



CITY OF NEW BEDFORD

MASSACHUSETTS

ENGINEERING - 508-979-1550

APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/DRIVEWAY

Application No. 11255

Expires: already done
without permit
Date: 6/15/14

Property Owner: Diane Damaso

Tel: _____

Address: 842 wildwood RD WB MA
street city state zip code

The above hereby requests permission to construct a paved: ☒ driveway / _____ sidewalk located at
842 wildwood RD, MA, plot 130C, lot 697 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 15' x 10'</u>
Concrete Full Width	_____	☐ Commercial	_____
Concrete Ribbon	_____	☐ Relocation/Widening	_____
Curb Needed	_____	☐ Curb Removal	_____
	_____	☐ Concrete	_____
	_____	☒ Bituminous Concrete	<u>Install 15' x 10'</u>

Bonded Contractor: Morgado Tel: _____

Traffic Commission: _____ Approved _____ Rejected _____ Date _____

Building Dept.

Signature _____

Approved (New Building)
☒ Approved - Bldg. Permit# B-15-1381

Rejected

Danny Morgado
Signature (M)

Engineering Department ☒ Approved _____ Rejected 7/15/15 Date _____

Manuel Silva
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
Supervising Civil Engineer

Anah Morgado
Property Owner

BY: Manuel Silva 6501.01/13

Manuel Silva

From: Maria Sequeira
Sent: Tuesday, July 14, 2015 3:36 PM
To: Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-15-1381 at 842 WILDWOOD 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 Sequeira
Department of Inspectional Services

resurface driveway

*842 Wildwood Rd.
Diane Damaso
P130C
L697*

** Existing 15' x 10' Hot mix Asphalt brow
No curb
Install 15' x 10' Hot mix Asphalt brow
MRS DPS-ENG 7/15/15*



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 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 Asphalt Drive

*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 attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractor 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: 842 Wildwood 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: June 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

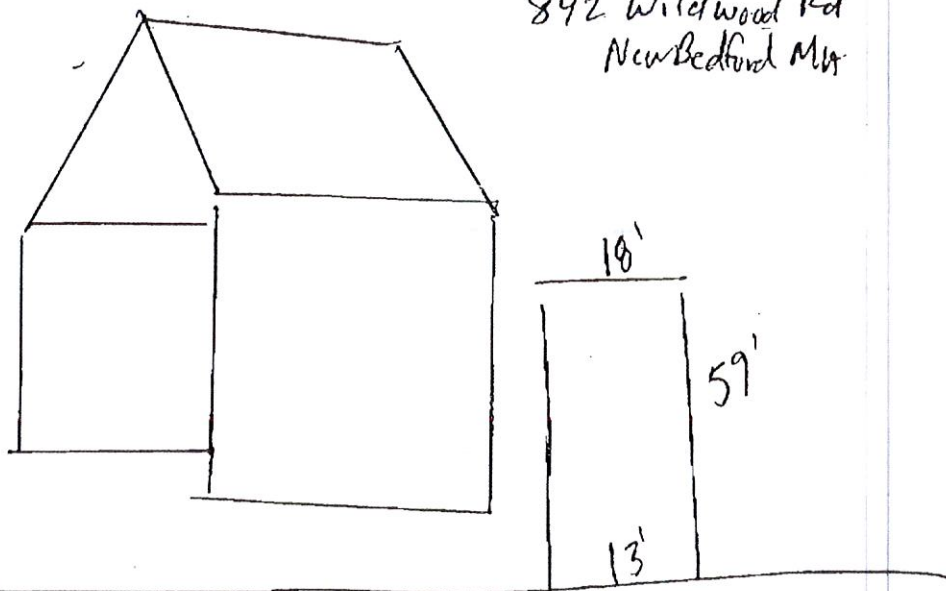
6. Other _____

Contact Person: _____

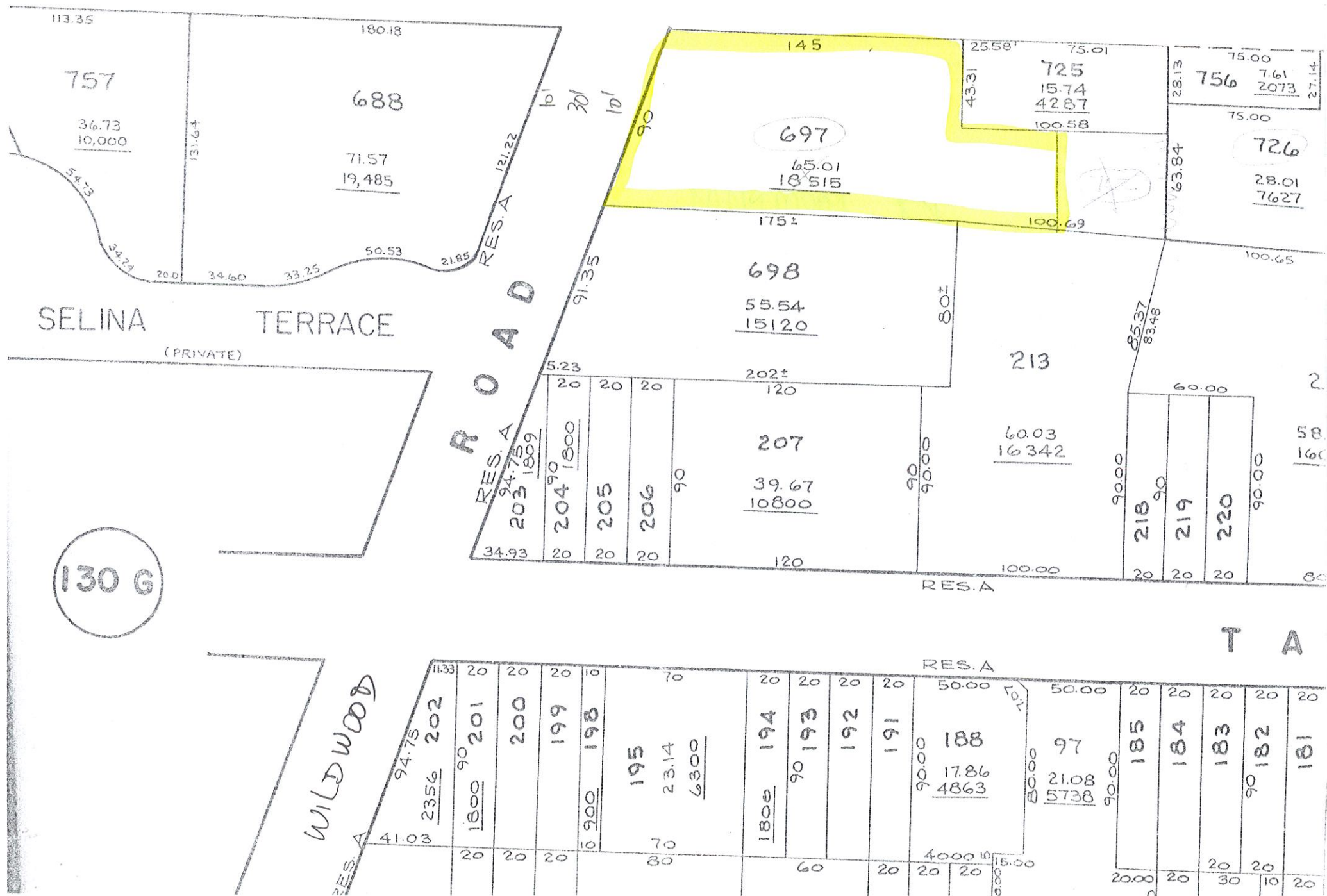
Phone #: _____

Morgado Co
508-9971022

842 Wildwood Rd
New Bedford MA



Driveway resurface
OK 7/13/15





Commonwealth of Massachusetts

CITY OF NEW BEDFORD

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



No. B-15-1381

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

ParcelID 130C-697

This certifies that ADRIAN MORGADO

owner/contractor has permission to: Driveways - 30.00

on: 842 WILDWOOD RD

Providing that the person accepting this permit shall in every respect conform to the terms of application therefor 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: Thomas Welch

Tel. (508) 979-1540 Between 8:00am - 9:00am

NOTICE: NOTIFY INSPECTOR 48 HOURS IN

ADVANCE OF APPLYING SHEATHING OR LATHING

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

OCCUPANCY PERMIT REQUIRED BEFORE OCCUPANCY

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

Building Commissioner

Donny D. Brown

Plan Review Comments: