



CITY OF NEW BEDFORD

MASSACHUSETTS

APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/DRIVEWAY

ENGINEERING - 508-979-1550

Application No. 11254

Expires: already done
w/o permits
Date: 6/15/14

Property Owner: Davie Lowrey Tel: _____

Address: 30 Pinette St New Bedford, MA
street city state zip code

The above hereby requests permission to construct a paved: ☒ driveway / _____ sidewalk located at
30 Pinette St, plot 43, lot 12 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 12' x 13'</u>
☐ Concrete Full Width	☐ Commercial		
☐ Concrete Ribbon	☐ Relocation/Widening		
☐ Curb Needed	☒ Curb Removal		<u>6'</u>
	☒ Concrete		<u>Install 18' x 13'</u>
	☐ Bituminous Concrete		

Bonded Contractor: Morgado Tel: _____

Traffic Commission: _____ Approved _____ Rejected _____ Date _____

N/A _____
Signature

Building Dept.

Approved (New Building)
☒ Approved - Bldg. Permit# 6-15-1791

Rejected

Danny Monroy
Signature

Engineering Department ☒ Approved _____ Rejected 8/28/15 Date

Manuel Lopez (M)
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 Lopez
Supervising Civil Engineer

Ana Morgado
Property Owner

BY: Manuel Lopez

4510.02 / 1

Manuel Silva

From: Maria Sequeira
Sent: Thursday, August 27, 2015 9:21 AM
To: Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-15-1791 at 30 PINETTE 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

Resurface exist. drive

*30 Pinette St.
Dance Lowndes
P43
L12*

** Existing 12'x13' Hot mix Asphalt brov.
Remove 6' Granite curbs (East side)
Install 18'x13' Cement concrete brov.*

MMS

8/28/15

DPI - EWG



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): Murgado Company

Address: 1 Anna's Path

City/State/Zip: Lakeville MA Phone #: _____

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 partner-ship 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. #: RAWCS979201 Expiration Date: May 2016

Job Site Address: 30 Pinette St. City/State/Zip: Ned. Bedford

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.

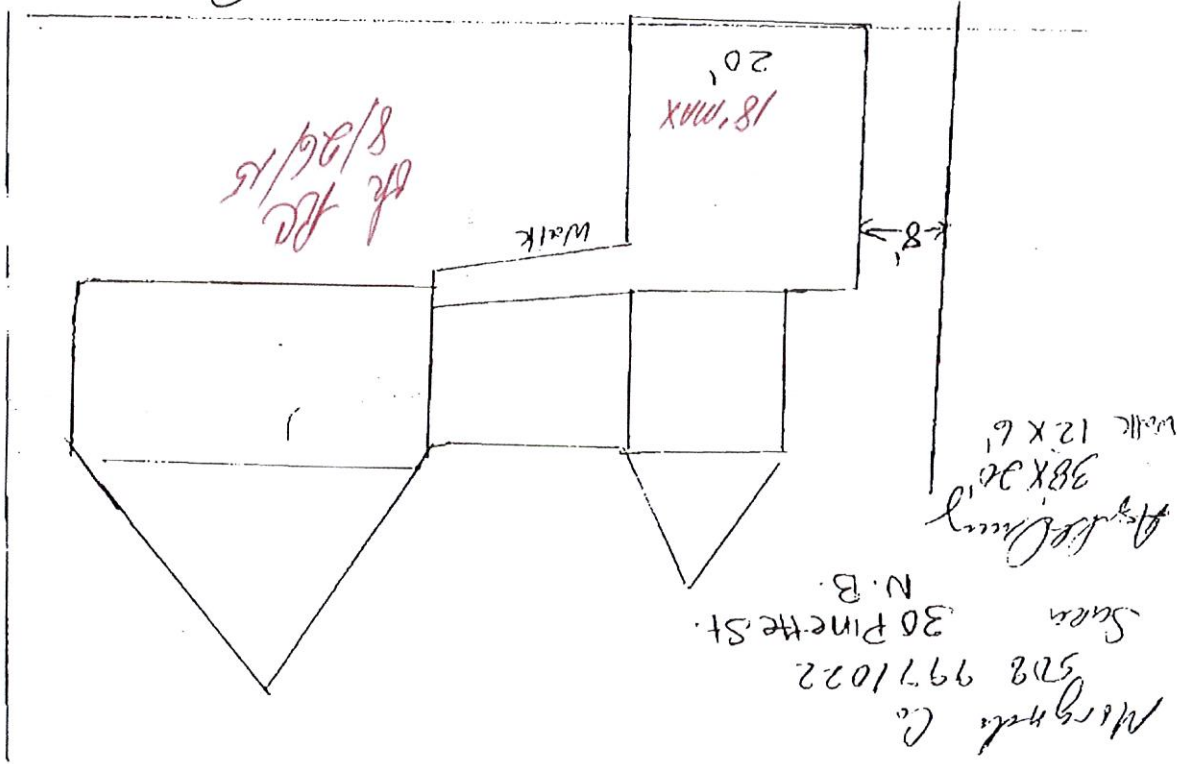
Signature: Julian Murgado Date: Aug 26, 2015

Phone #: 508-994-1022

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 #: _____

30 Rivett St.



ST.

PINETTE

RES.A

10.34
12
20.19
54.98
60.01
58.81

11
10
14.43
39.30
40.01
74.0
32
19.17
52.19
70.03

9
14.30
38.93
40.01
74.0
33
21.95
59.76
74.0

8
14.30
38.93
40.01
74.0
34
21.88
59.57
74.0

7
21.89
59.59
20.01
74.0
35
26.44
71.98
80.0

66.57
60.15
12.55
55.73
99.50
68.46
82.34

78.43
25.24
68.71
96.00

RES.A

ST.

RICHFIELD

RES.A

37
29.54
80.42
96.97
94.33
40

38
33.38
90.88
94.32
96.96
42
31.75
86.43

39
60.90
165.81
80.00

88.47
203.02

RES.A



CITY OF NEW BEDFORD

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



No. B-15-1791

BUILDING PERMIT

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. #

Parcel ID 43-12

owner/contractor has permission to:

Driveways - 30.00

on: 30 PINETTE 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.

Department/Commission:

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

Robert Carreiro
Building Commissioner

Plan Review Comments:

Manny Silva - DPL: Existing 12'x13' Hot Mix Asphalt brow.
Remove 6' Granite curb (East side).
Install 18'x13' Cement Concrete brow.