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

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY

Expires: 8/29/17

Application No. 11,280 Date: 8/29/16

Property Owner: Norberto Moniz Tel: (508) 994-6799

Address: 36 Rogers St (street) NB (city) MA (state) 02740 (zip code)

The above hereby requests permission to construct a paved: _____ driveway / _____ sidewalk located at 36 Rogers St., plot 55, lot 187 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	
____	Concrete Full Width		____	Commercial	
____	Concrete Ribbon		____	Relocation/Widening	
____	Curb Needed		____	Curb Removal	
			✓	Concrete	Install 18' x 5'
			____	Bituminous Concrete	

Bonded Contractor: Reis Asphalt **Tel:** _____

Traffic Commission: _____ Approved _____ Rejected _____ Date

_____
Signature

Building Dept.

✓ Approved (New Building)
✓ Approved - Bldg. Permit# B-16-1635
_____ Rejected

Danny Tavares (B.I.)
Signature

INSPECTED 10/4/16 (RB)

Engineering Department ✓ Approved _____ Rejected 7/20/16 Date

Manuel Silva (C.T.)
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 H Silva
Supervising Civil Engineer

BY: Chavelli Torres

_____
Property Owner

Tony Tavares

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 Moniz (Name) 36 Rogers St (Mailing Address), being

Owner of property located at

36 Rogers St

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 ★ Lourdes Moniz
Signature

36 Rogers St
Address

8-29-16
Date

Telephone number

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

Manuel Silva

From: Maria Sequeira
Sent: Monday, July 18, 2016 10:13 AM
To: Manuel Silva; Ana S. Rosa; Donna M. Amado; Carl Bizarro
Subject: Permit/Application: TB-16-1635 at 36 ROGERS 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 drive

36 Rogers St.
Norberto Moniz

P55
L187

* No Curb
Install 18'x8' Cement Concrete Brow

MHS 7/20/2016 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): 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. [x] I am a employer with _____ 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 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. #: RZWC597920 Expiration Date: May 2017

Job Site Address: 36 Rogers St. 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: [signature] Date: July 8, 2016

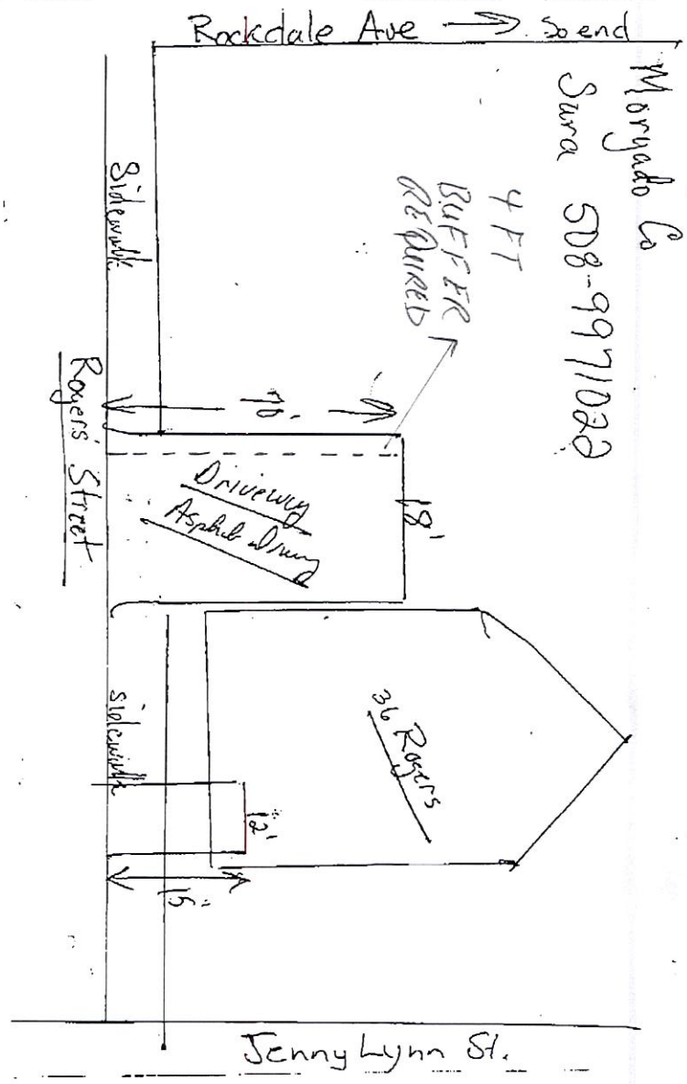
Phone #: 508-997-1022

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 #:** _____


Rockdale Ave → Send
Morgado Co
Sara 508-997-1082
4 FT
BUFFER
REQUIRED
Sidewalk
Rogers Street
10'
Driveway
Asphalt Drive
18'
Sidewalk
36 Rogers St
12'
15'
Jenny Lynn St.

36 Rogers St

62

ROGERS STRE

MILTON STREE

ST. STREET

RES.B.

195	196	197	198	200	202	203
58.55	50	50	100	100	50	100
11.78	9.61	9.76	19.98	20.59	10.53	21.50
3207	2616	2657	5439	5605	2865	5654
65.45	50	50	100	100	50	100

12	13	14	185	186	187	188	190
65	50.17	50.17	50.17	50.17	50.17	50.17	100.34
14.48	11.08	11.35	11.62	11.89	12.16	12.43	21.78
3942	3016	3090	3163	3237	3310	3384	5930
68.05	50.04	50.04	50.04	50.04	50.04	50.04	

215	194	3	4	5	6	7	8	9	10
38.09	40	40							
8.530	9.03	9.33	11.97	12.39	12.81	13.24	13.66	17.97	14.54
2323	2459	2540	3259	3373	3487	3604	3719	4891	3958
41.05	40	40	50	50	50	50	50	50	50

36	205	38	39	40	41	42	225	224
86.3	45	43.12	43.12	43.12	43.12	25	62	48	50
16.93	17.56	11.42	11.42	11.59	11.77	20.50	15.87	15.61
4609	4781	3109	3109	3155	3204	5580	4320	4250
86.32		45	43.3	43.3	43.3	62	48	50

206	207	208
50	50	42.5
15.85	24.13	20.52
4315	6569	5586
86.35	131.40	131.46

179	181
100.0	
23.88	25.33
6500	6900
100	

57

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-16-1635**

MSBC Sect. 110.14 - Any permit issued shall be deemed abandoned and invalid unless the work authorized by it shall have been commeced within six (6) months after its issuance.

FEE PAID: **$30.00**

ParcelID **55-187**

This certifies that KRISTAL REIS **Contractor Lic. #** 105097

owner/contractor has permission to: Driveways - 30.00

on: 36 ROGERS ST

Providing that the person accepting this permit shall in every respect confrom to the terms of application therefore on file in this office; to the provisions of the statute of the Comonwealth adn to the by-laws of the City of New Bedford relating to the inspection, erection, enlarging, altering, raising, moving, reparing, 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 adviced to contact that agency and resolve this matter. Department.Commission: _____	: Install a new driveway with a 4 foot buffer 14' driveway and a 4 foot buffer as per plans returned to owner and contractor

YOUR AREA INSPECTOR IS: **Carl Bizarro** 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

Danny O. Romanowicz

Building Commissioner

Plan Review Comments: : Manuel H. Silva - DPI : No curb; Install 18'x8' Cement Concrete brow.

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