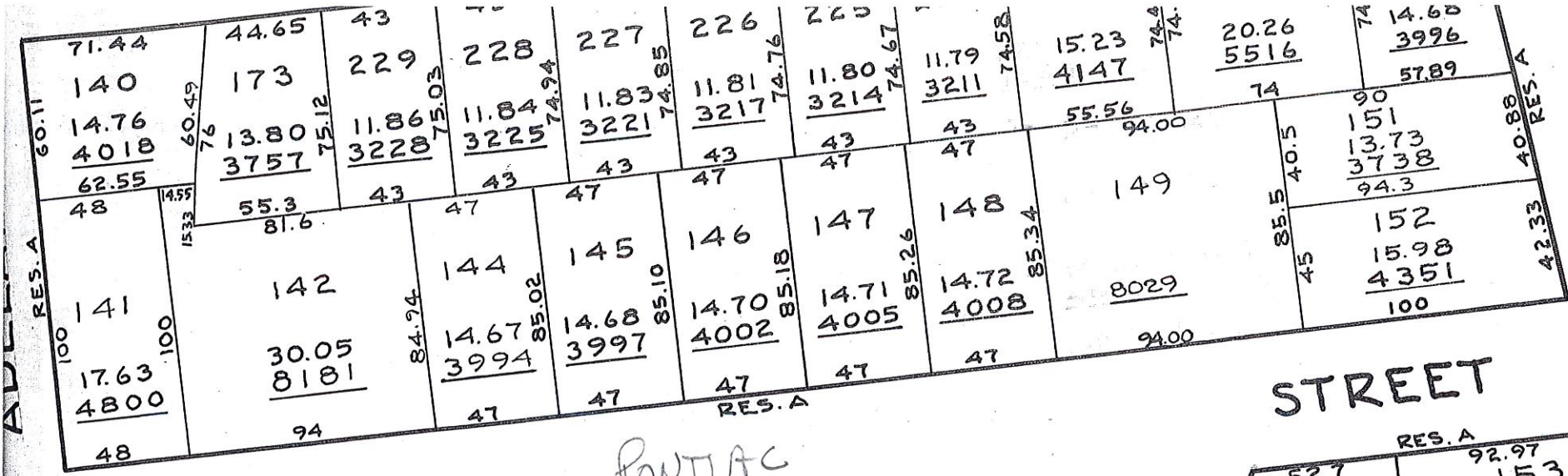




Pre-Existing
Driveway
Garage
066-3-11-16

187 Metcalfe St
JOB SITE

ABLE ASPHALT, INC.
128 WOODCOCK ROAD
N. DARTMOUTH, MA 02747
(508) 636-9700





Commonwealth of Massachusetts
CITY OF NEW BEDFORD
City Hall, Room 308, 133 William Street New Bedford, MA 02740 (508) 979-1540



No. B-16-436

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.

FEE PAID: \$30.00

ParcelID 127E-170

This certifies that Able Asphalt

owner/contractor has permission to: Driveways - 30.00

on: 187 METCALF ST

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 statute of the Commonwealth add 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: James E. Berube

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

NOTICE: NOTIFY INSPECTOR 48 HOURS IN

ADVANCE OF APPLYING SHEATHING OR LATHING

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

OCCUPANCY PERMIT REQUIRED BEFORE OCCUPANCY

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

James E. Berube



**CITY OF NEW BEDFORD
MASSACHUSETTS**
Engineering Department, Rm. 303
133 William Street
New Bedford, Ma. 02740
Tel: 508-979-1527
Fax: 508-961-3043

Duarte M. Andrade,
Acting City Engineer

To Whom It May Concern:

I Robert Carr 187 Metcalf St., being
(Name) (Mailing Address)
Owner of property located at 187 Metcalf St.
Plot 128 Wadsworth Rd., Lot 187 Metcalf St., hereby agree to allow Able Asphalt Inc.
(Name) (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 Duarte M. Andrade Signature Robert Carr
187 Metcalf St. Address
Date 8/8 Telephone number 508-989-3322



Inspector

mon. 5/23/16

CITY OF NEW BEDFORD

MASSACHUSETTS

ENGINEERING - 508-979-1550

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Signature

Building Dept.

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☐ Rejected

Danny Romo
Signature

RECEIVED INS'D 5/23/16
Engineering Department

☒ Approved ☐ Rejected 3/26/16 Date

Manny Dila
Signature

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Supervising Civil Engineer

Property Owner

BY: Malloy See

Malloy

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P127E
L170

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No curb
Install 68.5' x 10' Hot mix Asphalt brow
MHS 3/16/2016 DEI-EVH

MRS 3/16/16
 Existing 68.5' x 10' Hot mix Asphalt brow
 No curbs
 Install 68.5' x 10' Hot mix Asphalt brow



Metcalf

$$\frac{11}{6}$$

$$\frac{66}{66}$$