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

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY

Expires: already done w/ permit

Application No. 11247 Date: 6/15/2016

Property Owner: Joseph Devine Tel:

Address: 161 North St New Bedford MA
street city state zip code

The above hereby requests permission to construct a paved: ✓ driveway / _____ sidewalk located at 161 North St, plot 58, lot 236 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	Remove 15'
			✓	Concrete	Install 15'x8'
			____	Bituminous Concrete	

Bonded Contractor: Morgado **Tel:**

Traffic Commission: _____ Approved _____ Rejected _____ Date

_____
Signature

Building Dept.

_____ Approved (New Building)
✓ Approved - Bldg. Permit# B-15-1741
_____ Rejected

Danny Romanowicz NB
Signature

Engineering Department ✓ Approved _____ Rejected 8/25/15 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

8514 | 4

Manuel Silva

From: Maria Sequeira
Sent: Friday, August 21, 2015 3:54 PM
To: Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-15-1741 at 161 NORTH 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

161 North St.
Joseph Devine
P58
L236

* Remove 15' Granite Curb
Install 15' x 8' Cement Concrete brow

MHS 8/25/15 ~~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 Concrete apron Curb removal

*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. #: RZWCS97920 Expiration Date: May 2016

Job Site Address: 161 North 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: [signature] Date: Aug 18, 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 _____

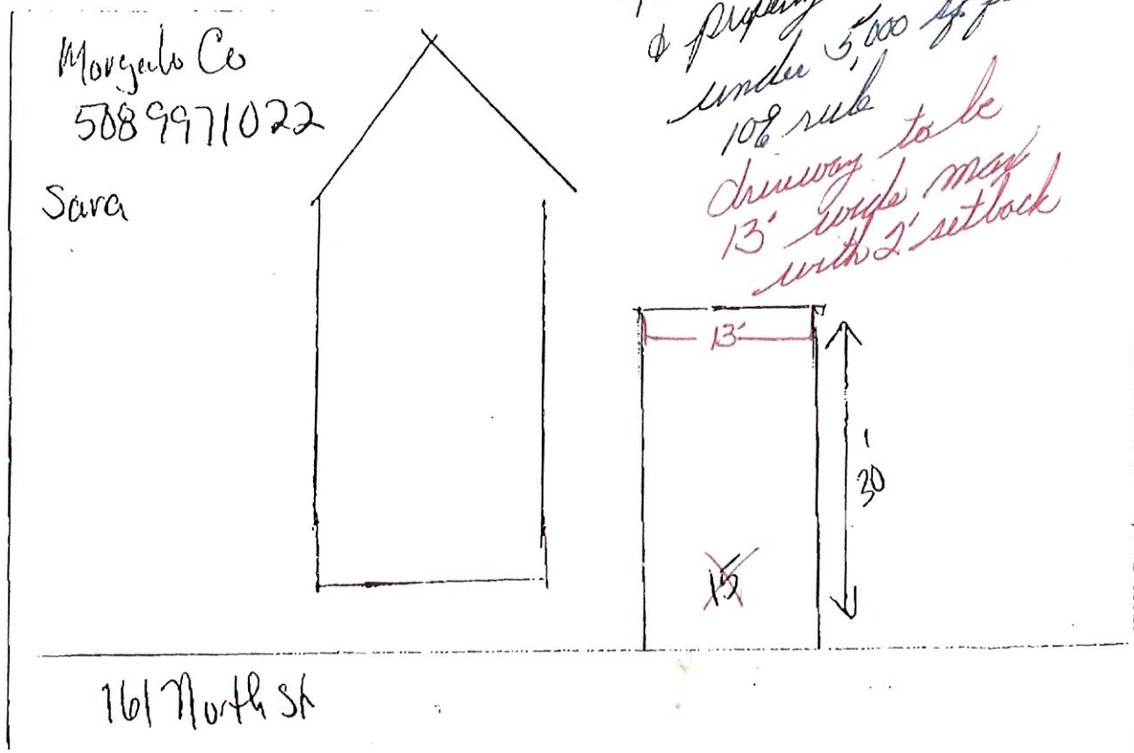
Contact Person: _____ **Phone #:** _____

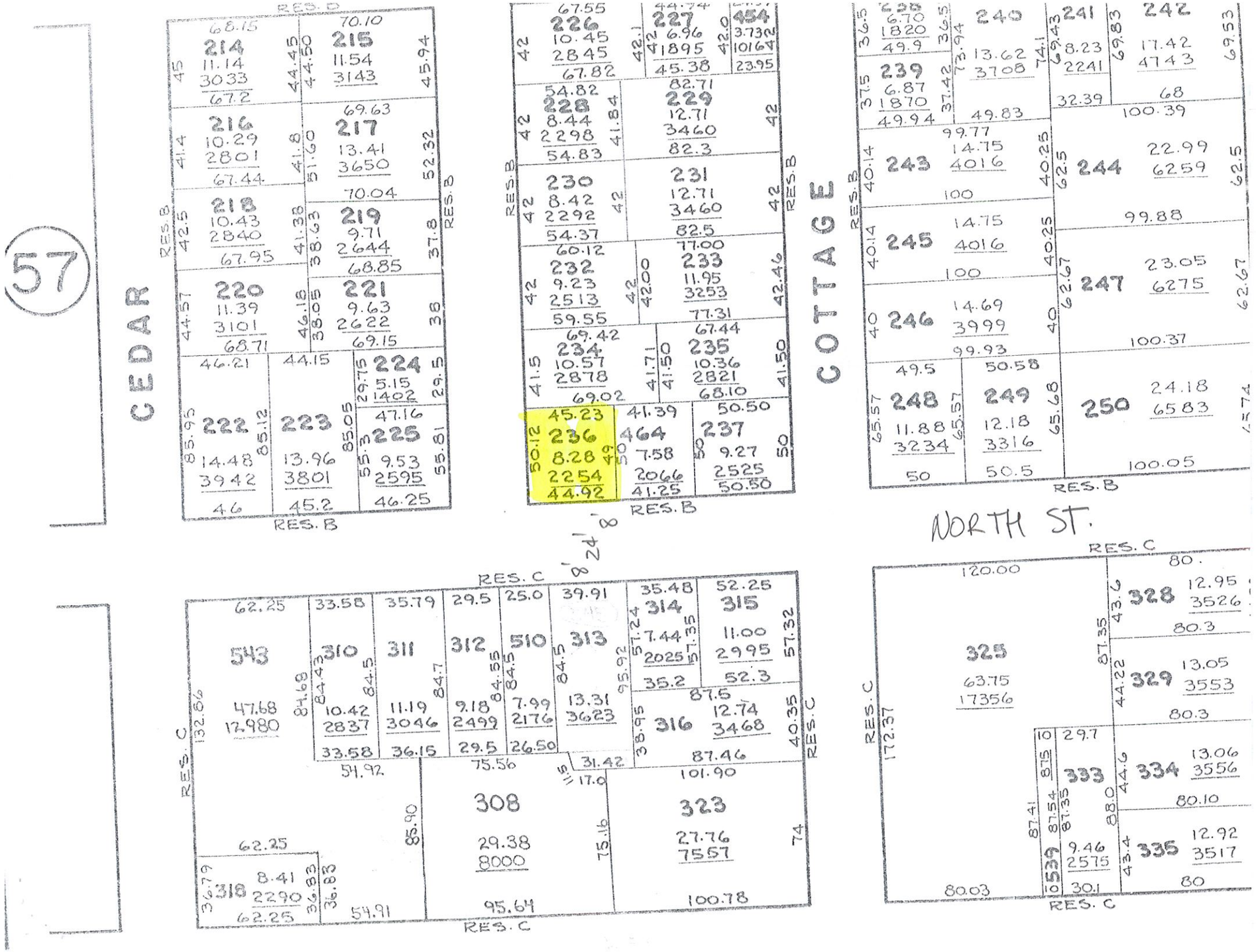

2015/08/20

ok RC

15' between house & property line under 5,000 sq ft. 10% rule

driveway to be 13' wide max with 2' setback




57
CEDAR
COTTAGE
NORTH ST.
RES. B
RES. C
214 11.14 3033 67.2
215 11.54 3143
216 10.29 2801 67.44
217 13.41 3650 70.04
218 10.43 2840 67.95
219 9.71 2644 68.85
220 11.39 3101 68.71
221 9.63 2622 69.15
222 14.48 3942 46
223 13.96 3801 45.2
224 5.15 1402
225 9.53 2595 46.25
226 10.45 2845 67.82
227 6.96 1895 45.38
454 3.732 10164 23.95
228 8.44 2298 54.83
229 12.71 3460 82.3
230 8.42 2292 54.37
231 12.71 3460 82.5
232 9.23 2513 59.55
233 11.95 3253 77.31
234 10.57 2878 69.02
235 10.36 2821 68.10
236 8.28 2254 44.92
464 7.58 2066 41.25
237 9.27 2525 50.50
240 13.62 3708
241 8.23 2241 32.39
242 17.42 4743 68
239 6.87 1870 49.94
243 14.75 4016 100
244 22.99 6259 99.88
245 14.75 4016 100
246 14.69 3999 99.93
247 23.05 6275 100.37
248 11.88 3234 50
249 12.18 3316 50.5
250 24.18 6583 100.05
543 47.68 12980
310 10.42 2837 33.58
311 11.19 3046 36.15
312 9.18 2499 29.5
510 7.99 2176 26.50
313 13.31 3623
314 7.44 2025 35.2
315 11.00 2995 52.3
316 12.74 3468 87.46
308 29.38 8000 95.64
323 27.76 7557 100.78
318 8.41 2290 62.25
325 63.75 17356
328 12.95 3526 80.3
329 13.05 3553 80.3
333 9.46 2575 30.1
334 13.06 3556 80.10
335 12.92 3517 80
539
24'

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-15-1741**

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 **58-236**

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

owner/contractor has permission to: Driveways - 30.00

on: 161 NORTH 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---: driveway to be13' x 30' max with 2' setback from property line

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 D. Romanowicz

Building Commissioner

Plan Review Comments: Manny Silva - DPI: Remove 15' Granite curb.
Install 15'x8' Cement Concrete brow.