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

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY

Expires: already done w/o permit

Application No. 11243 Date: 6/15/16

Property Owner: Dana Lewis Tel: _____

Address: 192 Cornell St (street) New Bedford (city) MA (state) _____ (zip code)

The above hereby requests permission to construct a paved: ✓ driveway / _____ sidewalk located at 192 Cornell St, plot 62, lot 173 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-15-2024
_____ Rejected

Danny Romanowicz NB
Signature

Engineering Department ✓ Approved _____ Rejected 9/21/15 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

Sarah Morgado
Property Owner

BY: Nicole Baillargeon

0510.02/1

Manuel Silva

From: Maria Sequeira
Sent: Friday, September 18, 2015 2:39 PM
To: Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-15-2024 at 192 CORNELL 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

Resurfa driveway

192 Cornell St.
Dana Lewis
P 62
L 173

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

MHS 9/21/15 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): 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 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 Replace 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 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: Berkshire Hathaway Guard

Policy # or Self-ins. Lic. #: B2WCS97920 Expiration Date: May 2016

Job Site Address: 92 Cornell St. City/State/Zip: New Bedford MA

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: Sept 15, 2015

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 #_____

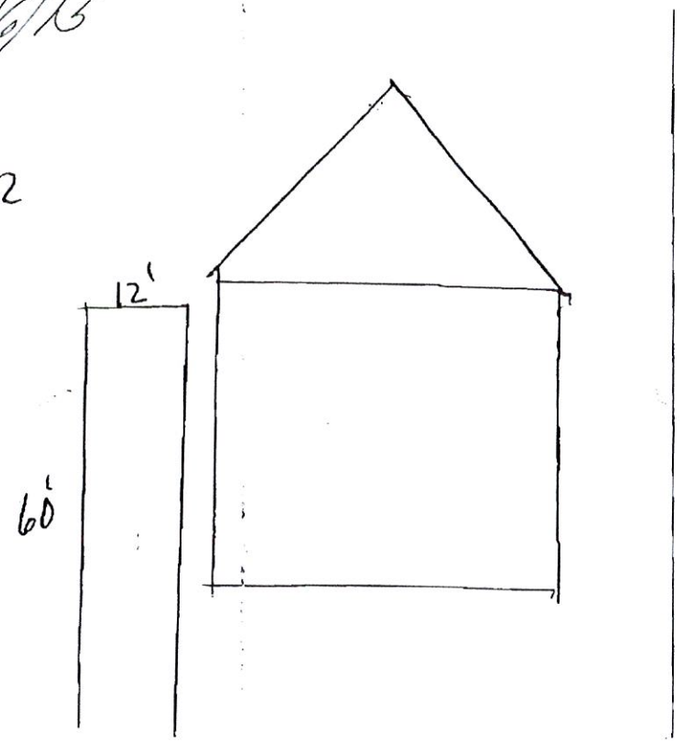
Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

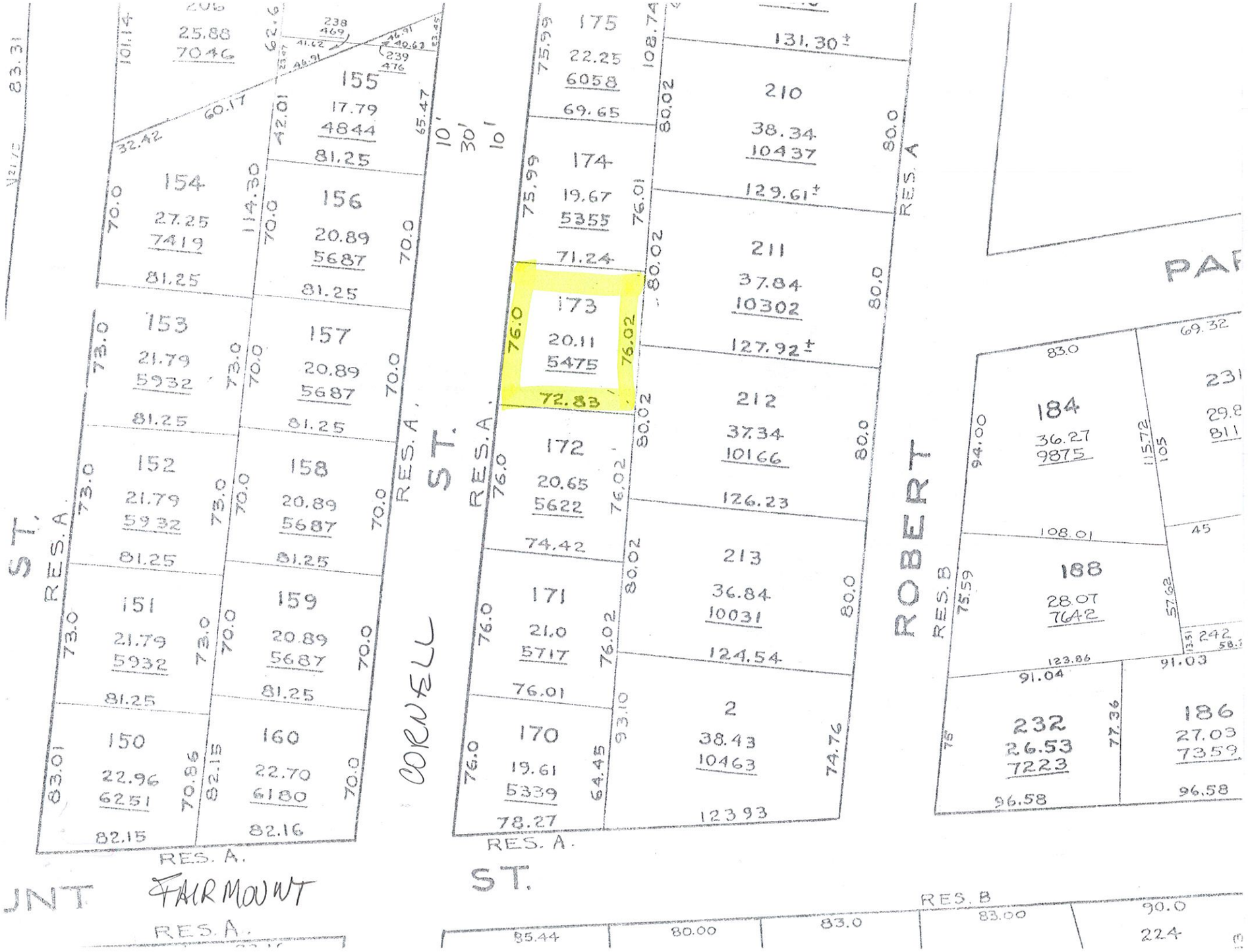
Contact Person:_____ **Phone #:**_____


2015/09/16

ok resurface
RC 9/16/15

Moraycho
Sara 5089971022
192 Cornell St.




ST.
RES. A.
CORNELL
ST.
RES. A.
ROBERT
RES. B
RES. A.
FAIRMOUNT
ST.
RES. A.
RES. B
150
160
151
159
152
158
153
157
154
156
155
170
171
172
173
174
175
2
213
212
211
210
232
186
188
184
231
83.31
25.88
7046
17.79
4844
81.25
27.25
7419
20.89
5687
21.79
5932
20.65
5622
20.11
5475
19.67
5355
22.25
6058
38.34
10437
37.84
10302
37.34
10166
36.84
10031
38.43
10463
19.61
5339
21.0
5717
22.96
6251
22.70
6180
26.53
7223
27.03
7359
36.27
9875
28.07
7642
131.30±
129.61±
127.92±
126.23
124.54
123.93
78.27
74.42
72.83
71.24
69.65
96.58
91.04
91.03
123.86
108.01
85.44
80.00
83.0
83.00
90.0
224

Commonwealth of Massachusetts

CITY OF NEW BEDFORD

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

BUILDING PERMIT

No. **B-15-2024**

10/15/2015

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 **62-173**

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

owner/contractor has permission to: Driveways - 30.00

on: 192 CORNELL 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)

780 CMR - Section 116.0 - Construction Control

RRP Certificate - This project may need a RRP certificate if lead is present

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: _____	:

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: