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

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY

Expires: already done w/o permit

Application No. 11253 Date: 6/15/16

Property Owner: Alice Amaral Tel:

Address: 982 Hillcrest RD NB, MA
street city state zip code

The above hereby requests permission to construct a paved: ✓ driveway / _____ sidewalk located at 982 Hillcrest RD, plot 134D, lot 7 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'x8'
____	Concrete Full Width		____	Commercial	
____	Concrete Ribbon		____	Relocation/Widening	
____	Curb Needed		____	Curb Removal	
			____	Concrete	
			X	Bituminous Concrete	Install 12x8

Bonded Contractor: Morgado **Tel:**

Traffic Commission: _____ Approved _____ Rejected _____ Date

W/A
Signature

Building Dept.

_____ Approved (New Building)
X Approved - Bldg. Permit# B-15-2142
_____ Rejected

Danny Romanowicz
Signature

Engineering Department X Approved _____ Rejected 10/6/15 Date

Manuel Silva (MJS)
Signature

Permit/Inspection fee of $150.00 must accompany this application.

'PECIAL 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: _____

Civil Engineer

by Sylvia

Sarah Morgado
Property Owner

05.01.02/2

Manuel Silva

From: Maria Sequeira
Sent: Thursday, October 01, 2015 10:37 AM
To: Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-15-2142 at 982 HILLCREST RD 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

982 Hillcrest Rd.
Alice Amaral
P134D
L7

* Existing 12'x8' Hot mix Asphalt brow
No Granite Curbs
Install 12'x8' Hot mix Asphalt brow

MMS 10/6/15 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 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. #: RAWCS97920 Expiration Date: May 2016

Job Site Address: 982 Hillcrest Rd. 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: John Morgado Date: Sept 24, 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 #:**_____

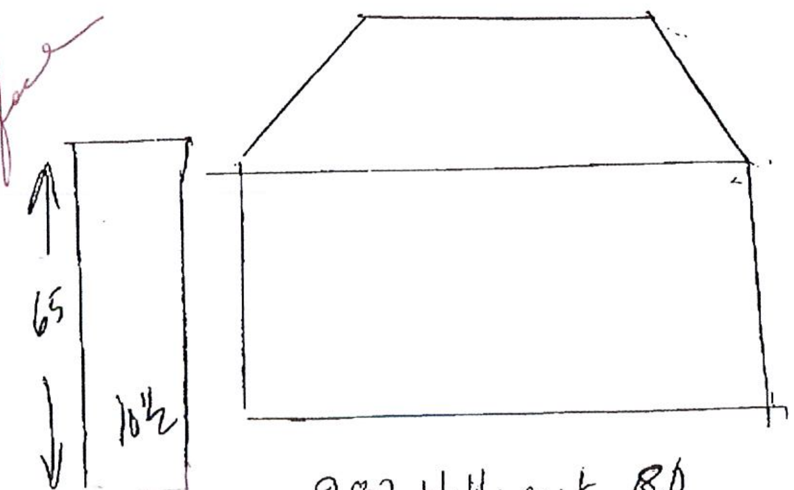
SMPRG HB D0160

Sara 508 9971022

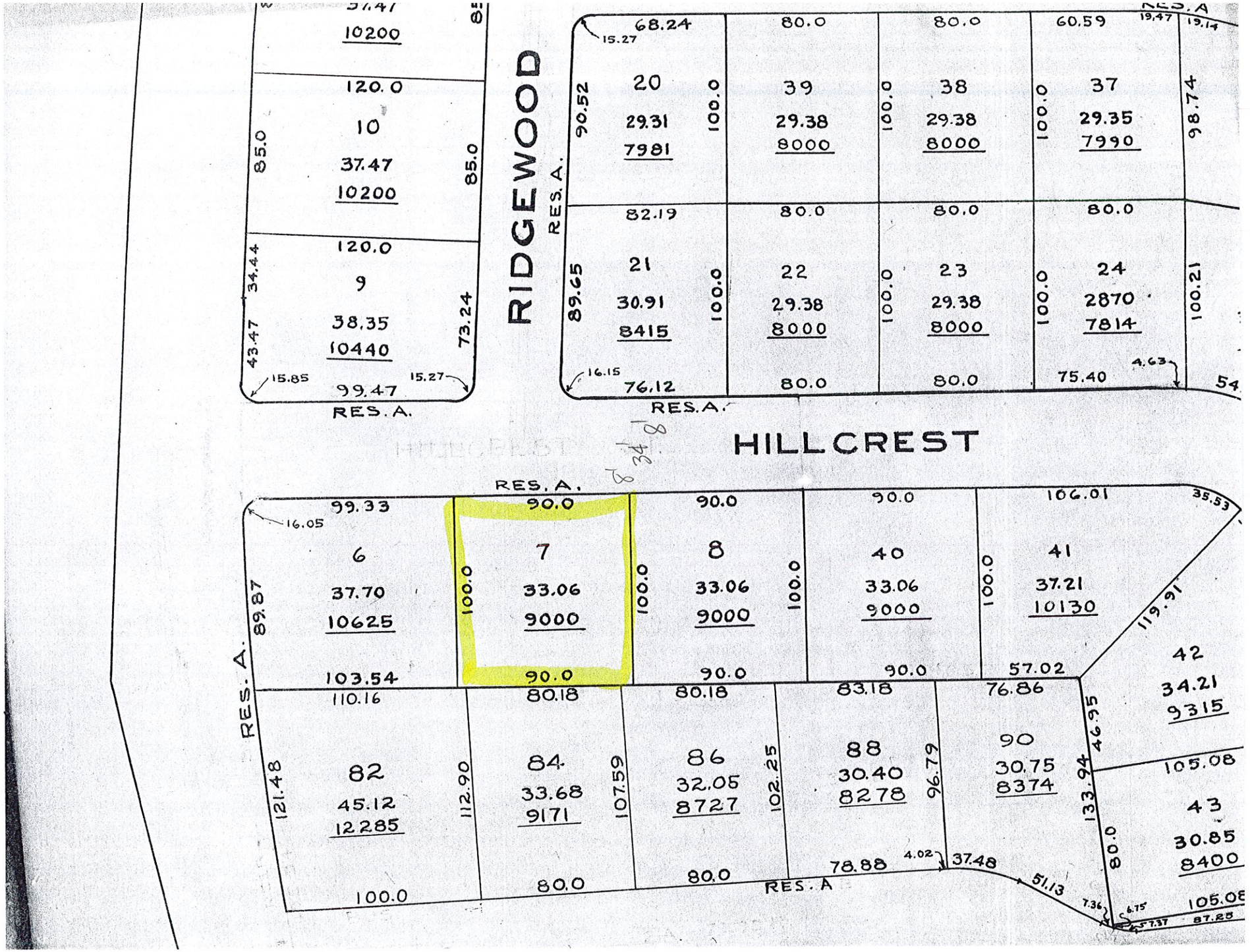
OK J.P.

OK

Resurface



982 Hillcrest RD.


RIDGEWOOD
RES. A.
HILLCREST
RES. A.
RES. A.
RES. A.
RES. A.
10200
120.0
10
37.47
10200
85.0
85.0
120.0
9
38.35
10440
34.44
43.47
73.24
15.85
99.47
15.27
68.24
15.27
80.0
80.0
60.59
19.47
19.14
20
29.31
7981
39
29.38
8000
38
29.38
8000
37
29.35
7990
90.52
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100.0
100.0
98.74
82.19
80.0
80.0
80.0
21
30.91
8415
22
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8000
23
29.38
8000
24
2870
7814
89.65
100.0
100.0
100.0
100.21
16.15
76.12
80.0
80.0
75.40
4.63
99.33
16.05
90.0
90.0
90.0
106.01
35.53
6
37.70
10625
7
33.06
9000
8
33.06
9000
40
33.06
9000
41
37.21
10130
89.87
100.0
100.0
100.0
100.0
119.91
103.54
110.16
90.0
80.18
90.0
80.18
90.0
83.18
57.02
76.86
42
34.21
9315
82
45.12
12285
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33.68
9171
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32.05
8727
88
30.40
8278
90
30.75
8374
121.48
112.90
107.59
102.25
96.79
46.95
133.94
105.08
43
30.85
8400
80.0
100.0
80.0
80.0
78.88
4.02
37.48
51.13
7.36
6.75
7.37
87.28
105.08

Commonwealth of Massachusetts

CITY OF NEW BEDFORD

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

BUILDING PERMIT

10/21/2015

No. **B-15-2142**

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 **134D-7**

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

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

on: **982 HILLCREST RD**

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: _____	:

YOUR AREA INSPECTOR IS: **Jimmy Papas** 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: :