



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

APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/DRIVEWAY

Application No. 11234 Expires: 5/19/17
Property Owner: Joann Langlois Date: 5/19/16 Tel: _____
Address: 75 Seabury St. New Bedford, MA. city state zip code

The above hereby requests permission to construct a paved: ☒ driveway / _____ sidewalk located at
75 Seabury St. P 113 L 233 plot _____, lot _____ 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 10x13</u>
_____ Concrete Full Width _____	_____	_____ Commercial _____	_____
_____ Concrete Ribbon _____	_____	_____ Relocation/Widening _____	_____
_____ Curb Needed _____	_____	_____ Curb Removal _____	_____
		_____ Concrete _____	_____
		☒ Bituminous Concrete _____	<u>Install 10x13</u>

Bonded Contractor: Able Asphalts Tel: _____

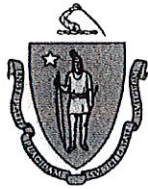
Traffic Commission: _____ Approved _____ Rejected _____ Date _____
WPA

Building Dept. _____ Signature _____
✓ 8-14-15 Approved (New Building) _____
Approved - Bldg. Permit# 8-14-1504
_____ Rejected _____

INSTAL INSP. 6/22/16 - (23) Signature _____
Engineering Department _____
Approved _____ Rejected 8/8/14 Date _____
Manuel Lu Signature _____
(MEL)

Permit/Inspection fee of \$150.00 must accompany this application.
Contractor to call 24 hrs. in advance for pre-inspection (prior to pouring)
SPECIAL REQUIREMENTS: If curbing is removed, it must be returned within 24 hrs to the D.P.I. Yard
1105 Shawmut Ave., New Bedford

PAID: _____
Manuel Lu _____
Supervising Civil Engineer
BY: Wallace _____
Property Owner Joann Langlois



Commonwealth of Massachusetts

CITY OF NEW BEDFORD

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



BUILDING PERMIT

8/22/2014

No. **B-14-1504**

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**

This certifies that **LANGLOIS MAURICE GLANGLOIS JOANN**

Contractor Lic. # _____

ParcelID **113-233**

owner/contractor has permission to: **Driveways - 30.00**

on: **75 SEABURY 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 and 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

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: _____

BUILDING DEPARTMENT COMMENTS

Permit is for-----: resurface existing driveway

YOUR AREA INSPECTOR IS: _____

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

Building Commissioner

Plan Review Comments:



**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 Jean Bengois 75 Seabury St., being
(Name) (Mailing Address)
Owner of property located at 75 Seabury St.
Plot 128 Woodcock Rd., Lot Abk Asphalt Inc., being
(Mailing Address) (Name)
hereby agree to allow Abk Asphalt Inc. 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 Jean Bengois Signature
75 Seabury St.
Address
5/17/10 Date
38 9984105 Telephone number

Manuel Silva

From: Maria Sequeira
Sent: Thursday, August 07, 2014 2:15 PM
To: Maria Pina-Rocha; Manuel Silva; Ana S. Rosa; Donna M. Amado; Rosa DaCosta
Subject: Permit/Application: TB-14-1504 at 75 SEABURY 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

peruface exist. drive

*75 Seabury St.
Maurice Langlois
P113
L233*

** Existing 10' x 13' Hot mix Asphalt brow
No Curb
Install 10' x 13' Hot mix Asphalt brow*

MRS 8/8/14 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 Road

City/State/Zip: Dartmouth, MA 02747 Phone #: (508) 436-9700

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 driveway

*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: 7/8/2014

Job Site Address: 75 Seabury 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.

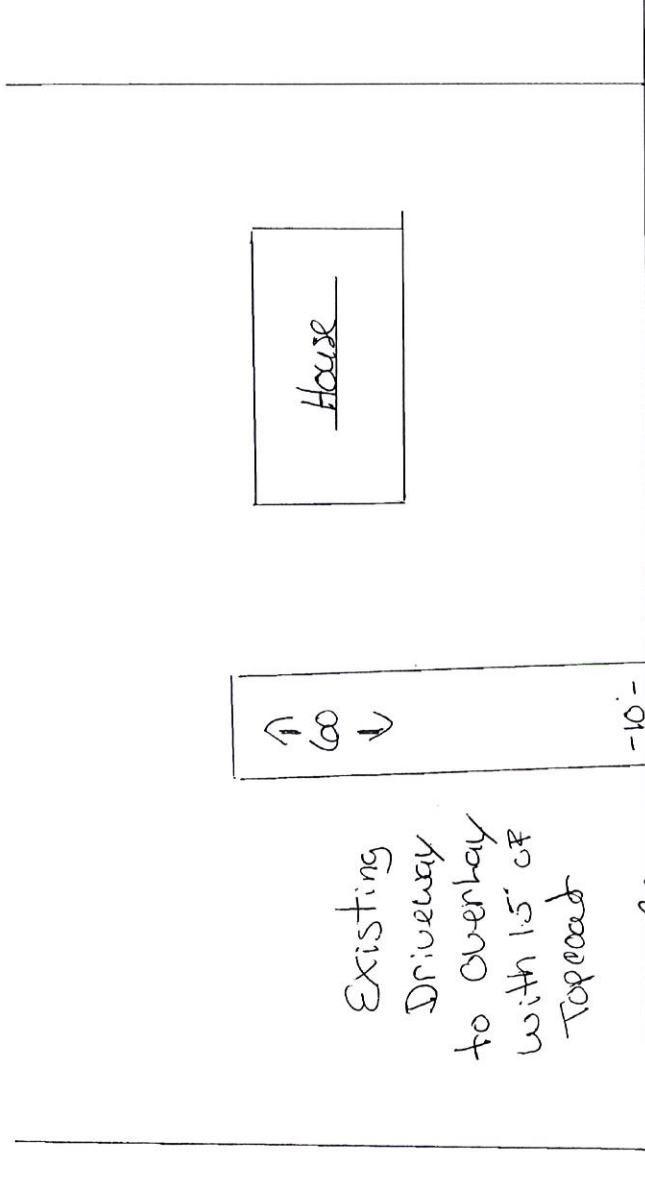
I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 7/24/14

Phone: (508) 436-9700 / (508) 329-3702

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 #: _____



ok *Therrell*
8/1/14

75 Seabury St

Permit Log Report

Name	Type	PIN	Permit Type	Date	Details
a411mhs	Reviewed	TB-14-1504	Building	8/8/2014	Engineering-->Approved
a241ms	Reviewed	TB-14-1504	Building	8/7/2014	Engineering-->Pending

Comments	Comment Date
Existing 10'x13' Hot Mix Asphalt brow. No curb. Install 10'x13' Hot Mix Asphalt brow.	8/8/2014

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13' 24' 13'

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