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

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY

Expires: already done without permit

Application No. 11252 Date: 6/15/16

Property Owner: James Roderick Tel: _____

Address: 919 Thorndike St New Bedford MA
street city state zip code

The above hereby requests permission to construct a paved: _____ driveway / _____ sidewalk located at 919 Thorndike St, plot 137A, lot 335 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	_____	X	Residential	existing 12'x10'
____	Concrete Full Width	_____	____	Commercial	_____
____	Concrete Ribbon	_____	____	Relocation/Widening	_____
____	Curb Needed	_____	X	Curb Removal	Remove 4'
			____	Concrete	_____
			X	Bituminous Concrete	Install 16'x10'

Bonded Contractor: Morgado **Tel:** _____

Traffic Commission: _____ Approved _____ Rejected _____ Date

N/A _____
Signature

Building Dept.

_____ Approved (New Building)
X Approved - Bldg. Permit# B-157601
_____ Rejected

Danny Romeiro _____
Signature

Engineering Department X Approved _____ Rejected 5/15/15 Date

Manuel Dos _____
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 Dos _____
Supervising Civil Engineer

Sarah Morgado _____
Property Owner

BY: Malloy Dos

6501.01 / 1

Manuel Silva

From: Maria Sequeira
Sent: Thursday, May 14, 2015 2:16 PM
To: Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-15-761 at 919 THORNDIKE 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

asphalt driveway overlay + extension

919 Thorndike St.
James Roderick
P 137A
L 335

* Existing 12' x 10' Hot mix Asphalt brow
Remove 4' granite curb (East Side)
Install 16' x 10' Hot mix Asphalt brow

MHS 5/15/15 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 Lakeville MA

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

Are you an employer? Check the appropriate box:

1. [x] 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. [x] Other 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. #: WC597920 Expiration Date: May 2016

Job Site Address: 919 Thomdike 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: May 7, 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 #_____

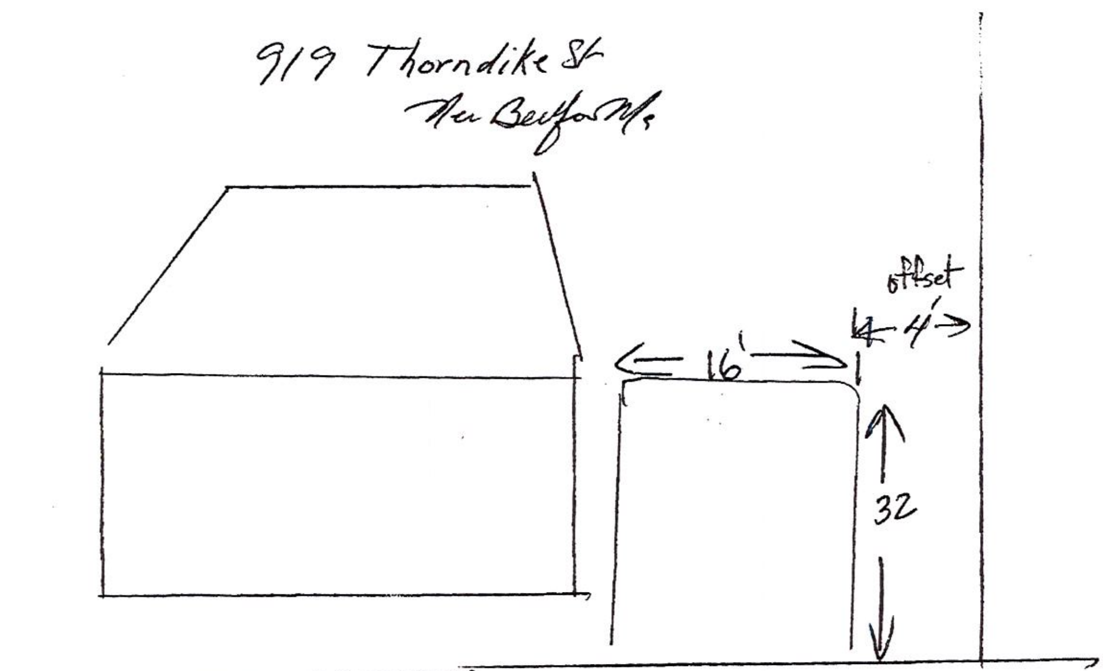
Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person:_____ Phone #:_____

https://sauropedia.files.wordpress.com/2011/05/iguanodon-1.jpg 4/29/2015

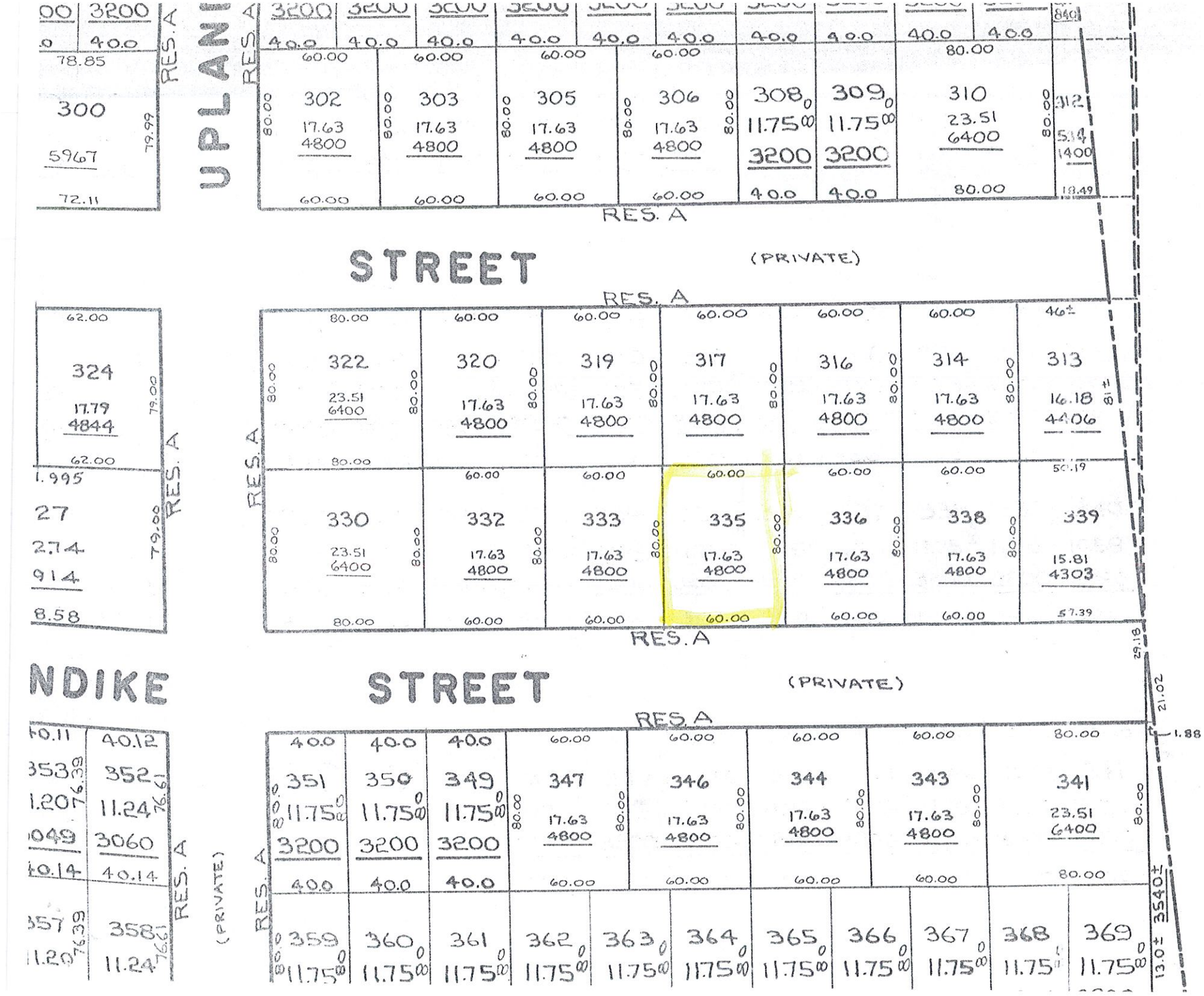
Morgalo Co Sara 508 997-1022

919 Thorndike St
New Bedford Ma



919 Thorndike St.

OK w/4' setback
[illegible] 5/13/15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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-15-761**

5/29/2015

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 **137A-335**

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

owner/contractor has permission to: Driveways - 30.00

on: 919 THORNDIKE 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---: widen existing driveway to 16 feet with a 4 foot sideyard setback

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 D. Romanowicz

Building Commissioner

Plan Review Comments: :