



CITY OF NEW BEDFORD

MASSACHUSETTS

APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/DRIVEWAY

ENGINEERING - 508-979-1550

Application No. 11245

Expires: already done
Date: 6/15/16 wp permit

Property Owner: Manuel Carrando Tel: _____

Address: 191 Bonney St New Bedford MA
street city state zip code

The above hereby requests permission to construct a paved: ☒ driveway / _____ sidewalk located at
191 Bonney St, plot 30, 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	_____
Concrete Full Width	_____	Commercial	_____
Concrete Ribbon	_____	Relocation/Widening	_____
Curb Needed	_____	Curb Removal	<u>Remove 12'</u>
	_____	Concrete	<u>Install 12' x 10'</u>
	_____	Bituminous Concrete	_____

Bonded Contractor: Morgado Tel: _____

Traffic Commission: _____ Approved _____ Rejected _____ Date _____

Building Dept. _____ Signature _____
Approved (New Building) _____
☒ Approved - Bldg. Permit# B-15-392
_____ Rejected _____

Danny Romanowicz NB
Signature

Engineering Department ☒ Approved _____ Rejected 4/9/15 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

Anush Morgado
Property Owner

BY: Nicole Gillaugen
0524/1

Manuel Silva

From: Maria Sequeira
Sent: Tuesday, April 07, 2015 1:14 PM
To: Anne Louro; Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-15-392 at 191 BONNEY 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.

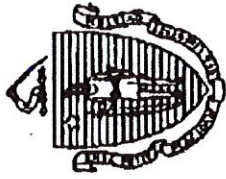
Maria Sequeira
Department of Inspectional Services

*install new
concrete drive*

*191 Bonney St.
Manuel Carrancho
P30
L183*

** Remove 12' Granite Curbs
Install 12' x 10' Conv. Conc. Bow*

MHS 4/9/15 DPI - EUG



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 New 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: Berkshire Hathaway Guard

Policy # or Self-ins. Lic. #: RAWC597920

Expiration Date: May 2015

Job Site Address: 191 Bourn 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: Arthur Morgan

Date: March 30, 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

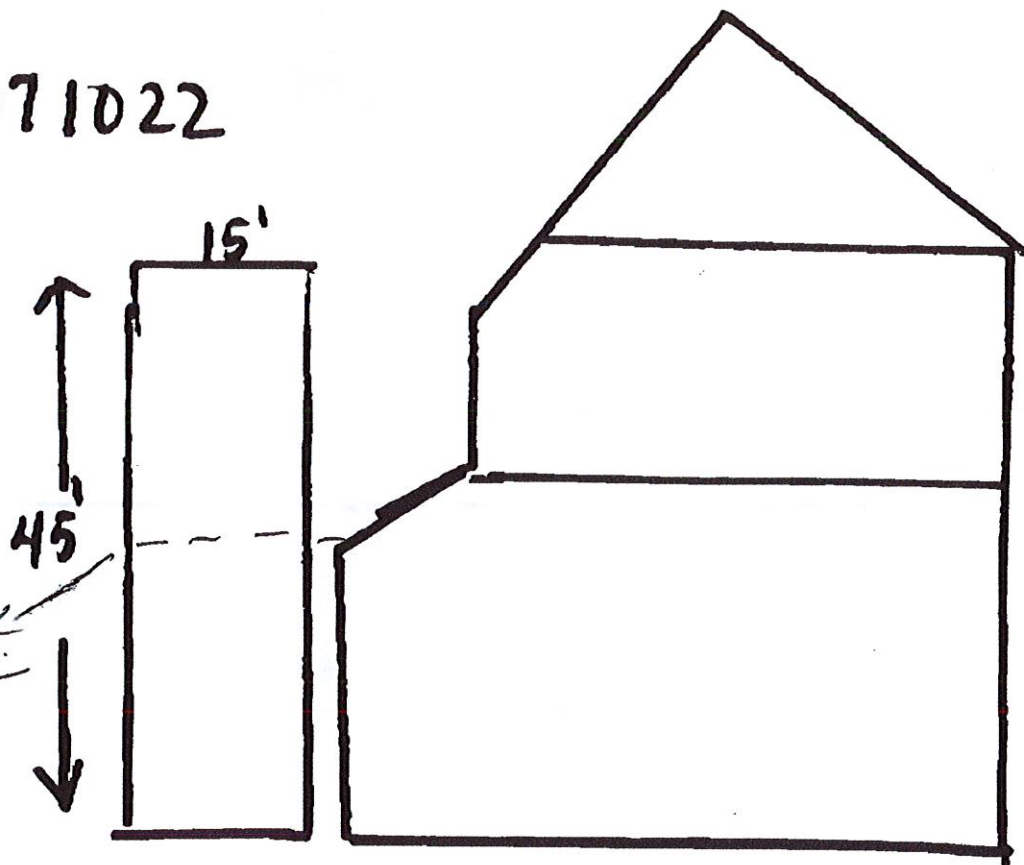
6. Other _____

Contact Person: _____

Phone #: _____

Morgado
508 997 1022

191 Bonney St.



BUD Dept
copy

10% Renda
APPLIES LOT
under
5000sq.

15" Buffer Reg. Lot

J.A.

Plot 30
Lot 183

173	176	177
740	3740	3740
4	44	44
50.3	88	88
	179	179
	14.70	14.70
	4002	4002
	88.3	88.3
	114.03	114.03
	182	182
	19.24	19.24
	5191	5191
	112.38	112.38
	183	183
	16.39	16.39
	4462	4462
	110.87	110.87
	184	184
	17.59	17.59
	4789	4789
	108.62	108.62
	185	185
	17.30	17.30
	4710	4710
	106.03	106.03
	186	186
	17.30	17.30
	4710	4710
	104.43	104.43
	189	189
	15.62	15.62
	4253	4253
	101.51	101.51

BUS. SOFT.		BONNEY		RES. C		RES. C		SYLVIA CT.		RES. C		BUS. SOFT.												
85.40	30.90	195	10.01	2726	85.21	43.50	366	13.81	3759	85.12	30.13	11.96	3256	38.6	38	12.56	3419	38	12.56	3419	14.65	3988	90.41	40
33.25	44.95	272	10.93	2976	72.3	194	11.10	3022	73.41	33.79	272	10.76	2930	41.25	38	8.78	2391	38	90.25	308	13.55	3689	79.65	48.65
14.36	52.75	283	16.24	4421	102.01	191	12.04	3278	68.74	37.2	273	10.76	2930	41.25	38	8.78	2391	38	90.25	308	13.55	3689	79.65	48.65
13.22	45	283	16.24	4421	102.01	191	12.04	3278	68.74	37.2	273	10.76	2930	41.25	38	8.78	2391	38	90.25	308	13.55	3689	79.65	48.65
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13.22	45	283	16.24	4421	102.01	191	12.04	3278	68.74	37.2	273	10.76	2930	41.25	38	8.78	2391</							



Commonwealth of Massachusetts
CITY OF NEW BEDFORD
BUILDING PERMIT

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



No. B-15-392

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.

This certifies that **ADRIAN MORGADO** Contractor Lic. # **30-183** ParcelID **30-183**

owner/contractor has permission to: **Driveways - 30.00** on: **191 BONNEY 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 BUILDING DEPARTMENT 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.
Note from Engineering department: Remove 12' granite curb. Install 12'x10' Cement Concrete brow.
Department Commission:

YOUR AREA INSPECTOR IS: **James E. Berrube** 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

Donny R. Pinnone
Building Commissioner

Plan Review Comments: Manny Silva - DP: Remove 12' granite curb. Install 12'x10' Cement Concrete brow.