



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

APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/DRIVEWAY

Application No. 11244

Expires: already done w/o permit
Date: 6/15/2010

Property Owner: Joseph Santos

Tel: _____

Address: 271 Belair St New Bedford MA
street city state zip code

The above hereby requests permission to construct a paved: ☒ driveway / _____ sidewalk located at
271 Belair St, plot 130B, lot 299 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 13.5' x 13'</u>
☐ Concrete Full Width	_____	☐ Commercial	_____
☐ Concrete Ribbon	_____	☐ Relocation/Widening	_____
☐ Curb Needed	_____	☐ Curb Removal	_____
	_____	☐ Concrete	_____
	_____	☒ Bituminous Concrete	<u>Install 13.5' x 13'</u>

Bonded Contractor: Mogado Tel: _____

Traffic Commission: _____ Approved _____ Rejected _____ Date _____

Building Dept.

Signature

_____ Approved (New Building)
☒ Approved - Bldg. Permit# B-15-593
_____ Rejected

Danny Romariz NB
Signature

Engineering Department

☒ Approved _____ Rejected 4/29/15 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

Anah Margader
Property Owner

BY: Nicole Dallanese
0501.02/1

Manuel Silva

From: Maria Sequeira
Sent: Wednesday, April 29, 2015 10:06 AM
To: Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-15-593 at 271 BELAIR 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.

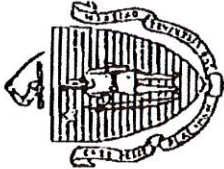
Maria Sequeira
Department of Inspectional Services

Houseface Driveway

271 Belair St.
Joseph Santos
P130 B
L 299

* Existing 13.5' x 13' Hot mix Asphalt brow
No Curb removed
Install 13.5' x 13' Hot mix Asphalt brow

MRS 4/29/15 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 Annies Path

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

Are you an employer? Check the appropriate box:

1. ☒ I am an 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 attach 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 General

Policy # or Self-ins. Lic. #: RALC597920 Expiration Date: May 2015

Job Site Address: 271 Belair St. City/State/Zip: New Bedford MA 02345

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: William Morgado Date: April 21, 2015

Phone #: 508-997-1022

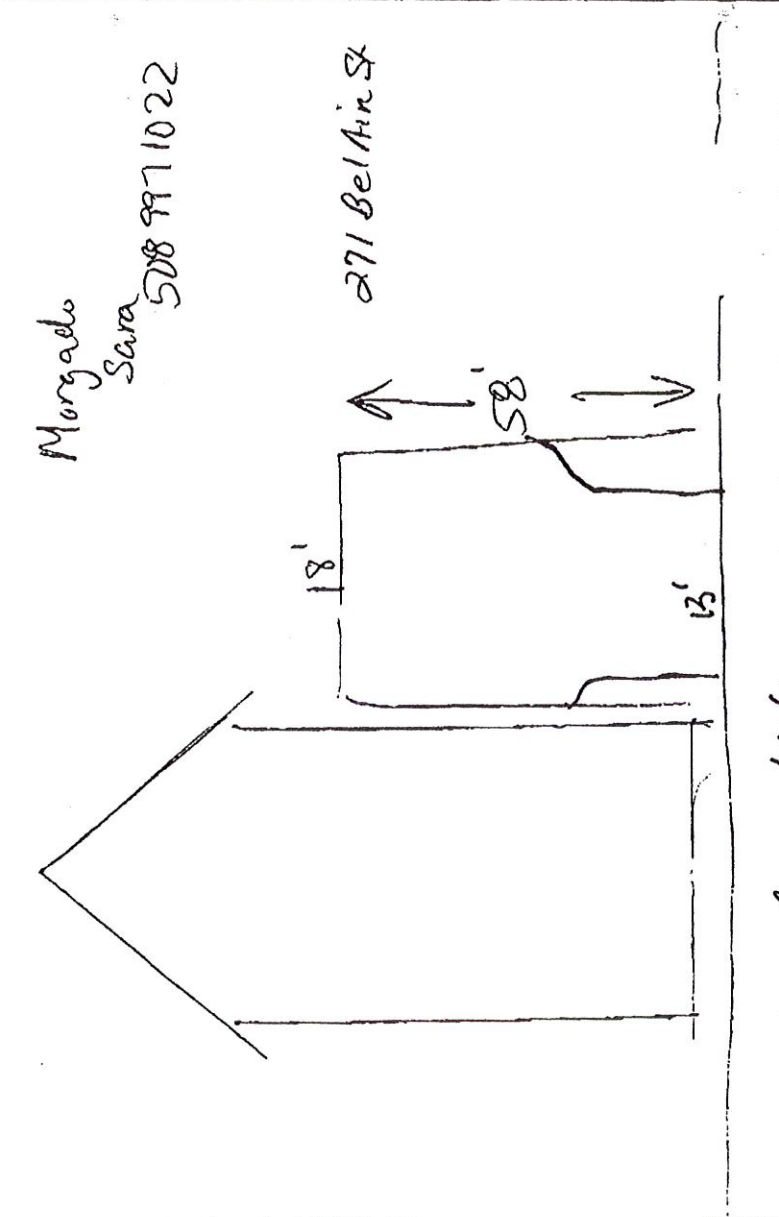
Official use only. Do not write in this area, to be completed by city or town official.

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 #: _____



resurface spitting
driveway - OK
W. O. 4/24/15

RES. A

RES. A

STREET

STREET

RES. A



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-15-593**

5/13/2015

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 **ADRIAN MORGADO**

Contractor Lic. # _____

ParcelID **130B-299**

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

on: **271 BELAIR 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

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

Building Commissioner

Plan Review Comments: Manny Silva - DPI: Existing 13.5'x13' Hot Mix Asphalt brow.
No curb removal.
Install 13.5'x13' Hot Mix Asphalt brow.