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

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY

Expires: 8/8/2017

Application No. 11274 Date: 8/8/2016

Property Owner: Jon Ruel Tel:

Address: 32 Hillman Street New Bedford MA
street city state zip code

The above hereby requests permission to construct a paved: ✓ driveway / ✓ sidewalk located at 32 Hillman Street, plot 59, lot 209 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	existing 20'x6'
X	Concrete Full Width	existing 53'x5.5' ~~Install~~ 53'x5.5'	X	Commercial	existing 24'x6'
___	Concrete Ribbon		___	Relocation/Widening	
___	Curb Needed		___	Curb Removal	
			X	Concrete	Install 24'x6'
			___	Bituminous Concrete	Install 20'x6'

Bonded Contractor: Fairhaven Excavating **Tel:**

Traffic Commission: ___ Approved ___ Rejected ___ Date

NHA
Signature

Building Dept.
___ Approved (New Building)
X Approved - Bldg. Permit# B-16-1671
___ Rejected

Danny Romanowicz
Signature

INSP. - 8/31/16 - RB

Engineering Department X Approved ___ Rejected 7/21/16 Date

Manuel Sa (MS)
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 Sa
Supervising Civil Engineer

BY: Mallory Sa

Property Owner

Manuel Silva

From: Malissa Rosanina
Sent: Wednesday, July 20, 2016 9:08 AM
To: Manuel Silva; Ana S. Rosa; Donna M. Amado; Robert L. Carreiro
Subject: Permit/Application: TB-16-1671 at 32 HILLMAN ST for Driveways - 30.00

Best,

Malissa Rosanina

Inspectional Services Rm 308
133 William Street New Bedford, Ma 02740
508-979-1540 Ext 67222

Resurface Parking Lot/Sidewalks

32 Hillman St.
Jon Ruel
P59
L 209

* Existing 24'x6' Cement Concrete brow
Existing 20'x6' Cement Concrete brow
Existing 53'x5.5' Cement Concrete Sidewalk
No Curb removal
Install 24'x6' Cement Concrete brow
Install 20'x6' Cement Concrete brow
Install 53'x5.5' Cement Concrete Sidewalk

MHS 7/21/2016 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): Fairhaven Excavating

Address: 15 Oliver St.

City/State/Zip: Fairhaven MA Phone #: 508-999-6749

Are you an employer? Check the appropriate box:

1. [X] I am a employer with 5 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. [X] Other _____

*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. See attached

Insurance Company Name: ~~Cmp915196o~~ Merchants Ins. Group / American Zurich Ins.

Policy # or Self-ins. Lic. #: Cmp9151960 / 622UB9989 Expiration Date: 8/1/16 / 10/18/16

Job Site Address: 32 Hillman St. N.B. 02915 City/State/Zip: 02745

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: [signature] Date: 7/19/16

Phone #: 508-999-6749

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 #:** _____

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 Jon Ruel (Name) 32 Hillman Street (Mailing Address) **, being**

Owner of property located at

_____

Plot _____ **, Lot** _____ **, hereby agree to allow** Fairhaven Excavating + Ace Asphalt (Name)

15 Oliver St (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 Jon Ruel (Signature)

32 Hillman Street New Bedford, MA (Address)

July 15, 2016 (Date) 508-496-8177 (Telephone number)

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

Hillman St

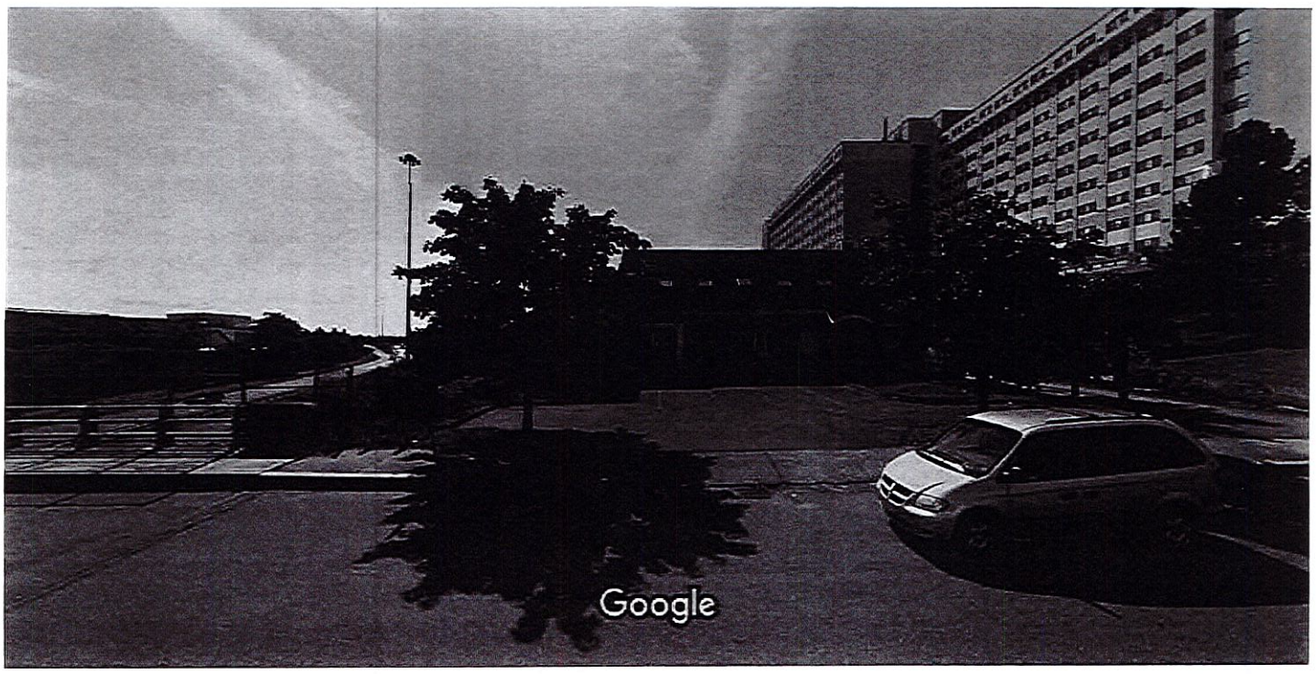
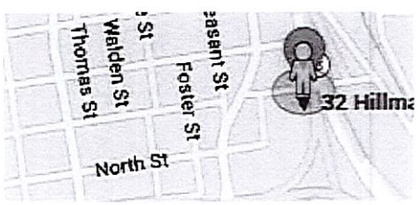


Image capture: Sep 2012 © 2016 Google

New Bedford, Massachusetts

Street View - Sep 2012



Emailed
Melissa.

Remove + Replace
Concrete Sidewalk

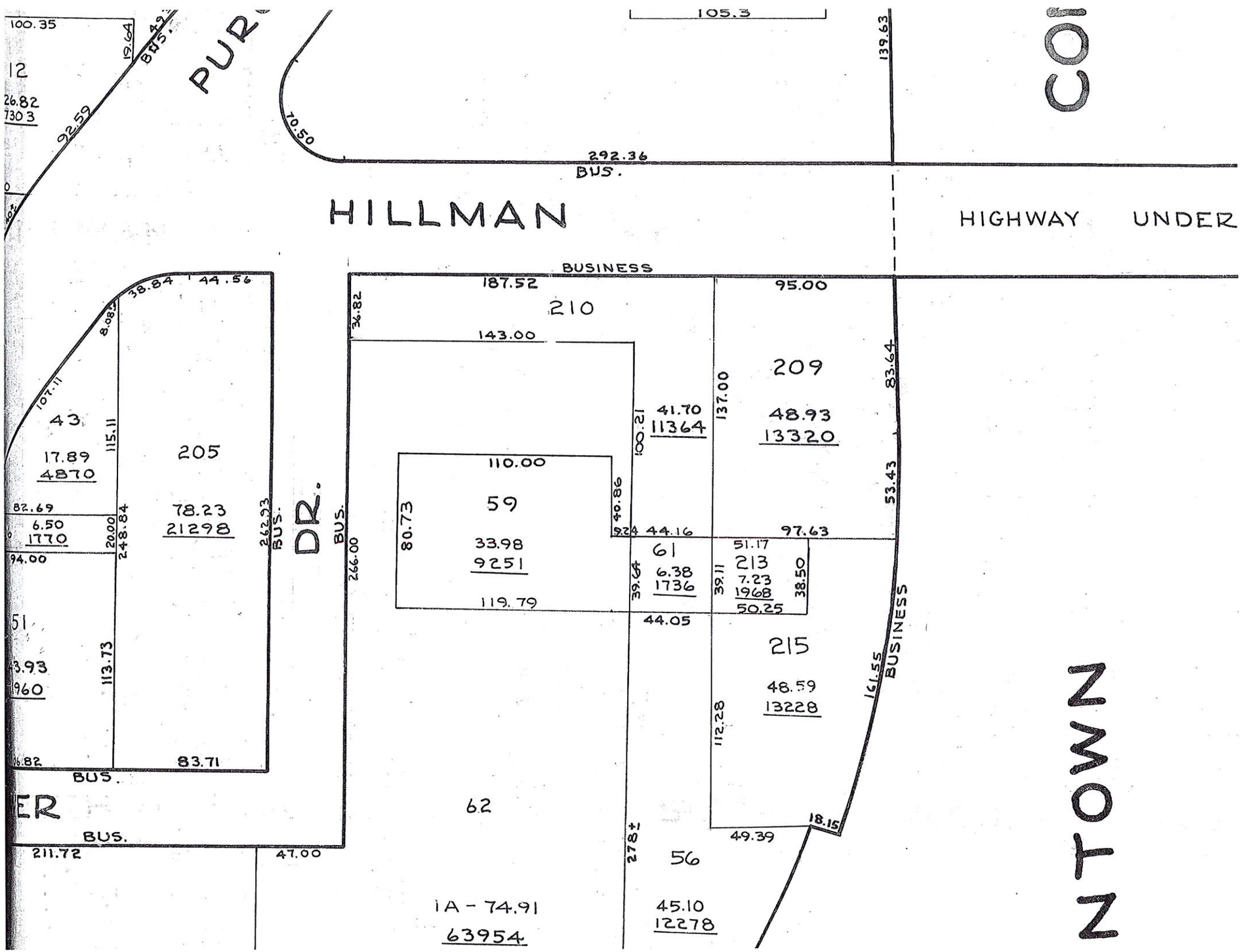
Remove
+
Replace
Concrete
Sidewalk

24'x6'

Existing
Asphalt Pkg

Office
Bldg

Roadway


100.35
19.64
BUS.
12
26.82
730 3
92.59
105.3
139.63
70.50
292.36
BUS.
HILLMAN
HIGHWAY UNDER
BUSINESS
187.52
95.00
210
36.82
143.00
209
137.00
83.64
41.70
11364
48.93
13320
100.21
110.00
59
33.98
9251
80.73
40.86
44.16
97.63
53.43
61
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1736
51.17
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7.23
1968
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38.50
39.64
39.11
119.79
44.05
215
48.59
13228
112.28
161.55
BUSINESS
49.39
18.15
278±
56
45.10
12278
62
1A - 74.91
63954
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8.08
107.11
43
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4870
115.11
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78.23
21298
82.69
6.50
1770
20.00
248.84
94.00
262.93
BUS.
DR.
BUS.
266.00
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43.93
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106.82
83.71
BUS.
BUS.
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PUR
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CO