



CITY OF NEW BEDFORD

MASSACHUSETTS

ENGINEERING - 508-979-1550

APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/DRIVEWAY

Application No. 11273

Expires: 7/28/17

Date: 7/28/16

Property Owner: Lena Graham Tel: _____

Address: 1069 Sassaguin ave new Bedford ma
street city state zip code

The above hereby requests permission to construct a paved: ☒ driveway / _____ sidewalk located at
1069 Sassaguin ave, plot 134A, lot 718 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 12x10</u>
☐ Concrete Full Width	☐	☐ Commercial	☐
☐ Concrete Ribbon	☐	☐ Relocation/Widening	☐
☐ Curb Needed	☐	☐ Curb Removal	☐
☐	☐	☐ Concrete	☐
☒	☐	☐ Bituminous Concrete	<u>Installing 18x10</u>

Bonded Contractor: Reis asphalts Tel: _____

Traffic Commission: N/A Approved _____ Rejected _____ Date _____

Building Dept. _____ Approved (New Building) _____
Approved - Bldg. Permit# B-10-1336
Rejected _____

Manuel L. Lemos
Signature

Engineering Department ☒ Approved _____ Rejected 6/20/16 Date _____
Manuel L. Lemos
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: 150.00

Manuel L. Lemos
Supervising Civil Engineer

BY: Manuel L. Lemos
Property Owner

Manuel Silva

From: Maria Sequeira
Sent: Friday, June 17, 2016 4:00 PM
To: Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-16-1336 at 1069 SASSAQUIN AVE 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

Replace exist. door

*1069 Sassaquin Ave.
Lena Graham*

P136A

L 718

** Existing 12'x10' Hot mix Asphalt brown
No Curb
Install 18'x10' Hot mix Asphalt brown
(widen 6' on East side)*

MHS

6/20/2016

DFI-ENG



City of New Bedford, Massachusetts
Building Department
Application for Plan Examination
and Building Permit

FOR BUILDING DEPT. USE

DATE RECEIVED _____
RECEIVED BY _____
ISSUED BY _____

IMPORTANT - COMPLETE ALL ITEMS - MARK BOXES WHERE APPLICABLE - PRINT

Permit No. _____
Completion Date _____

(NO. FOR BUILDING)

1069 SASSAGUIN AVE
(STREET)

BE TWEEN _____

TO BEING JOINED BY _____

AND _____

PLOT _____

LOT _____

DISTRICT _____

ACCEPTED STREET _____

II. TYPE AND COST OF BUILDING - all applicants complete parts A through D - PRINT

A. TYPE OF IMPROVEMENTS

1. ☐ New Building
2. ☐ Addition (If residential, enter number of new housing units added; if any, in Part D-14)
3. ☐ Alterations (If residential, enter number of new housing units added; if any, in Part D-14)
4. ☒ Repair replacement
5. ☐ Demolition (If residential, enter number of new units at building or Part D-14; if commercial, enter number of units at building or Part D-14)
6. ☐ Moving (indicate)
7. ☐ Foundation work

DRIVEWAY

B. CONVEYANCE

1. ☒ Private (Individual, corporation, nonprofit, etc.)
2. ☐ Public (Federal, State or local government)

C. COST

1. ☐ Cost of construction
To be retained for use in future work on above cost:
 - a. Electrical
 - b. Plumbing
 - c. Heating, air conditioning
 - d. Other (elevator, etc.)
2. ☐ TOTAL VALUE OF CONSTRUCTION
3. ☐ TOTAL ASSESSED BLDG. VALUE

3000

D. PREVIOUS USE - For demolition, mark where use

- Residential
13. ☒ One family
 14. ☒ Two or more families - (Enter number of units)
 15. ☐ Transient hotel, motel, or dormitory - Enter number of units
 16. ☐ Garage
 17. ☐ Carport
 18. ☐ Other - Specify _____
- Non-residential
19. ☐ Amusement, recreational
 20. ☐ Church, other religious
 21. ☐ Industrial
 22. ☐ Parking garage
 23. ☐ Service station, repair garage
 24. ☐ Hospital, institutional
 25. ☐ Office, bank, professional
 26. ☐ Public utility
 27. ☐ School, library, other educational
 28. ☐ Store, mercantile
 29. ☐ Tanks, towers
 30. ☐ Funeral homes
 31. ☐ Food establishments
 32. ☐ Other - Specify _____

D-2 Does this building contain asbestos?

- ☐ YES ☐ NO If yes, complete the following:
Name & Address of Asbestos Removal Firm _____

Submit copy of notification sent to DEDE and the State Dept. of Labor & Industries and results of air sample analysis after asbestos removal is completed.

D-3 Non-residential - Describe in detail proposed use of building, e.g., food processing plant, machine shop, laundry building, hospital, elementary school, secondary school, college, parochial school, parking garage for department store, retail office building, office building, industrial plant. If use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING -

For new buildings complete part I through I-7. For demolition, complete only parts G, H & I. For all others, (additions, alterations, repair, moving, relocation), complete I through I-7.

G. TYPE OF STRUCTURE DISPOSAL

43. ☒ Public or private company
44. ☐ Private (single family, etc.)

H. TYPE OF WATER SUPPLY

45. ☒ Public or private company
46. ☐ Private (well, cistern)

I. TYPE OF MECHANICAL

47. ☒ Gas
 48. ☐ Oil
 49. ☐ Electric
 50. ☐ Coal
 51. ☐ Other - Specify _____
- Is there a fire sprinkler system?
47. ☐ YES ☐ NO
- Will there be central air conditioning?
49. ☐ Yes ☐ No
- Will there be an elevator?
51. ☐ Yes ☐ No

J. DIMENSIONS

52. Number of stories
53. Height
54. Total square feet of floor area
55. Approx. based on exterior dimensions
56. Building length
57. Building width
58. Total sq. ft. of glass
59. Front lot line width
60. Rear lot line width
61. Depth of lot
62. Total sq. ft. of lot area
63. % of lot occupied by bldg. (56-62)
64. Distance from lot line (front)
65. Distance from lot line (rear)
66. Distance from lot line (left)
67. Distance from lot line (right)



CITY OF NEW BEDFORD
Jonathan F. Mitchell, Mayor

Department of Public Infrastructure

Ronald H. Labelle
Commissioner

Water
Wastewater
Highways
Engineering
Cemetery

To Whom It May Concern:

I Lena Graham (Name) 1069 SASSAQUIN AVE (Mailing Address)

Owner of property located at

1069 SASSAQUIN AVE

Plot _____, Lot _____, hereby agree to allow _____ (Name)

_____ (Mailing Address) to act on my behalf including affixing my

signature in securing permit for:

_____ Sewer/Drain Service Permits
_____ Water Service Permits
☒ Driveway Installation Permits
_____ Sidewalk Installation Permits

I further agree to conform to, and abide by, All City rules and ask regulations applicable to the permit (s) being applied for:

Name Lena W. Graham Signature
1069 Sassaquin Ave Address
6-10-16 508 9953222 Date Telephone number

1105 Shawmut Avenue, New Bedford, MA 02746 Telephone 508-999-1556 Fax 1-508-961-3054
RONALD.L@CINNEW-BEDFORD.MA.US

IX. HOMEOWNER LICENSE EXEMPTION

Supplement #1:

The current exemption for "homeowner" was extended to include owner-occupied dwellings of two units or less and to allow each homeowner to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor. (State Building Code Section 110.5)

DEFINITION OF HOMEOWNER:

Person(s) who own a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one to two family dwelling attached or detached structures accessory to such use and /or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such homeowner shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (Section 110.5)

The undersigned Homeowner assumes responsibility for compliance with the State Building Code and other applicable codes, ordinances, rules and regulations, and will comply with the City of New Bedford Building Department minimum inspection procedures and requirements.

HOMEOWNERS SIGNATURE _____

X. CONSTRUCTION DEBRIS DISPOSAL

Supplement #2

In accordance with provisions of Massachusetts General Law C40, §1A, debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by Massachusetts General Law C111, §100A

NEW BEDFORD WASTE SERVICE

The debris will be disposed of at _____

(Location of Facility)

6-13-16

Date

Signature of Permit Applicant _____

XI. HOME IMPROVEMENT CONTRACTOR LAW AFFIDAVIT

(Residential Use Only) Supplement to Permit Application

Supplement #3

MGLC 140 A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units... or to structures which are adjacent to such residence of building" be conducted by registered contractors, with certain exceptions, along with other requirements.

Type of Work: _____

Address of Work: _____

Owner Name: _____

I hereby certify that: Registration is not required for the following reason(s): _____

Work performed by law _____

Job under \$1,000 _____

Building not owner-occupied _____

Owner obtaining own permit _____

Other (specify): _____

Notice is hereby given that

OWNERS OBTAINING THEIR OWN PERMIT OR EMPLOYING UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OF GUARANTY FUND UNDER MGLC 140A.

Signed under penalties of perjury

I hereby declare a permit as the amount of the permit

6-13-16

Date

Contractor Signature

OR
Subscribed under the above notice I hereby give a permit for a permit on the name of the above property

Contractor Signature

Registration No

6-13-16
Lena A. Graham

Owner Signature

Date

XII. BUILDING COMMISSIONERS REVIEW COMMENTS AND CONDITIONS

Building Permit Requested ☐

Rejection Date _____

Fee _____

30

Reason For Rejection: _____

Permit \$ _____

Comments and Conditions: _____

Signed _____

Date _____

30

Title _____

Not valid unless signed (and stamped) by Building Commissioner

V. OTHER JURISDICTION APPROVALS AND NOTIFICATION

APPROVAL	CHECK	DATE OBTAINED	BY
Electrical			
Plumbing			
Fire Department			
Water			
Planning			
Conservation			
Public Works			
Health			
Licensing			
Other			
VI. ZONING REVIEW			
DISTRICT:	USE		
FRONTAGE:	LOT SIZE:		
SETBACKS:			
FRONT:	LEFT SIDE:	RIGHT SIDE:	REAR:
PERCENTAGE OF LOT COVERAGE PRIMARY BUILDING			
VARIANCE HISTORY			
VII. WORKER'S COMPENSATION INSURANCE AFFIDAVIT			

(licensee/patrons) with a principal place of business/residence at:

(City/State/Zip) do hereby certify, under the pains and penalties of perjury, that:

I am an employer providing worker's compensation coverage for my employees working on this job.

Paula

Insurance Company

Policy Number

I am a sole proprietor and have no one working for me.

I am a sole proprietor, general contractor, or homeowner and have hired the contractors listed below who have the following worker's compensation insurance policies:

Name of contractor

Insurance Company/policy number

Name of contractor

Insurance Company/policy number

I am a homeowner performing all the work myself.

NOTE: Please be aware that while homeowners who employ persons to do maintenance, construction or repair work on a dwelling of not more than three units in which the homeowner also resides or on the grounds appurtenant thereto are not generally considered to be employers under the Workers' Compensation Act (G.L. c. 152, sect. 1(5)), application by a homeowner for a license or permit may evidence the legal status of an employer under the Workers' Compensation Act.

I understand that a copy of this statement will be forwarded to the Department of Industrial Accidents' Office of Insurance for coverage verification and that failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties consisting of a fine of up to \$1,500.00 and/or imprisonment of up to one year and civil penalties in the form of a Stop Work Order and a fine of \$100.00 a day against me.

I sign this *K. R. R.* day of *June* 13 20 *14*

Lena A. Graham

OTHER APPLICABLE REVIEWS

K. FLOODPLAIN

Is location within flood hazard area? yes no
If yes, zone: _____ and base elevation: _____

L. WETLANDS PROTECTION

Is location subject to flooding? _____
Is location part of a known wetland? N/A
Has local conservation commission reviewed this site? _____

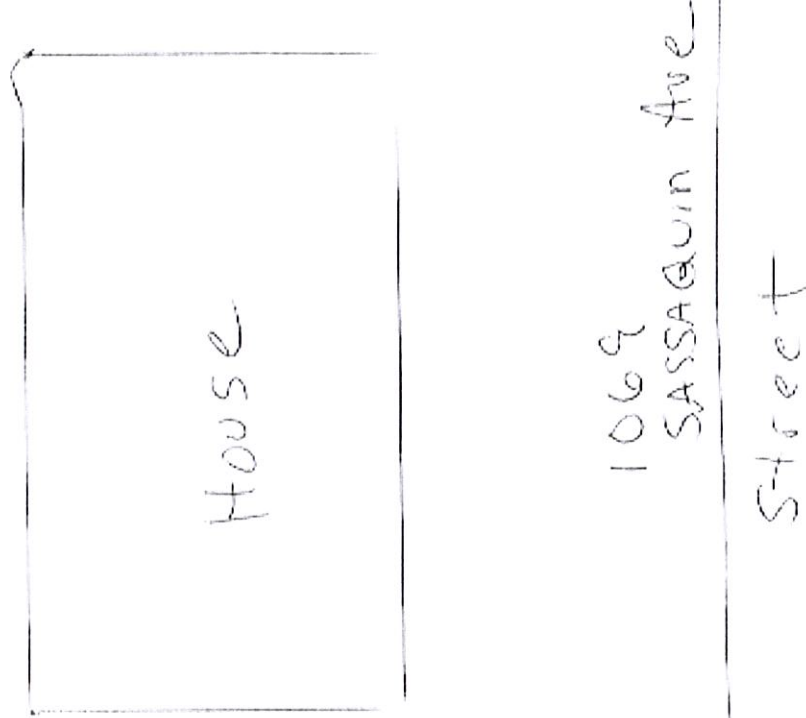
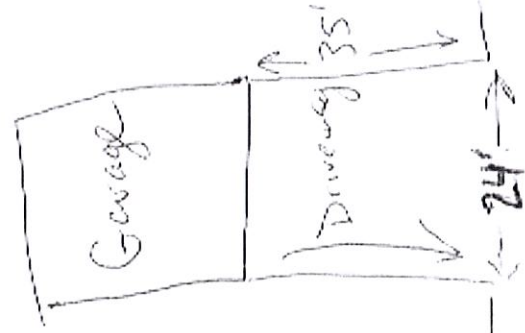
IV. IDENTIFICATION - ALL APPLICANTS - PLEASE PRINT			
OWNER OR LESSEE NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
Lena Graham	1069 Sassaguna Ave		508-995-3222
CONTRACTOR NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
REIS ASPHALT, INC	476 HIXVILLE RD. DARTMOUTH, MA		508-996-0735
ARCHITECT NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
APPLICANT SIGNATURE			DATE
X <i>Lena A. Graham</i> <i>K. Reis</i>			6-13-16

Omission of reference to any provision shall not nullify any requirement of this code nor exempt any structure from such requirement.

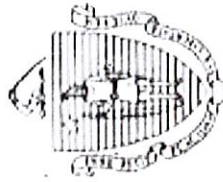
The applicant understands and warrant that they will comply with all pertinent federal and state statutes, local ordinances and all federal, state, and local regulations, including those of the Architectural Barriers Board, Department of Environmental Protection Agency and may be forwarded for review to all pertinent local city agencies which may express specific concerns. It is understood that the issuance of a permit shall not serve as an acceptance or acknowledgment of compliance nor exempt any structure from such requirement. The permit shall be a license to proceed with the work and shall not be construed as authority to violate, cancel, or set aside any of the provisions of the State Building Code or local code of ordinances, except as specifically stipulated by modification or legally granted variation in accordance with Section 122.0 of State Building Code or local code of ordinances.

I have read the above and sign under pain and penalty of perjury as to the truth of all of the information and statements contained in sections I through IV of this application.

K. Reis 476 HIXVILLE RD DARTMOUTH
Applicant's Signature Address City



1069
SASSAGUIN AVE.



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): Reis Asphalt

Address: 476 Hixville Rd

City/State/Zip: Dorchester MA phone #: 508 996 0735

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 4 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.
3. ☐ [No workers' comp. insurance required.]
4. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.]
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/lot

* 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: Priceloss wha

Policy # or Self-ins. Lic. #: 12 808 Expiration Date: 1-1-17

Job Site Address: _____ City/State/Zip: _____

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.

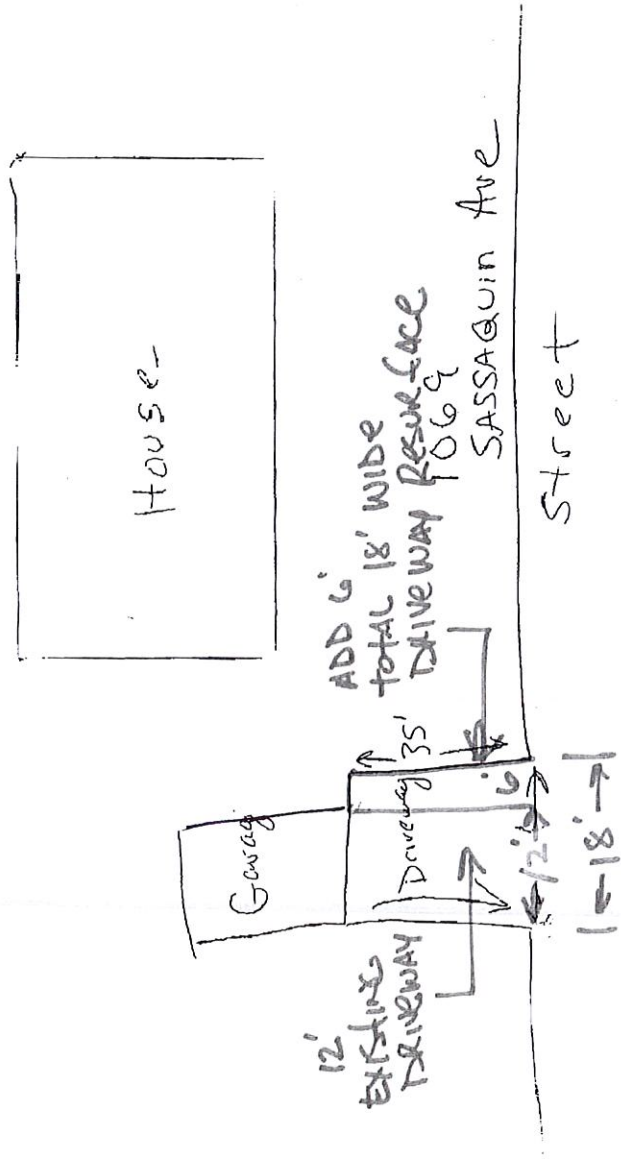
I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Derek Reis Date: 4-1-16

Phone #: 508 996 0735

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 #: _____



1794	826	3544	27.43	824	7469	823	3875	822	3837	820	3606	817	4500	816	4087	815	3474	814	3154	813	2750	812	2500	811	2500	810	156	2500	809	157	2500	808	158	2500	807	159	2500	806	160	2500	805	161	2500	804	162	2500	803	163	2500	802	164	2500	801	165	2500	800	166	2500	799	167	2500	798	168	2500	797	169	2500	796	170	2500	795	171	2500	794	172	2500	793	173	2500	792	174	2500	791	175	2500	790	176	2500	789	177	2500	788	178	2500	787	179	2500	786	180	2500	785	181	2500	784	182	2500	783	183	2500	782	184	2500	781	185	2500	780	186	2500	779	187	2500	778	188	2500	777	189	2500	776	190	2500	775	191	2500	774	192	2500	773	193	2500	772	194	2500	771	195	2500	770	196	2500	769	197	2500	768	198	2500	767	199	2500	766	200	2500	765	201	2500	764	202	2500	763	203	2500	762	204	2500	761	205	2500	760	206	2500	759	207	2500	758	208	2500	757	209	2500	756	210	2500	755	211	2500	754	212	2500	753	213	2500	752	214	2500	751	215	2500	750	216	2500	749	217	2500	748	218	2500	747	219	2500	746	220	2500	745	221	2500	744	222	2500	743	223	2500	742	224	2500	741	225	2500	740	226	2500	739	227	2500	738	228	2500	737	229	2500	736	230	2500	735	231	2500	734	232	2500	733	233	2500	732	234	2500	731	235	2500	730	236	2500	729	237	2500	728	238	2500	727	239	2500	726	240	2500	725	241	2500	724	242	2500	723	243	2500	722	244	2500	721	245	2500	720	246	2500	719	247	2500	718	248	2500	717	249	2500	716	250	2500	715	251	2500	714	252	2500	713	253	2500	712	254	2500	711	255	2500	710	256	2500	709	257	2500	708	258	2500	707	259	2500	706	260	2500	705	261	2500	704	262	2500	703	263	2500	702	264	2500	701	265	2500	700	266	2500	699	267	2500	698	268	2500	697	269	2500	696	270	2500	695	271	2500	694	272	2500	693	273	2500	692	274	2500	691	275	2500	690	276	2500	689	277	2500	688	278	2500	687	279	2500	686	280	2500	685	281	2500	684	282	2500	683	283	2500	682	284	2500	681	285	2500	680	286	2500	679	287	2500	678	288	2500	677	289	2500	676	290	2500	675	291	2500	674	292	2500	673	293	2500	672	294	2500	671	295	2500	670	296	2500	669	297	2500	668	298	2500	667	299	2500	666	300	2500	665	301	2500	664	302	2500	663	303	2500	662	304	2500	661	305	2500	660	306	2500	659	307	2500	658	308	2500	657	309	2500	656	310	2500	655	311	2500	654	312	2500	653	313	2500	652	314	2500	651	315	2500	650	316	2500	649	317	2500	648	318	2500	647	319	2500	646	320	2500	645	321	2500	644	322	2500	643	323	2500	642	324	2500	641	325	2500	640	326	2500	639	327	2500	638	328	2500	637	329	2500	636	330	2500	635	331	2500	634	332	2500	633	333	2500	632	334	2500	631	335	2500	630	336	2500	629	337	2500	628	338	2500	627	339	2500	626	340	2500	625	341	2500	624	342	2500	623	343	2500	622	344	2500	621	345	2500	620	346	2500	619	347	2500	618	348	2500	617	349	2500	616	350	2500	615	351	2500	614	352	2500	613	353	2500	612	354	2500	611	355	2500	610	356	2500	609	357	2500	608	358	2500	607	359	2500	606	360	2500	605	361	2500	604	362	2500	603	363	2500	602	364	2500	601	365	2500	600	366	2500	599	367	2500	598	368	2500	597	369	2500	596	370	2500	595	371	2500	594	372	2500	593	373	2500	592	374	2500	591	375	2500	590	376	2500	589	377	2500	588	378	2500	587	379	2500	586	380	2500	585	381	2500	584	382	2500	583	383	2500	582	384	2500	581	385	2500	580	386	2500	579	387	2500	578	388	2500	577	389	2500	576	390	2500	575	391	2500	574	392	2500	573	393	2500	572	394	2500	571	395	2500	570	396	2500	569	397	2500	568	398	2500	567	399	2500	566	400	2500	565	401	2500	564	402	2500	563	403	2500	562	404	2500	561	405	2500	560	406	2500	559	407	2500	558	408	2500	557	409	2500	556	410	2500	555	411	2500	554	412	2500	553	413	2500	552	414	2500	551	415	2500	550	416	2500	549	417	2500	548	418	2500	547	419	2500	546	420	2500	545	421	2500	544	422	2500	543	423	2500	542	424	2500	541	425	2500	540	426	2500	539	427	2500	538	428	2500	537	429	2500	536	430	2500	535	431	2500	534	432	2500	533	433	2500	532	434	2500	531	435	2500	530	436	2500	529	437	2500	528	438	2500	527	439	2500	526	440	2500	525	441	2500	524	442	2500	523	443	2500	522	444	2500	521	445	2500	520	446	2500	519	447	2500	518	448	2500	517	449	2500	516	450	2500	515	451	2500	514	452	2500	513	453	2500	512	454	2500	511	455	2500	510	456	2500	509	457	2500	508	458	2500	507	459	2500	506	460	2500	505	461	2500	504	462	2500	503	463	2500	502	464	2500	501	465	2500	500	466	2500	499	467	2500	498	468	2500	497	469	2500	496	470	2500	495	471	2500	494	472	2500	493	473	2500	492	474	2500	491	475	2500	490	476	2500	489	477	2500	488	478	2500	487	479	2500	486	480	2500	485	481	2500	484	482	2500	483	483	2500	482	484	2500	481	485	2500	480	486	2500	479	487	2500	478	488	2500	477	489	2500	476	490	2500	475	491	2500	474	492	2500	473	493	2500	472	494	2500	471	495	2500	470	496	2500	469	497	2500	468	498	2500	467	499	2500	466	500	2500	465	501	2500	464	502	2500	463	503	2500	462	504	2500	461	505	2500	460	506	2500	459	507	2500	458	508	2500	457	509	2500	456	510	2500	455	511	2500	454	512	2500	453	513	2500	452	514	2500	451	515	2500	450	516	2500	449	517	2500	448	518	2500	447	519	2500	446	520	2500	445	521	2500	444	522	2500	443	523	2500	442	524	2500	441	525	2500	440	526	2500	439	527	2500	438	528	2500	437	529	2500	436	530	2500	435	53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CITY OF NEW BEDFORD
Jonathan F. Mitchell, Mayor

Department of Public Infrastructure

Ronald H. Labelle
Commissioner

Water
Wastewater
Highways
Engineering
Cemetery

To Whom It May Concern:

I Lene Graham (Name) 1069 Sassaquin Ave (Mailing Address)

Owner of property located at

1069 Sassaquin Ave

Plot 136A, Lot 718, hereby agree to allow heirs asphalt (Name)

_____ to act on my behalf including affixing my
(Mailing Address)

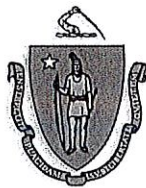
signature in securing permit for:

_____ Sewer/Drain Service Permits
_____ Water Service Permits
_____ ☒ Driveway Installation Permits
_____ Sidewalk Installation Permits

I further agree to conform to, and abide by, All City rules and ask regulations applicable to the permit (s) being applied for:

Name Lene W. Graham Signature
1069 Sassaquin Ave Address
6-10-16 508 9953222
Date Telephone number

1105 Shawmut Avenue, New Bedford, MA 02746 Telephone 508-979-1556 Fax 1-508-961-3054
RONALDL@CINNEW-BEDFORD.MA.US



Commonwealth of Massachusetts

CITY OF NEW BEDFORD

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



BUILDING PERMIT

7/28/2016

No. B-16-1336

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 KRISTAL Reis

Contractor Lic. # 105097

ParcelID **136A-718**

owner/contractor has permission to: Driveways - 30.00

on: 1069 SASSAQUIN AVE

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.

: Construct driveway as per plans submitted, corrected and returned to contractor via attachment to the permit e-mail

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**

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

Building Commissioner

Plan Review Comments: : Manuel H. Silva : Existing 12'x10' Hot Mix Asphalt brow; No curb; Install 18'x10' Hot Mix Asphalt brow (Widen 6' on East side)



CITY OF NEW BEDFORD

MASSACHUSETTS

APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/DRIVEWAY

ENGINEERING - 508-979-1550

Application No. 11273

Expires: 7/28/17

Date: 7/28/10

Property Owner: Lena Graham Tel: _____

Address: 1069 Sassagwin ave New Bedford MA
street city state zip code

The above hereby requests permission to construct a paved: ☒ driveway / _____ sidewalk located at
1069 Sassagwin ave, plot 136A, lot 718 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 10</u>
☐ Concrete Full Width	_____	☐ Commercial	_____
☐ Concrete Ribbon	_____	☐ Relocation/Widening	_____
☐ Curb Needed	_____	☐ Curb Removal	_____
	_____	☐ Concrete	_____
	_____	☒ Bituminous Concrete	<u>Installing 18 x 10</u>

Bonded Contractor: Reis Asphalts Tel: _____

Traffic Commission: N/A Approved _____ Rejected _____ Date _____

Building Dept. _____ Signature _____
Approved (New Building) _____
☒ Approved - Bldg. Permit# B-110-1336
_____ Rejected _____

Manuel Le
Signature

Engineering Department ☒ Approved _____ Rejected 6/20/16 Date _____
Manuel Le Signature (MD)

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: 150.00

Manuel Le
Supervising Civil Engineer

Property Owner

BY: Manuel Le

Manuel Le

Manuel Silva

From: Maria Sequeira
Sent: Friday, June 17, 2016 4:00 PM
To: Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-16-1336 at 1069 SASSAQUIN AVE 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

Replace exist. door

1069 Sassaquin Ave.
Lena Graham
P136A
L718

* Existing 12'x10' Hot mix Asphalt brow
No Curb 18'x10' Hot mix Asphalt brow
Install (widen 6' on East side)

MRS

6/20/2016

DFI-ENG

MHS 6/20/2016
Guest. 12' x 10' Hot mix Asphalt brown
No Curb
Install 18' x 10' Hot mix Asphalt brown
(widen 6' on East side)

