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

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY

Expires: 9/7/17

Application No. 11284 Date: 9/7/16

Property Owner: Maciej PRZybySZ Tel:

Address: 846 Chaffee st. New Bedford MA
street city state zip code

The above hereby requests permission to construct a paved: ✓ driveway / _____ sidewalk located at ~~846~~ 867 Chaffee St NB, MA, plot 130A, lot 778 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 2 @ x 13'
____	Concrete Full Width		____	Commercial	
____	Concrete Ribbon		____	Relocation/Widening	
____	Curb Needed		____	Curb Removal	
			____	Concrete	
			Y	Bituminous Concrete	Install 2 @ x 13'

Bonded Contractor: Reis asphalt **Tel:**

Traffic Commission: _____ Approved _____ Rejected _____ Date

N/A
Signature

Building Dept.

_____ Approved (New Building)
Y Approved - Bldg. Permit# B-16-1465
_____ Rejected

Danny Domowicz
Signature

INSPECTED – 9/28/16 - (RB)

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

Manuel Sucre (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 Sucre
Supervising Civil Engineer

BY: Mallory Sa

Property Owner

Manuel Silva

From: Maria Sequeira
Sent: Monday, July 25, 2016 11:01 AM
To: Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-16-1665 at 867 CHAFFEE 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

remove + resurface exist. drive

867 Chaffee St.
Maciej Przybysz
P130A
L778

* Existing 26' x 13' Hot mix Asphalt brow
No curb removal
Install 26' x 13' Hot mix Asphalt brow

MHS 7/26/2016 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): Reis Asphalt

Address: 476 Hixville Rd

City/State/Zip: Dartmouth MA Phone #: 5089960735

Are you an employer? Check the appropriate box:

1. ☑ I am a employer with 4 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/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: Peerless Ins.

Policy # or Self-ins. Lic. #: 12808 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.

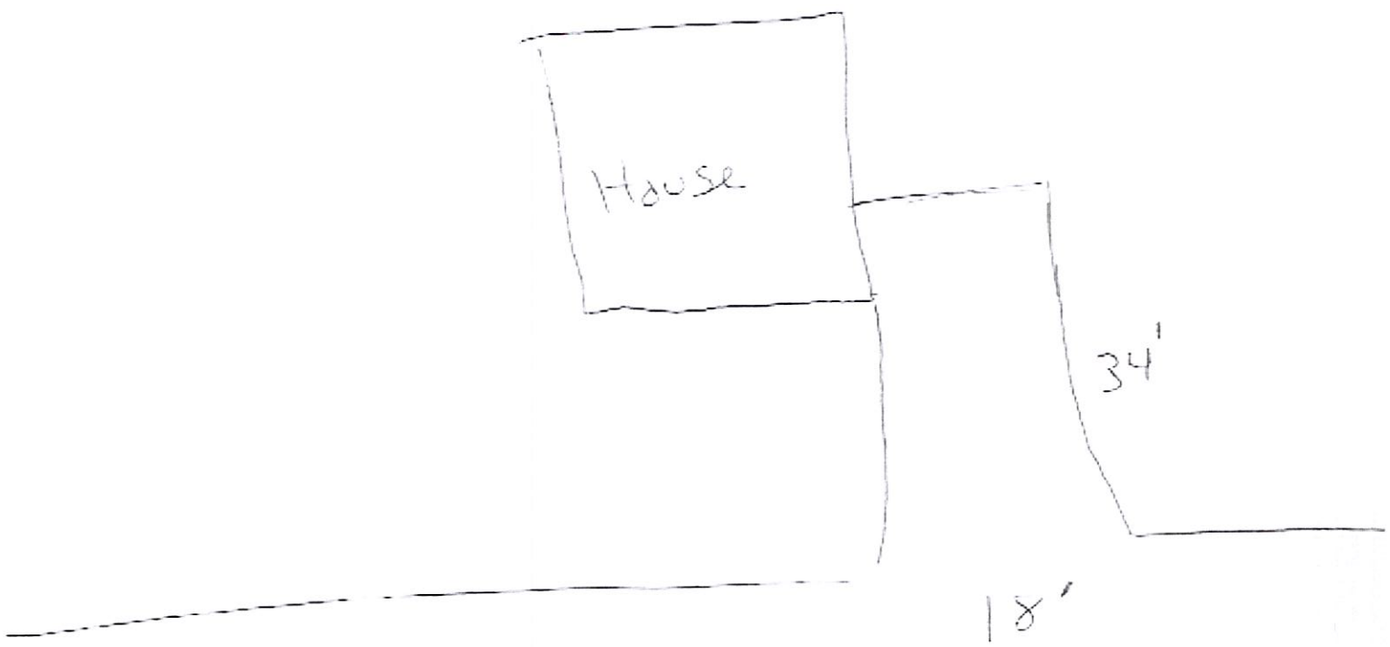
I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Derek Reis Date: 4-1-16

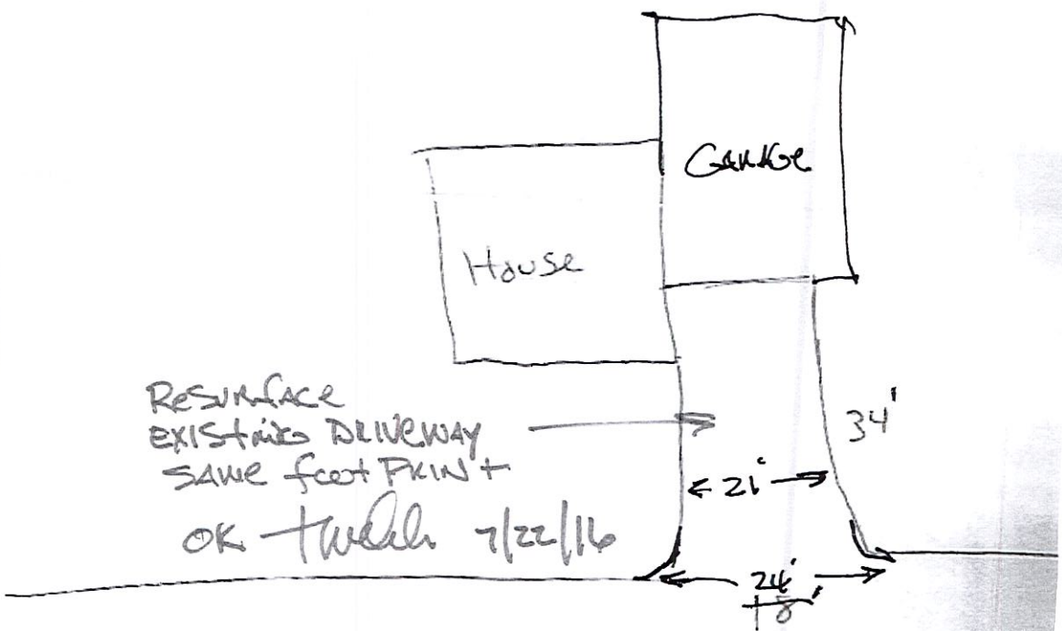
Phone #: 5089960735

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

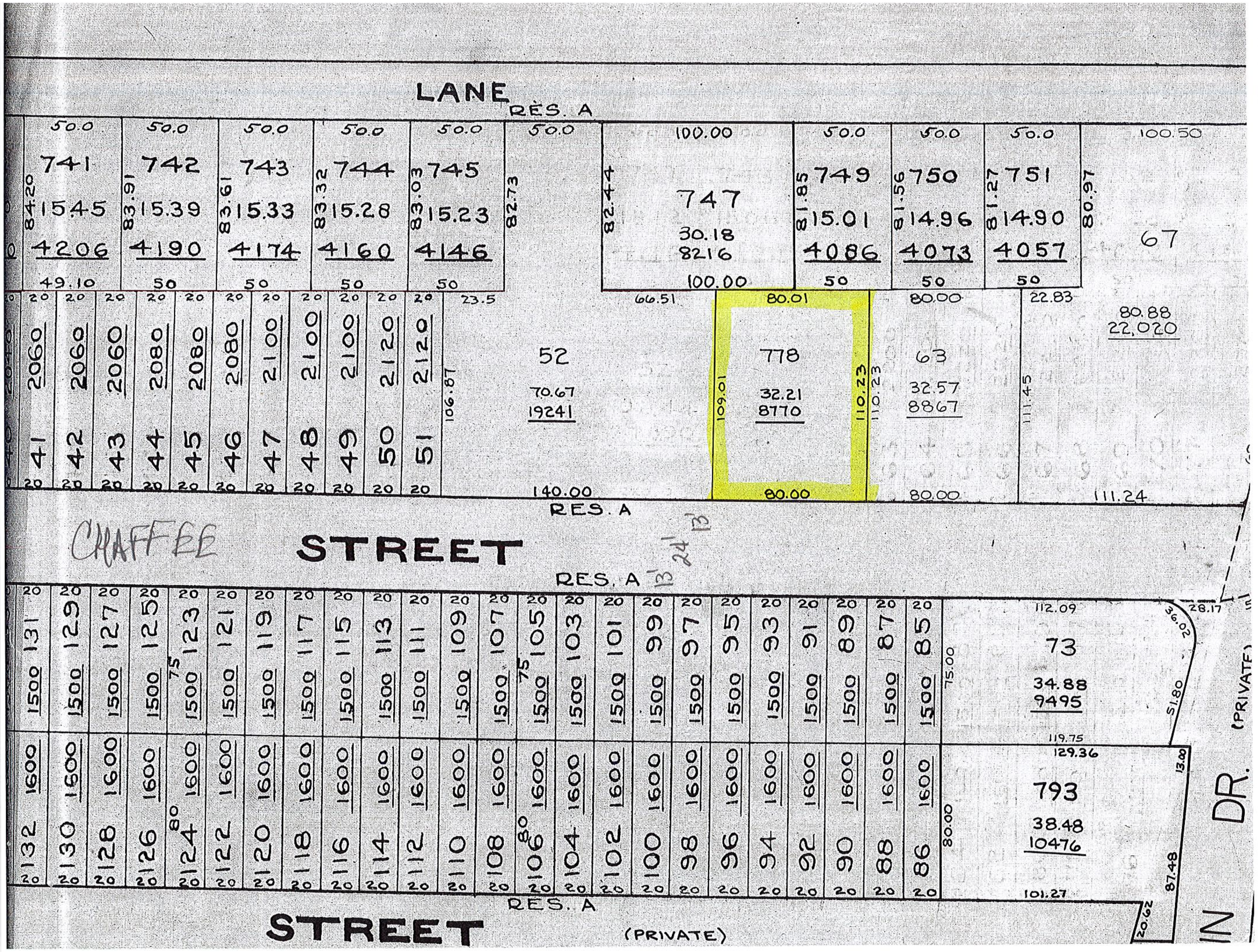
City or Town: _____ Permit/License # _____



867 Chaffee St



867 Chaffee St


LANE
RES. A
741
15.45
4206
742
15.39
4190
743
15.33
4174
744
15.28
4160
745
15.23
4146
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30.18
8216
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15.01
4086
750
14.96
4073
751
14.90
4057
67
100.00
100.50
52
70.67
19241
778
32.21
8770
63
32.57
8867
80.88
22,020
140.00
80.01
80.00
111.24
CHAFFEE
STREET
RES. A
73
34.88
9495
793
38.48
10476
(PRIVATE)
DR.
STREET
(PRIVATE)
RES. A

Commonwealth of Massachusetts

CITY OF NEW BEDFORD

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

BUILDING PERMIT

No. B-16-1665

8/30/2016

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 **130A-778**

This certifies that Kristal Reis **Contractor Lic. #** 105097

owner/contractor has permission to: Driveways - 30.00

on: 867 CHAFFEE 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:	: remove and replace existing driveway

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

Danny O. Pomponio

Building Commissioner

Plan Review Comments: :

: Manuel H. Silva - DPI : Existing 26'x13' Hot Mix Asphalt brow; No curb removal; Install 26'x13' Hot Mix Asphalt brow.

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 Maciej Przybysz, being
(Name) (Mailing Address)

Owner of property located at
867 Chaffee St

Plot_____, Lot_____, hereby agree to allow REIS ASPHALT, INC
(Name)
476 HIXVILLE ROAD, DARTMOUTH
(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 X _____
Signature

867 Chaffee St
Address

9-7-16
Date Telephone number

NOTE FROM REIS ASPHALT:
THIS PERMIT IS FOR THE ENTRANCE OF THE DRIVEWAY AND THE CUSTOMERS PERMIT FEE IS $150, WHICH WE ADD TO THE FINAL PRICE OF THE DRIVEWAY IS WE DO NOT RECEIVE THE CHECK FOR THE CITY BEFOREHAND

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