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

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY

Expires: 5/19/17

Application No. 11233 Date: 5/19/16

Property Owner: Dave Nobrega Tel: _____

Address: 932 Maplewood St. New Bedford, ma.
street city state zip code

The above hereby requests permission to construct a paved: ✓ driveway / _____ sidewalk located at 932 Maplewood st, plot 130A, lot 585 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, 18 x 13
____	Concrete Full Width		____	Commercial	
____	Concrete Ribbon		____	Relocation/Widening	
____	Curb Needed		____	Curb Removal	
			____	Concrete	
			✓	Bituminous Concrete	Install 18 x 13

Bonded Contractor: Able Asphalt **Tel:** _____

Traffic Commission: _____ Approved _____ Rejected _____ Date

N/A

_____
Signature

Building Dept.

_____ Approved (New Building)
✓ Approved - Bldg. Permit# B-16-854
_____ Rejected

Danny Romanowicz (mp)
Signature

DRIVE INSP'D 6/22/16 (RB)

Engineering Department ✓ Approved _____ Rejected 5/3/16 Date

Manuel Sa (MS)
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

Danny Romanowicz
Supervising Civil Engineer

BY: Mel

P
Property Owner

Commonwealth of Massachusetts

CITY OF NEW BEDFORD

City Hall, Room 308, 133 William Street New Bedford, MA 02740 (508) 979-1540

BUILDING PERMIT

5/13/2016

No. **B-16-854**

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 **130A-585**

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

owner/contractor has permission to: Driveways - 30.00

on: 932 MAPLEWOOD 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: _____	: Dig out and replace exisiting driveway widen entrance to 18' max.

YOUR AREA INSPECTOR IS: **Thomas Welch** 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 D. Pomponio

Building Commissioner

Plan Review Comments: : Manny Silva - DPI: Existing 18'x13' Hot Mix Asphalt brow.
No curb.
Install 18'x13' Hot Mix Asphalt 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 Dave Nobrega (Name) 932 Maplewood St. (Mailing Address), being

Owner of property located at 932 Maplewood St.

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

128 Woodcock Rd. (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 _____ Signature

932 Maplewood St. Address

5/17/16 Date

508 264-4130 Telephone number

Manuel Silva

From: Thomas Welch
Sent: Monday, May 02, 2016 8:00 AM
To: Manuel Silva
Subject: Permit/Application: TB-16-854 at 932 MAPLEWOOD ST for Driveways - 30.00

Please complete this review by the following Date: asap please

The Permit Number in the Subject line has been submitted to the Inspectional Services Department. We are in need of your review. Please log onto the View Permit System and review this application indicating whether you approve and dissapprove of the work being requested. We are NO LONGER running in parallel with the manual process. Your attention with this process is appreciated. If you have any questions please call the building inspector or Maria Pina-Rocha in the MIS Department at extension 6245.

Thank You

Thomas Welch
Building Inspector

Replace exist. drive

932 Maplewood St.
David Nobrega
P130A
L 585

* Existing 18'X13' Hot mix Asphalt brow
No Curb
Install 18'X13' Hot mix Asphalt brow

MHES 5/3/2016 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): Able Asphalt, Inc.

Address: 128 Woodcock Rd.

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

Are you an employer? Check the appropriate box:

1. ☑ 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. ☑ 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 Ins.

Policy # or Self-ins. Lic. #: UBOC45252-5 Expiration Date: 7/8/2015

Job Site Address: 932 Maplewood St. City/State/Zip: N. B.

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: 4/26/16

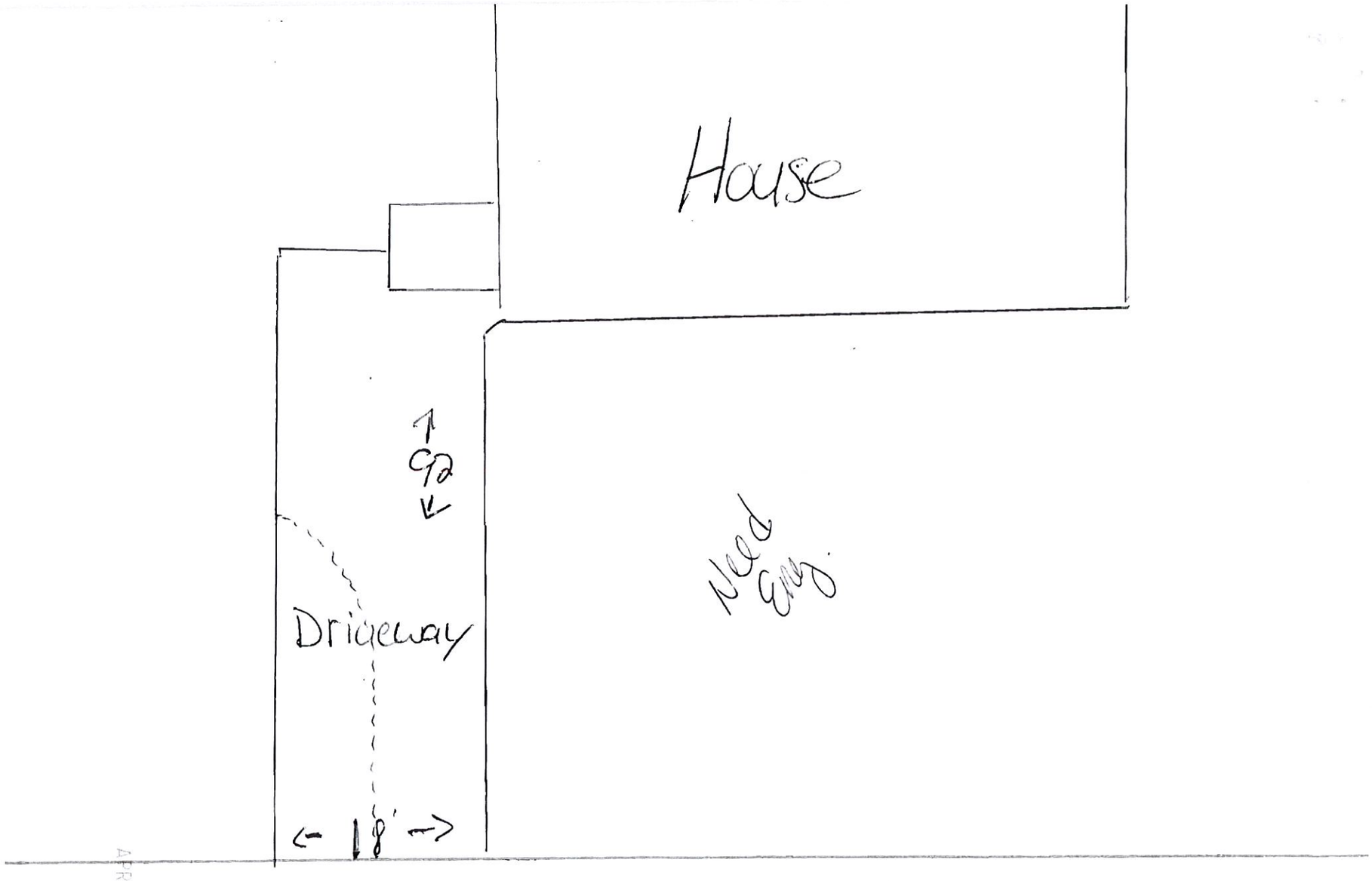
Phone #: (508) 636-9700 or (508) 509-3702

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

City or Town: _____ **Permit/License #** _____

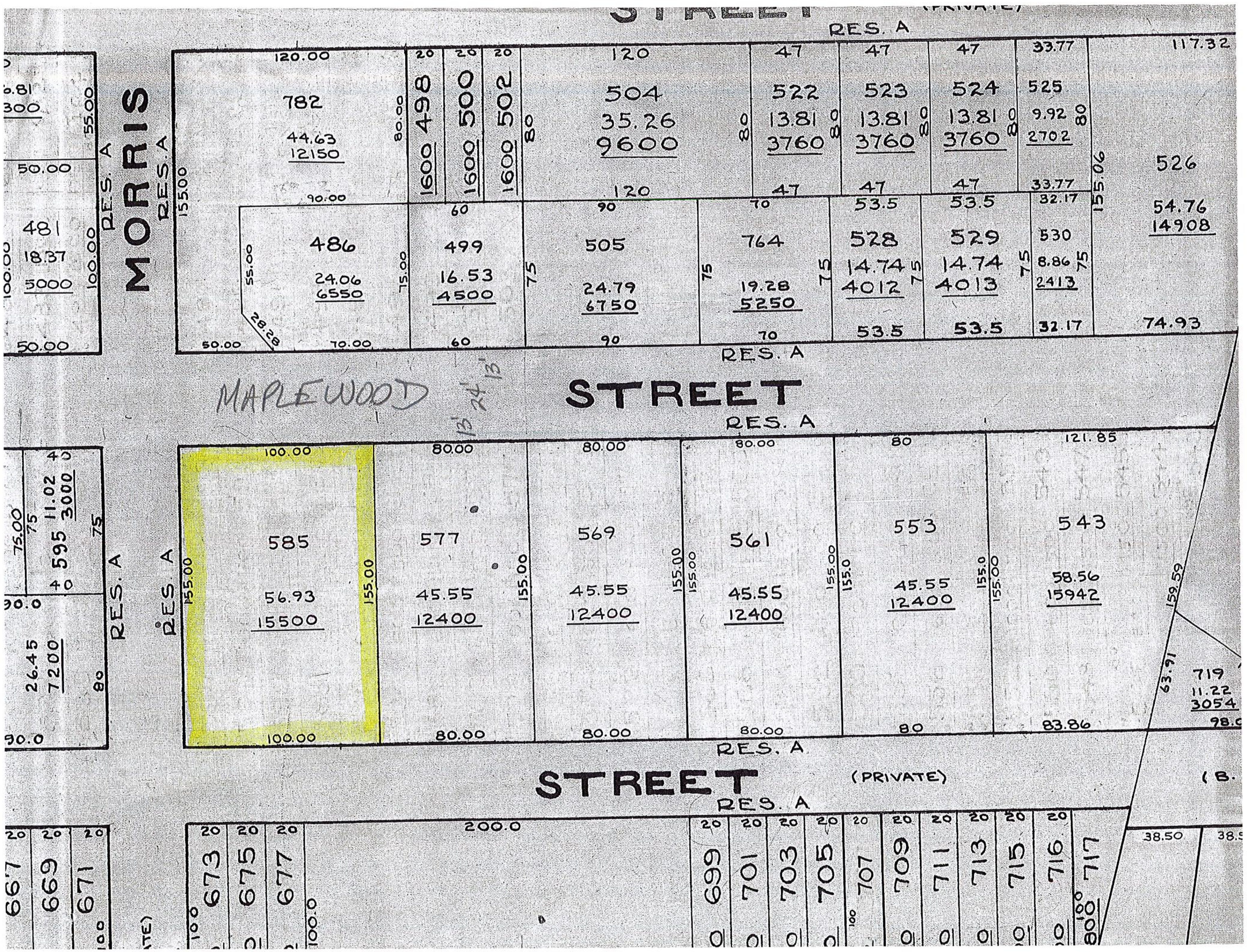
Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

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



932 Maplewood St
JOB SITE

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


STREET
RES. A
MORRIS
RES. A
MAPLEWOOD
STREET
RES. A
782
44.63
12150
498
500
502
504
35.26
9600
522
13.81
3760
523
13.81
3760
524
13.81
3760
525
9.92
2702
526
54.76
14908
481
18.37
5000
486
24.06
6550
499
16.53
4500
505
24.79
6750
764
19.28
5250
528
14.74
4012
529
14.74
4013
530
8.86
2413
585
56.93
15500
577
45.55
12400
569
45.55
12400
561
45.55
12400
553
45.55
12400
543
58.56
15942
595
11.02
3000
26.45
7200
719
11.22
3054
STREET
(PRIVATE)
RES. A
667
669
671
673
675
677
699
701
703
705
707
709
711
713
715
716
717