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

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY

Expires: 5/3/17

Application No. 11,222 Date: 5/3/16

Property Owner: Jose Andrade Tel: 508 889 2811

Address: 78 Hillman St New Bedford MA 02740
street city state zip code

The above hereby requests permission to construct a paved: ✓ driveway / ✓ sidewalk located at 78 Hillman St, plot 58, lot 286 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	14' Granite Curb
			✓	Concrete	14'X8' Cement Concrete Bo
			___	Bituminous Concrete	

Bonded Contractor: Silva Stamped Concrete **Tel:**

Traffic Commission: _____ Approved _____ Rejected _____ Date

_____
Signature

Building Dept.

_____ Approved (New Building)
✓ Approved - Bldg. Permit# B-16-552
_____ Rejected

Danny Romanowicz
Signature

Engineering Department Per Bond 4/26/2016 MHS OK

✓ Approved _____ Rejected 3/29/16 Date

Manny Silva
Signature

Malloy

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: Malloy

e Josef L Andrade
Property Owner

9

Manuel Silva

From: Maria Sequeira
Sent: Thursday, March 24, 2016 3:03 PM
To: Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-16-552 at 78 HILLMAN 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

installation of driveway

78 Hillman St.
Jose Andrade
P58
L286

* Remove 14' Granite Curb
- Install 14' x 8' Cement Concrete brow

MHS DPI-ENG 3/29/16

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): Silva Stamped Concrete, Inc.

Address: 150 A CROSS ROAD, DARTMOUTH, MA 02747

City/State/Zip: DARTMOUTH, MA Phone #: 508-328-1468

Are you an employer? Check the appropriate box:

1. ☑ I am a employer with 10 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: Southeastern Insurance Agency, Inc.

Policy # or Self-ins. Lic. #: WCA9097475 Expiration Date: 9/17/2016

Job Site Address: 78 Hillman St. 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: _____ Date: 3/24/16

Phone #: (508) 328-1468

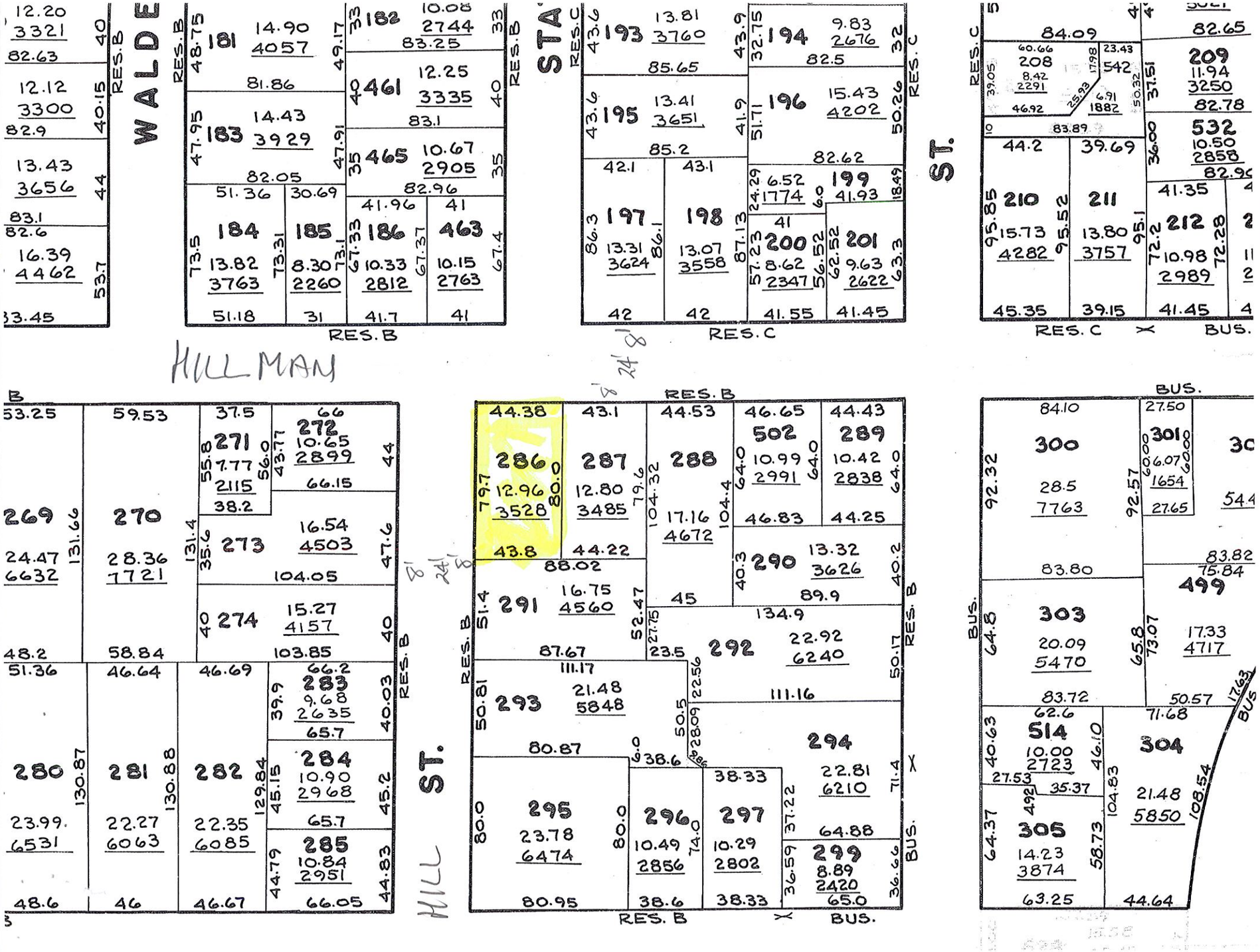
Official use only. Do not write in this area, to be completed by city or town official.

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 #:** _____

78 Dillman St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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-16-552**

4/22/2016

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 **58-286**

This certifies that Silva Stamped Concrete **Contractor Lic. #** _____

owner/contractor has permission to: Driveways - 30.00

on: 78 HILLMAN 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 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---: installation of driveway as per plan submitted.

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: Manny Silva - DPI: Remove 14' Granite curb.
Install 14'x8' Cement Concrete brow.
lot size: lot is under 5000 sq ft.10% rule applies

Commonwealth of Massachusetts

CITY OF NEW BEDFORD

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