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

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY

Expires: 7/8/17

Application No. 11260 Date: 7/8/16

Property Owner: Thomas Conalan Tel: _____

Address: 30 Turner St NB MA
street city state zip code

The above hereby requests permission to construct a paved: ✓ driveway / _____ sidewalk located at _____, plot 82, lot 129 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	_____	P	Residential	existing 15x13
____	Concrete Full Width	_____	____	Commercial	_____
____	Concrete Ribbon	_____	____	Relocation/Widening	_____
____	Curb Needed	_____	X	Curb Removal	3ft
			P	Concrete	Install. 18x13
			____	Bituminous Concrete	_____

Bonded Contractor: City of New Bedford **Tel:** _____

Traffic Commission: _____ Approved _____ Rejected _____ Date

N/A _____
Signature

Building Dept.

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

_____
Signature

Engineering Department _____ Approved _____ Rejected 07/20/16 Date

Manuel Sa
Signature (MS)

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: N/A

Manuel Sa
Supervising Civil Engineer

BY: Malloy Sa

_____
Property Owner

_____

Manuel Silva

From: Maria Sequeira
Sent: Thursday, June 16, 2016 9:45 AM
To: Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-16-1359 at 30 TURNER 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

30 Turner St.
Thomas Cobolan
P82
L129

* Existing 15'x13' Cement Concrete brow
~~Add~~ Curb removal (3' north side)
Install 18'x13' Cement Concrete brow

MHS 6/20/2016 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): MHT EXCAVATING

Address: PO BOX 1595

City/State/Zip: MATTAPOISETT, MA 02739 Phone #: 774-263-2943

Are you an employer? Check the appropriate box:

1. ☑ I am a employer with 3 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: AIM MUTUAL INSURANCE

Policy # or Self-ins. Lic. #: WC 1000019921201 6A Expiration Date: 3/14/2017

Job Site Address: 30 TURNER 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: Michael J. Fisher Date: 6/3/2016

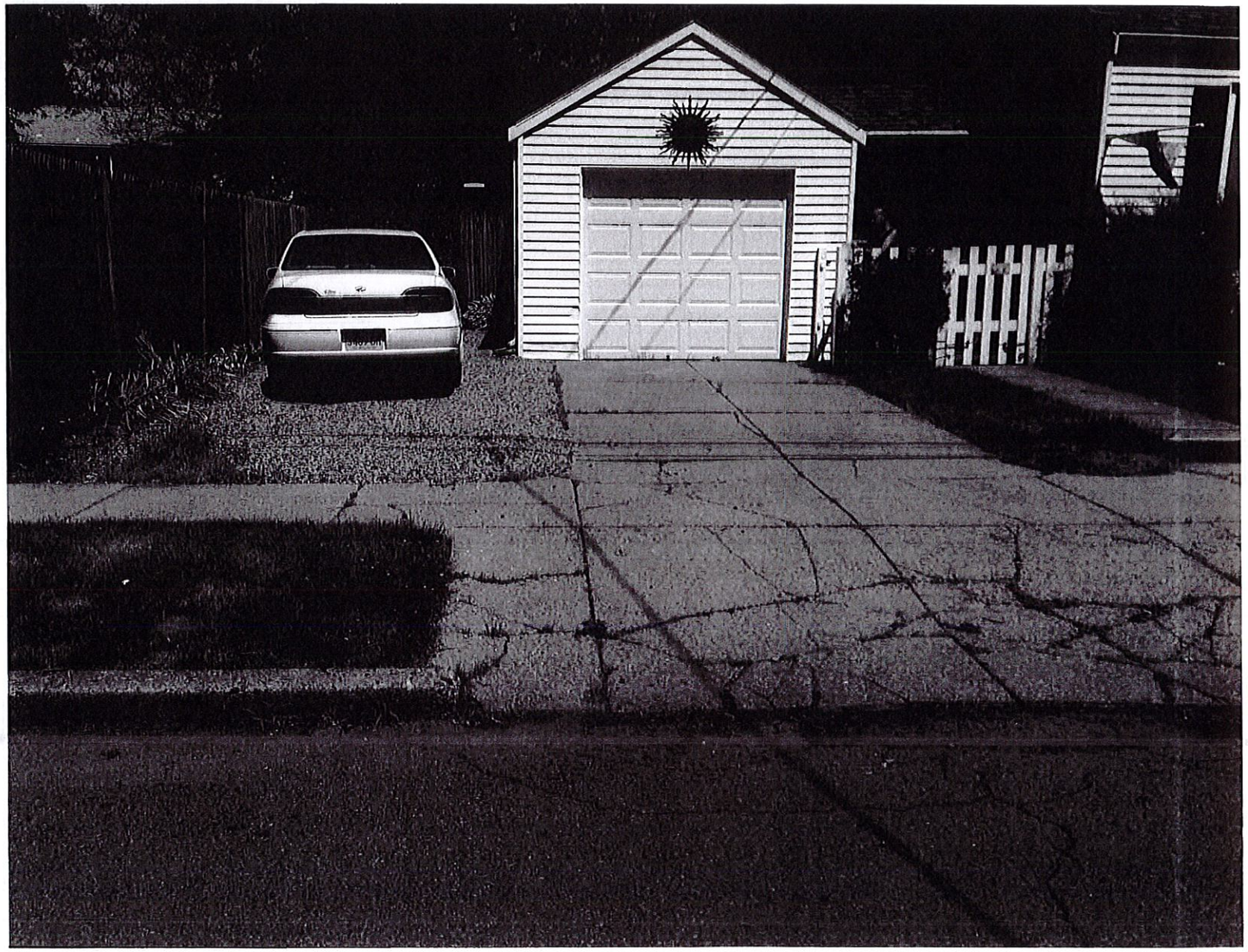
Phone #: 774-263-2943

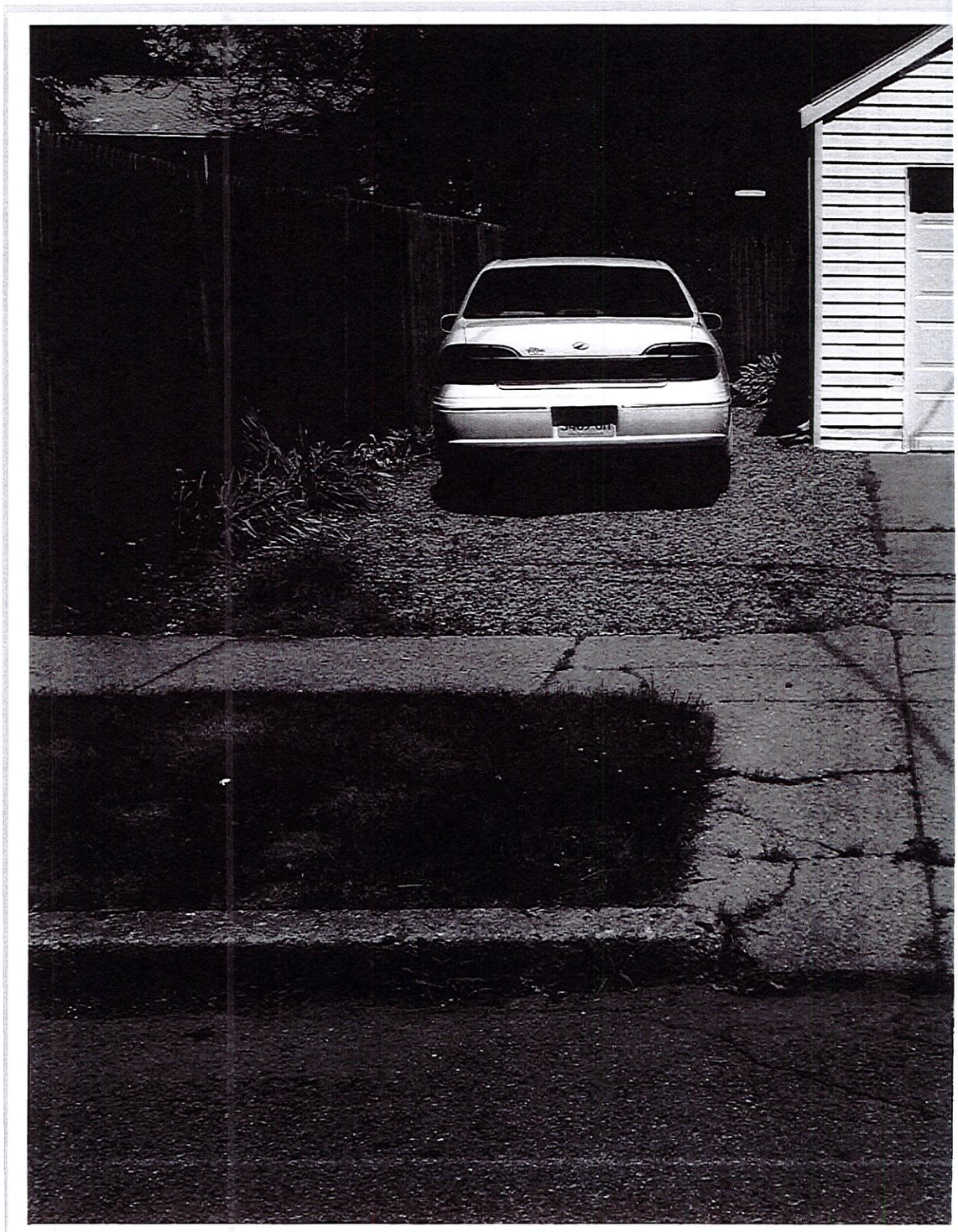
Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ **Permit/License #** _____

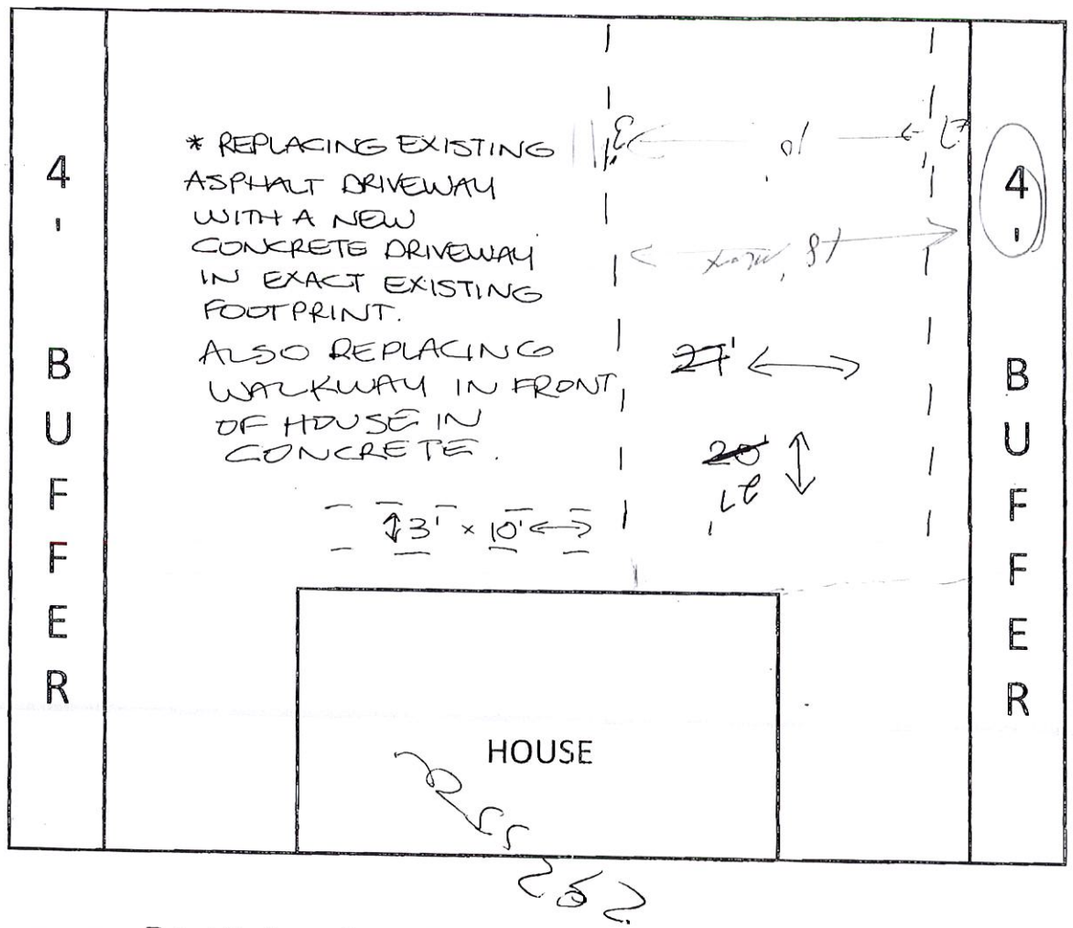
Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

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

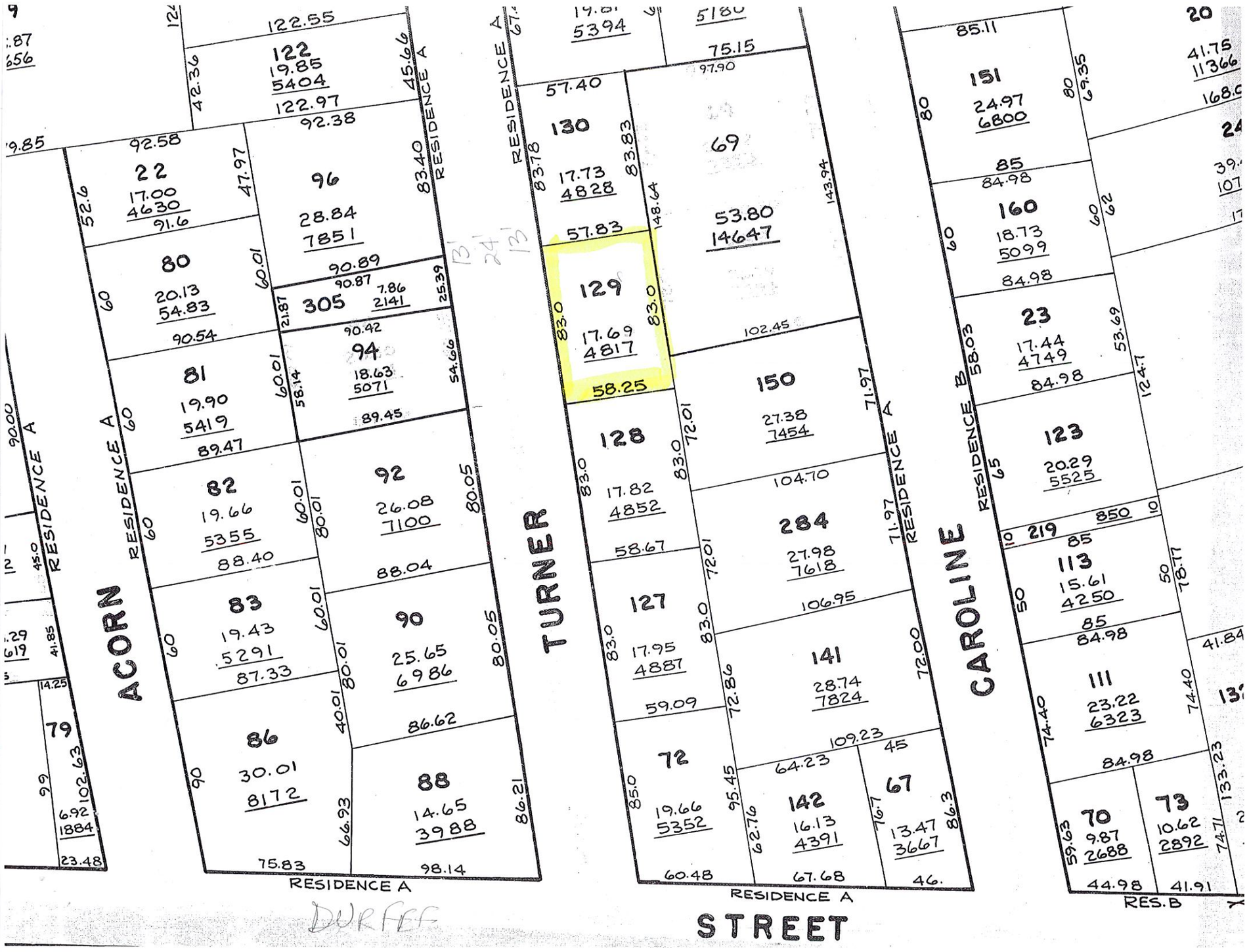




DRIVEWAY REQUIRMENT 13' MIN 18' MAX



ADDRESS: 30 TURNER ST, NEW BEDFORD MA 02740


ACORN
TURNER
CAROLINE
STREET
RESIDENCE A
RESIDENCE B
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19.85
5404
122.97
22
17.00
4630
91.6
96
28.84
7851
80
20.13
54.83
305
7.86
2141
94
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5071
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19.66
5355
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92
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2688
73
10.62
2892
DURFEE