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

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY

Expires: 5/9/17

Application No. 11229 Date: 5/9/16

Property Owner: Maria Delgado Tel:

Address: 355/359 Earle St New Bedford MA
street city state zip code

The above hereby requests permission to construct a paved: ____ driveway / ____ sidewalk located at 355/359 Earle St NB MA, plot 103, lot 91 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	10.5' granite curb
			✓	Concrete	10.5' x 10'
			____	Bituminous Concrete	

Bonded Contractor: Abe Asphalt **Tel:**

Traffic Commission: ____ Approved ____ Rejected ____ Date

N/A

Signature

Building Dept.

____ Approved (New Building)
✓ Approved - Bldg. Permit# B-15-2057
____ Rejected

Danny Romanowicz
Signature

MP

Engineering Department ✓ Approved ____ Rejected 9/24/15 Date

Pre Insp 5/11/2016 OK MHS

Manuel Sa
Signature

MFS

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 Sa
Engineer

Property Owner

Joy J Sa

Manuel Silva

From: Maria Sequeira
Sent: Tuesday, September 22, 2015 3:47 PM
To: Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-15-2057 at 355-359 EARLE 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

install new drive

355-359 Earle St.
Maria Delgado
P103
L 91

* Remove 10.5' Granite Curb
Install 10.5' x 10' Cement Concrete brow

MHS 9/24/15 DPI-ENG

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): Apple Asphalt, Inc.

Address: 125 Woodcock Rd.

City/State/Zip: Dartmouth, MA 02747 Phone #: (508) 636-9700

Are you an employer? Check the appropriate box:

1. [x] I am a 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. [x] 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 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: Travelers

Policy # or Self-ins. Lic. #: WBC45252-15 Expiration Date: 7/8/2015

Job Site Address: 355/359 Earle 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: 9/18/15

Phone #: (508) 636-9700 or (508) 509-1015

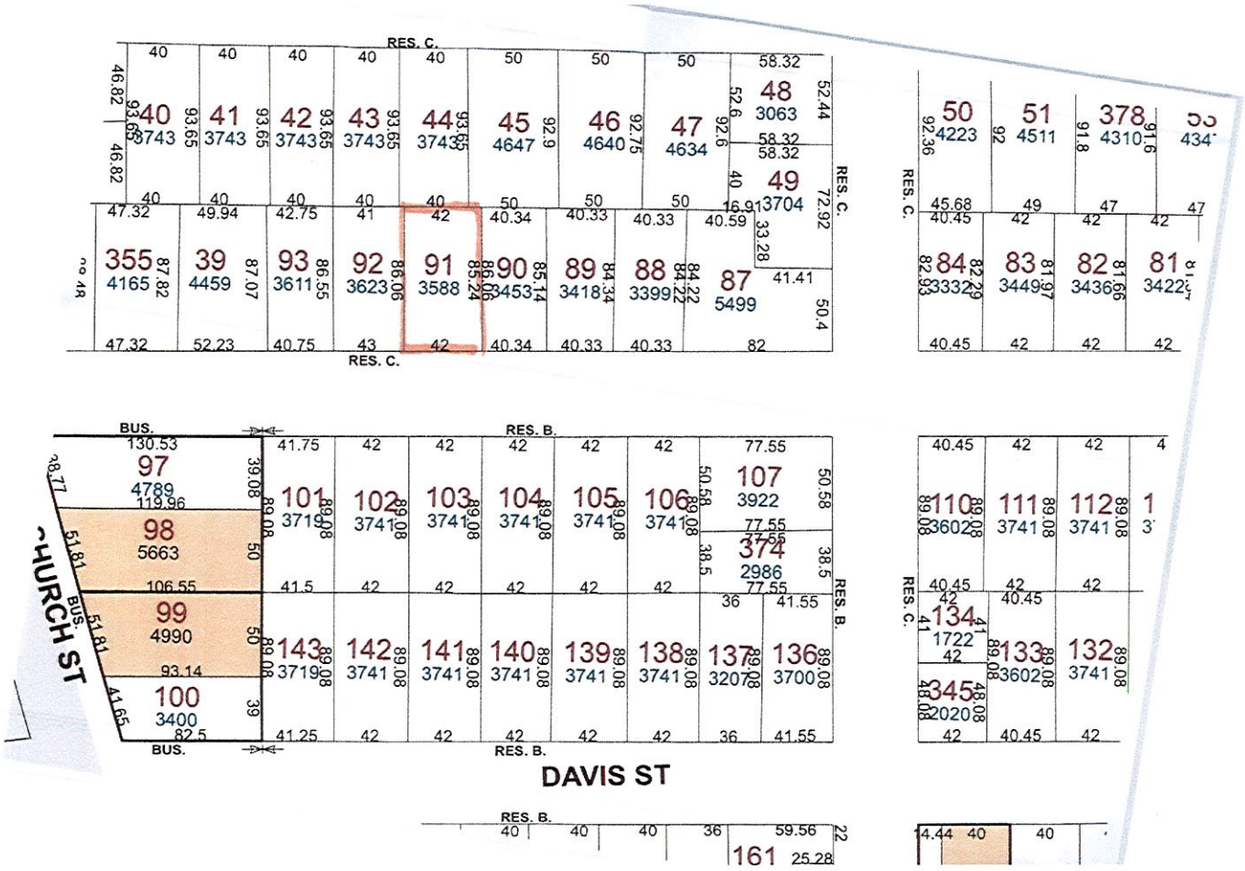
Official use only. Do not write in this area, to be completed by city or town official.

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 #:** _____


355 Carl St
2015/09/21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RES. B.
BUS.
CHURCH ST
DAVIS ST
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43 3743
44 3743
45 4647
46 4640
47 4634
48 3063
49 3704
355 4165
39 4459
93 3611
92 3623
91 3588
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89 3418
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87 5499
50 4223
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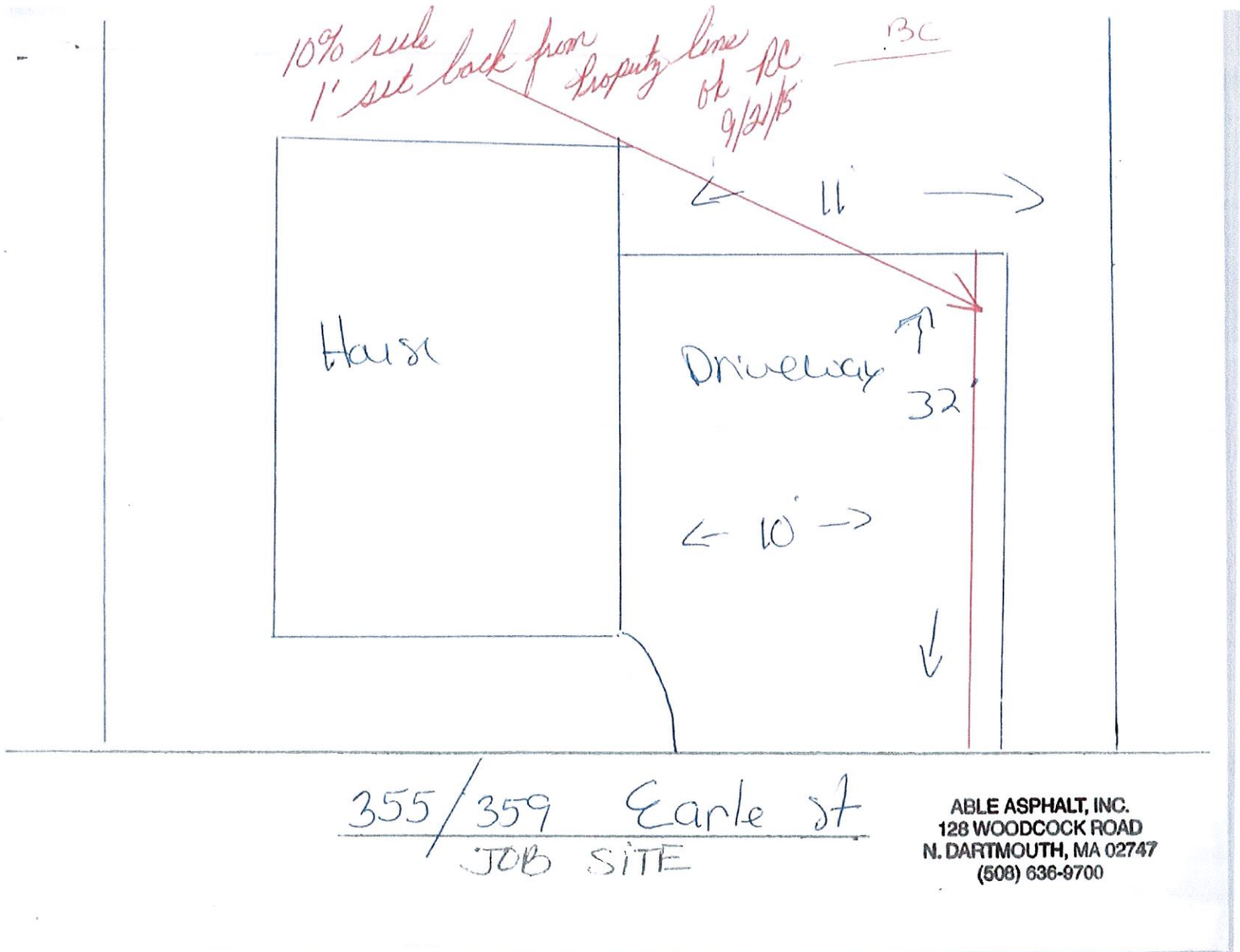
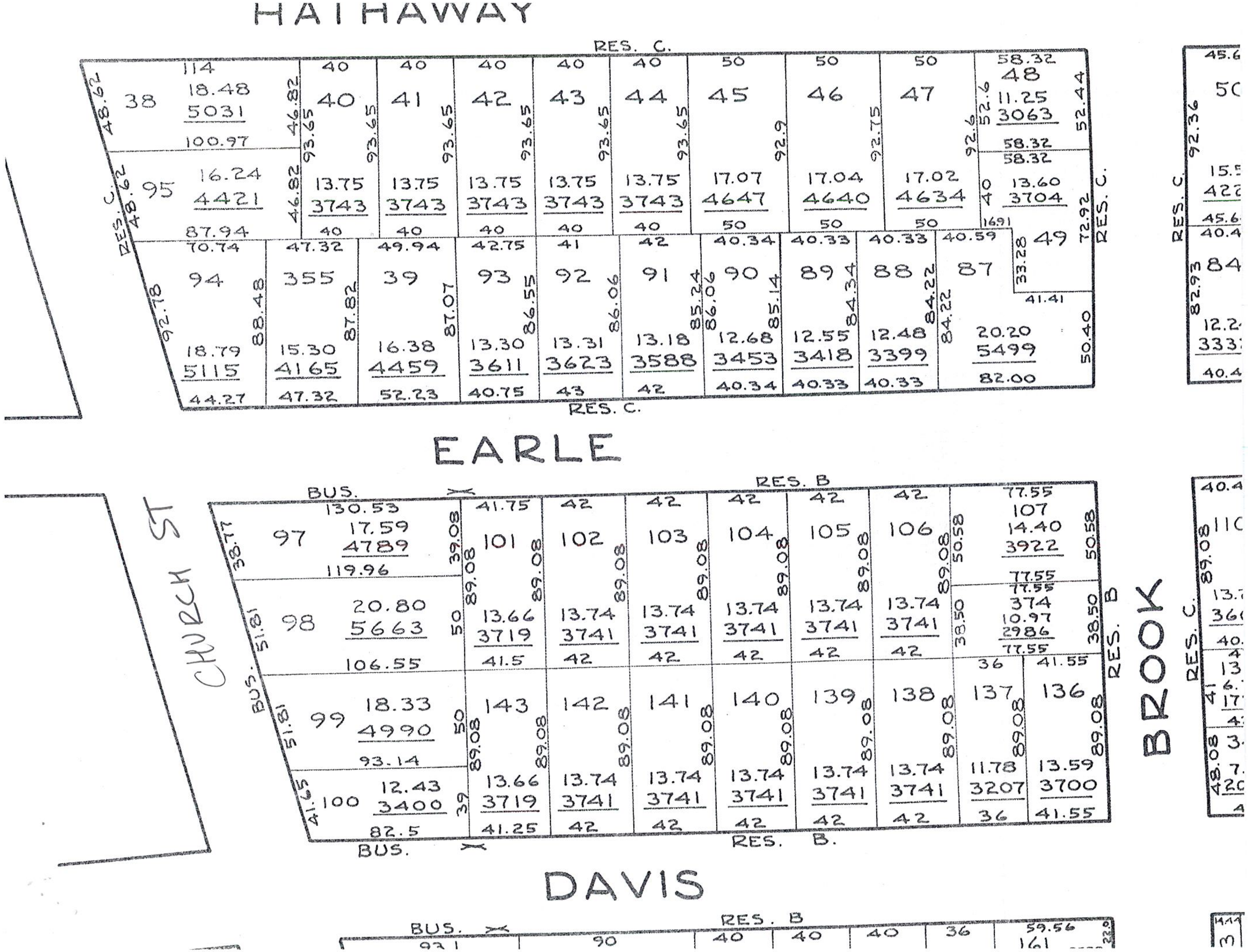


355/359 Earle st
JOB SITE

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



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EARLE
RES. B
BUS.
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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

10/29/2015

No. **B-15-2057**

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 **103-91**

This certifies that Able Asphalt **Contractor Lic. #** _____

owner/contractor has permission to: Driveways - 30.00

on: 355-359 EARLE 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---: install new driveway 10% rule ...10 foot driveway with a 1 foot setback from the property lines.

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 10.5' Granite curb.
Install 10.5'x10' Cement Concrete brow.

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 Maria Delgado 355 Earle St., being
(Name) (Mailing Address)

Owner of property located at 355/359 Earle St.

Plot 103, Lot 91, hereby agree to allow Able Asphalt, Inc.
(Name)

128 Woodcock Rd. to act on my behalf including affixing my
(Mailing Address)

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 Maria Delgado
Signature

355 Earle St.
Address

5/5/16 (508) 965-5026
Date Telephone number