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

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY

Expires: 5/26/17

Application No. 11234 Date: 5/26/16

Property Owner: Antonio Costa Tel:

Address: 312 Davis St New Bedford MA
street city state zip code

The above hereby requests permission to construct a paved: ✓ driveway / _____ sidewalk located at 312 Davis St, plot 103, lot 183 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 41' x 10'
____	Concrete Full Width		____	Commercial	
____	Concrete Ribbon		____	Relocation/Widening	
____	Curb Needed		____	Curb Removal	
			X	Concrete	Replace 41' x 10'
			____	Bituminous Concrete	

Bonded Contractor: Dupre inc **Tel:**

Traffic Commission: _____ Approved _____ Rejected _____ Date

N/A _____
Signature

Building Dept.

_____ Approved (New Building)
__x__ Approved - Bldg. Permit# B-16-1182
_____ Rejected

Danny Monteiro
Signature

Engineering Department ✓ Approved _____ Rejected _____ Date

Pre Const MHS 6/8/2016 OK

Stephanie Dupras
Signature

Commonwealth of Massachusetts

CITY OF NEW BEDFORD

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

BUILDING PERMIT

5/25/2016

No. **B-16-1122**

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 **103-183**

This certifies that Joseph Dupre **Contractor Lic. #** 71846

owner/contractor has permission to: Driveways - 30.00

on: 312 DAVIS 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:	: resurface driveway as per plans submitted

YOUR AREA INSPECTOR IS: **Carl Bizarro** 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: :

: Remove existing 41' x 10' cement concrete brow and replace w/ 41' x 10' cement concrete brow. No curb removal.

CITY OF NEW BEDFORD
MASSACHUSETTS
D.P.I. -Engineering Division
1105 Shawmut Ave.
New Bedford, Ma. 02746
Tel: 508-991-6150
Fax: ~~508-961-3054~~ 991-6152

Ronald Labelle
Commissioner

Duarte M. Andrade,
Acting City Engineer

To Whom It May Concern:

I ANTONIO S COSTA (Name) 312 DAVIS ST. (Mailing Address), being

Owner of property located at 312 DAVIS ST.

Plot 103, Lot 183, hereby agree to allow DUPRE, INC (Name)

369 NASH RD., NEW BEDFORD (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 Antonio Costa
Signature

312 DAVIS ST., NEW BEDFORD
Address

5-20-2016 508-328-0073
Date Telephone number

City of New Bedford, MA

Building Division

City Hall, Room 308, 133 William Street
New Bedford, MA 02740

RECEIPT

APPLICATION TO CONSTRUCTION, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH A DWELLING

Permit No #: TB-16-1122	Date Recieved: **5/20/2016**
Signature: **Joseph Dupre**	
Building Commissioner/Inspector of Buildings:	Date

SECTION 1 : SITE INFORMATION

1.1 Property Address **312 DAVIS ST**	1.2 Assessors Map & Parcel Number **103-183**
1.3 Zoning Information **RC** Zoning District ____ Proposed Use	1.4 Property Dimensions **6080** Lot Area ____ Frontage (ft)

1.5 Buildling Setbacks (ft)

Front Yard		Side Yard		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
0.00	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

1.6 Water Supply	**False**	1.7 Flood Zone Information		1.8 Sewage Disposal	**False**

SECTION 2: PROPERTY AUTHORIZED AGENT

Agent of Record

Joseph Dupre	**369 Nash Road**	**New Bedford**	**MA**	**02746**
Name	Address			

SECTION 3: Description of Proposed Work

Permit For: **Driveways - 30.00**

Brief Description of Proposed Work:

resurface driveway

See back page.

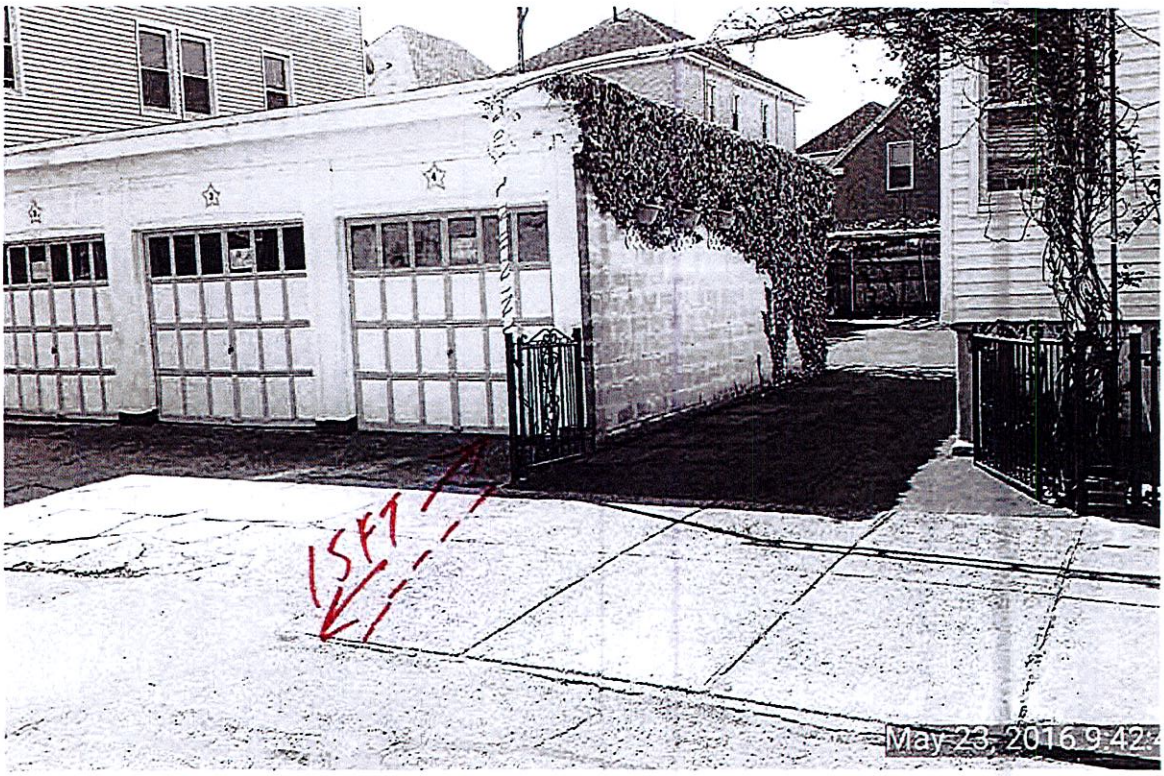
m.s.

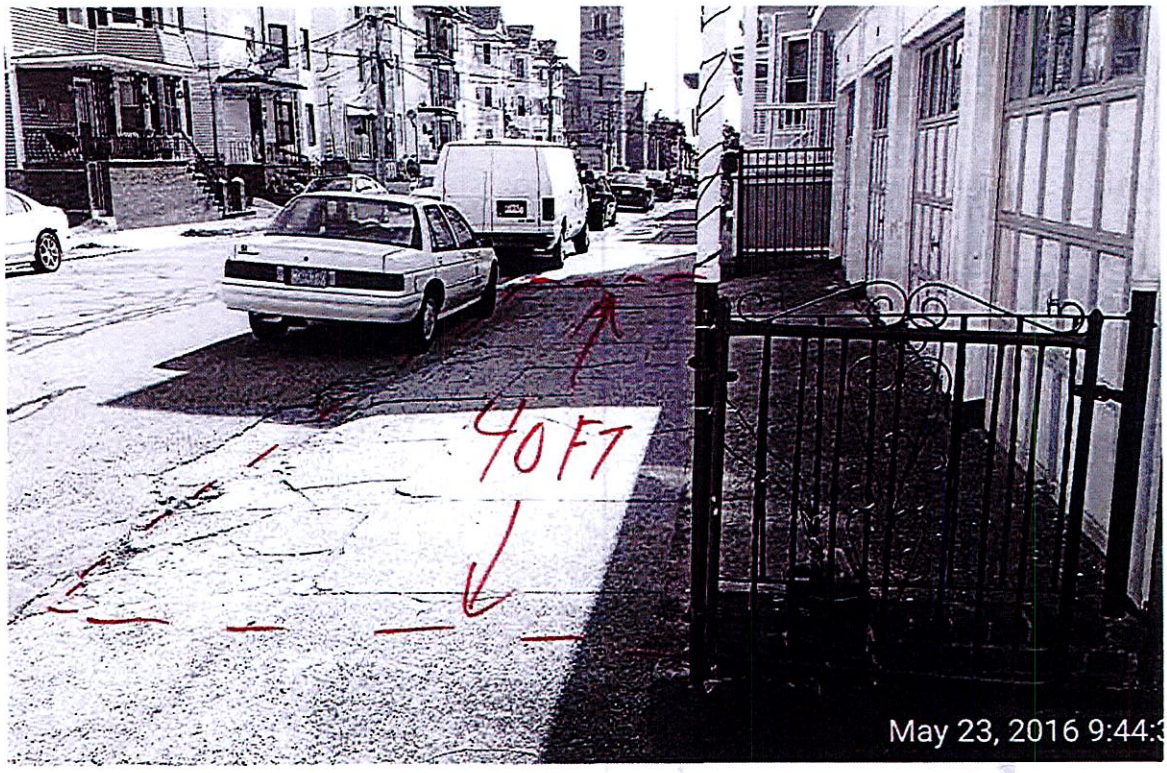
SECTION 4: Estimated Construction Costs / Permit Fees

Total Project Cost :	**$3,500.00**	**Payment Date**	**Amount Paid**	**Check No**
Total Permit Fee Paid:	**$0.00**			

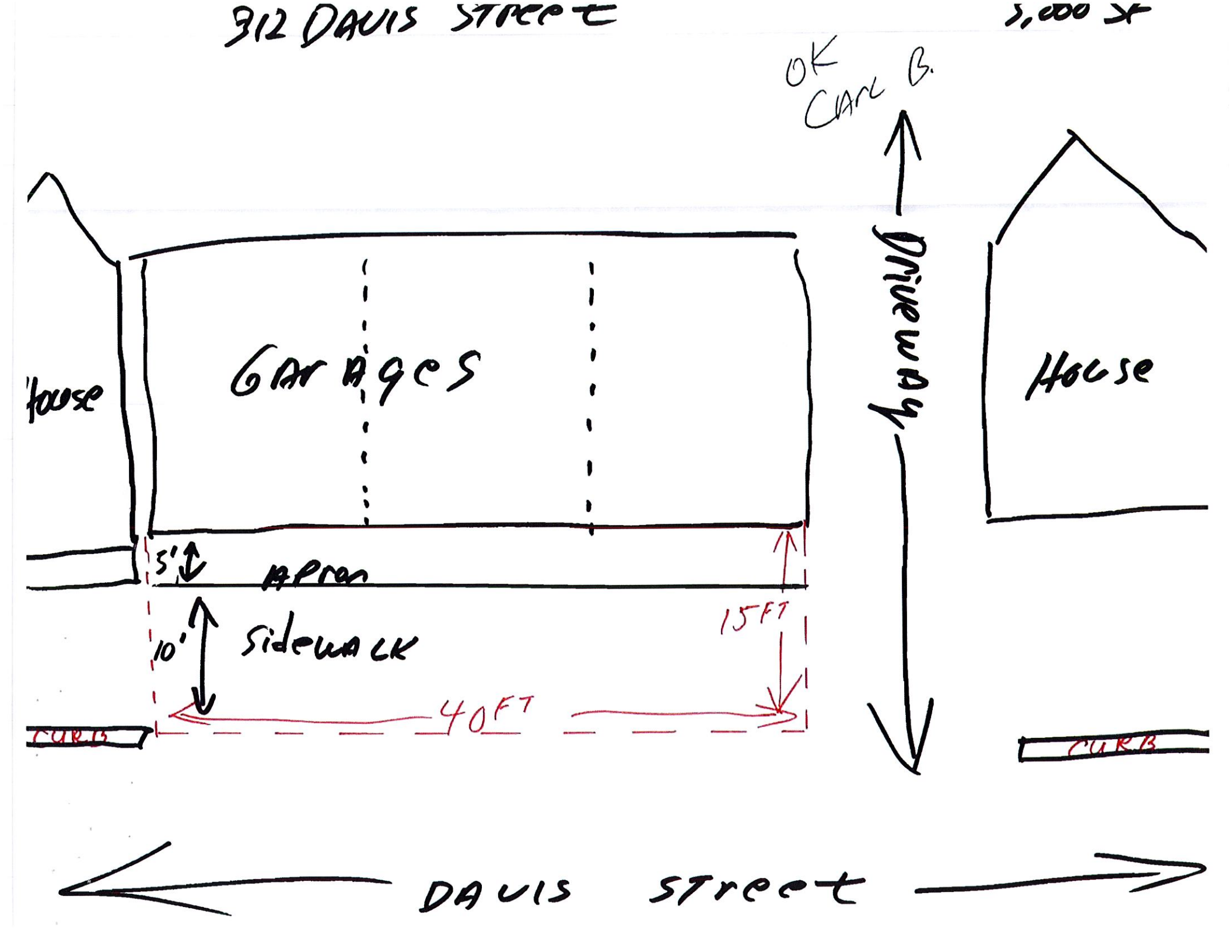
Account Number : 02401200-453010 ISPBPM

THIS IS NOT A PERMIT





312 Davis St.


312 DAVIS STREET
OK
Carl B.
House
GARAGES
House
Driveway
5'
APRON
10'
SIDEWALK
15FT
40FT
CURB
CURB
DAVIS STREET

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____	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 Antonio Costa (Signature)

312 DAVIS ST., NEW BEDFORD (Address)

5-20-2016 (Date) 508-328-0073 (Telephone number)

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): DUPRE, INC.

Address: 369 NASH ROAD

City/State/Zip: NEW BEDFORD MA 02746 Phone #: 508-993-8088

Are you an employer? Check the appropriate box:

1. ☑ I am a employer with 11 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 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 ENTRANCE INSTALL

*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 their workers' comp. policy information.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: MERCHANTS INSURANCE GROUP

Policy # or Self-ins. Lic. #: WCA9193227 Expiration Date: 01-01-2017

Job Site Address: 312 DAVIS ST City/State/Zip: NEW BEDFORD MA 02746

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: Joseph E Dupre III Date: 5-20-2016

Phone #: 508-993-8188

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 #: _____

Ana S. Rosa

From: Maria Sequeira
Sent: Tuesday, May 24, 2016 9:34 AM
To: Manuel Silva; Ana S. Rosa; Donna M. Amado; Carl Bizarro
Subject: Permit/Application: TB-16-1122 at 312 DAVIS 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