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

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY

Expires: already done W/O permit

Application No. 11240 Date: 6/15/2016

Property Owner: Stephen Wojtkunski Tel: _____

Address: 310 Cummington St New Bedford MA
street city state zip code

The above hereby requests permission to construct a paved: ✓ driveway / _____ sidewalk located at 310 Cummington St., plot 127E, lot 385 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 13'x10'
____	Concrete Full Width	_____	____	Commercial	_____
____	Concrete Ribbon	_____	____	Relocation/Widening	_____
____	Curb Needed	_____	____	Curb Removal	_____
			____	Concrete	_____
			✓	Bituminous Concrete	Install 13'x10'

Bonded Contractor: Morgado **Tel:** _____

Traffic Commission: _____ Approved _____ Rejected _____ Date

_____
Signature

Building Dept.

_____ Approved (New Building)
✓ Approved - Bldg. Permit# B-16-674
_____ Rejected

Danny Romanowicz NB
Signature

Engineering Department ✓ Approved _____ Rejected 4/11/16 Date

Manuel Silva NB
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: _____

Manuel Silva NB
Supervising Civil Engineer

BY: Nicole Ballargeon

Sarah Morgado
Property Owner

4503/1

Manuel Silva

From: Maria Sequeira
Sent: Friday, April 08, 2016 11:36 AM
To: Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-16-674 at 310 CUMMINGTON 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

Resurface exist. drive

310 Cummington St.
Stephen Wojtkunski
P127 E
L 385

* Existing 13'x10' Hot mix Asphalt brow
No Curb
Install 13'x10' Hot mix Asphalt brow

MHS 4/11/2016 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): Morgado Company Inc.

Address: 1 Annie's Path

City/State/Zip: Lakeville MA 02347 Phone #: 508-997-1022

Are you an employer? Check the appropriate box:

1. ☑ I am a employer with _____ 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 Asphalt Drive

*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: Berkshire Hathaway Guard

Policy # or Self-ins. Lic. #: WRC597920 Expiration Date: May 2016

Job Site Address: 310 Cummington 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: March 30 2016

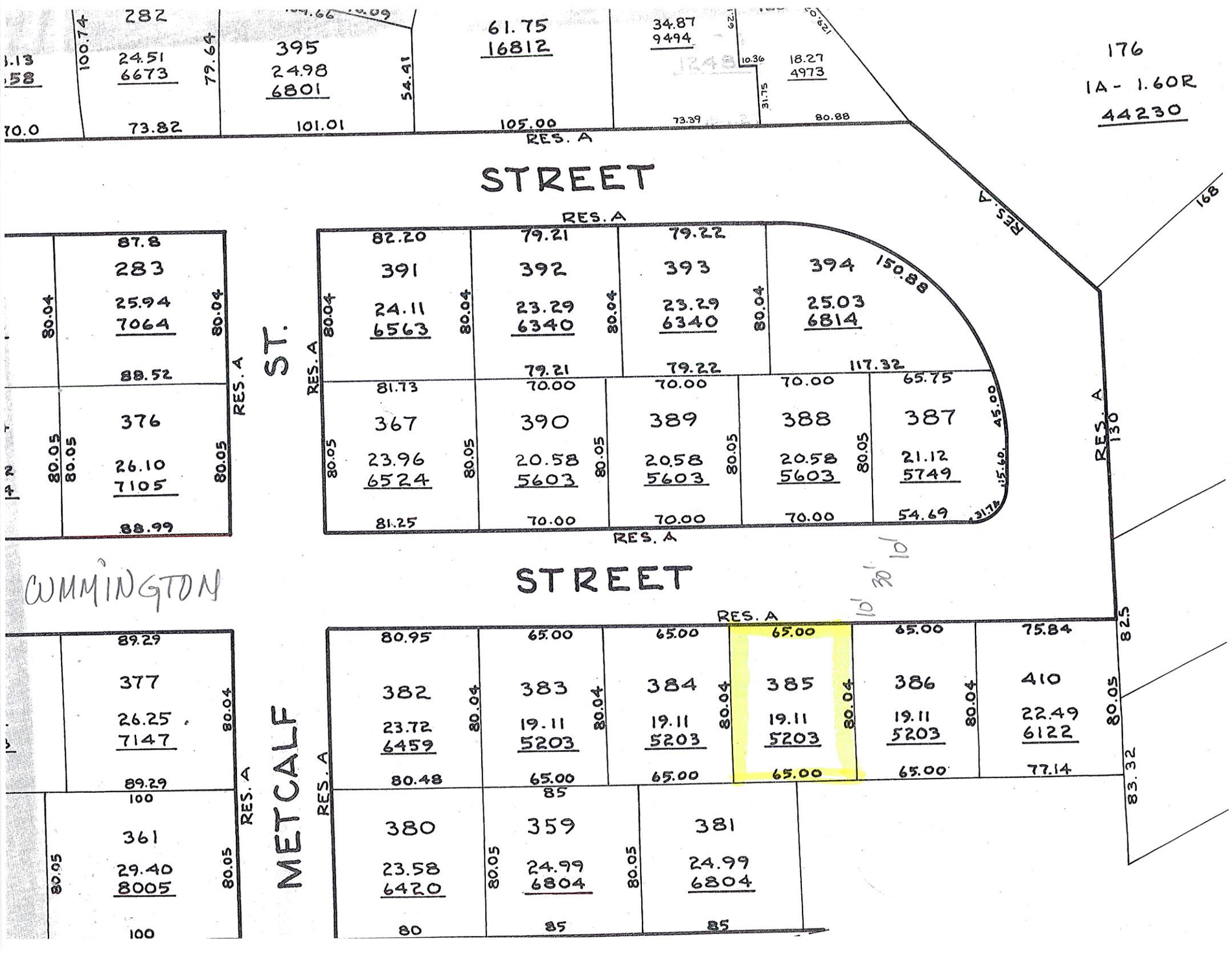
Phone #: 508-997-1022

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 #:** _____


282
24.51
6673
100.74
79.64
73.82
70.0
395
24.98
6801
54.41
101.01
61.75
16812
105.00
34.87
9494
73.39
10.36
18.27
4973
31.75
80.88
RES. A
176
1A - 1.60R
44230
STREET
RES. A
168
87.8
283
25.94
7064
80.04
88.52
376
26.10
7105
80.05
88.99
ST.
82.20
391
24.11
6563
79.21
392
23.29
6340
79.22
393
23.29
6340
394
25.03
6814
150.88
117.32
81.73
367
23.96
6524
70.00
390
20.58
5603
389
20.58
5603
388
20.58
5603
65.75
387
21.12
5749
45.00
15.60
54.69
81.25
RES. A
130
CUMMINGTON
STREET
10'
30'
10'
89.29
377
26.25
7147
89.29
100
361
29.40
8005
100
METCALF
80.95
382
23.72
6459
80.48
65.00
383
19.11
5203
65.00
384
19.11
5203
65.00
385
19.11
5203
65.00
386
19.11
5203
65.00
75.84
410
22.49
6122
77.14
82.5
83.32
85
380
23.58
6420
80
359
24.99
6804
85
381
24.99
6804
85

Commonwealth of Massachusetts

CITY OF NEW BEDFORD

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

BUILDING PERMIT

5/9/2016

No. **B-16-674**

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 **127E-385**

This certifies that ADRIAN MORGADO **Contractor Lic. #** _____

owner/contractor has permission to: Driveways - 30.00

on: 310 CUMMINGTON 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: resurface existing driveway

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 O. Romanowicz

Building Commissioner

Plan Review Comments: :