



CITY OF NEW BEDFORD

MASSACHUSETTS

APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/DRIVEWAY

ENGINEERING - 508-979-1550

Application No. 11292

Expires: 9/28/10

Date: 9/28/10

Property Owner: Thomas Abreu

Tel: _____

Address: 154/150 Birch St New Bedford MA 02740
street city state zip code

The above hereby requests permission to construct a paved: ☒ driveway / _____ sidewalk located at
154/150 Birch St NB MA, plot 10, lot 89 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 18' x 13'</u>
☐ Concrete Full Width	_____	☐ Commercial	_____
☐ Concrete Ribbon	_____	☐ Relocation/Widening	_____
☐ Curb Needed	_____	☐ Curb Removal	_____
	_____	☐ Concrete	_____
	_____	☒ Bituminous Concrete	<u>Install 18' x 13'</u>

Move 3ft granite curb from west side to east side of driveway
Bonded Contractor: able asphalt Tel: _____

Traffic Commission: _____ Approved _____ Rejected _____ Date _____

N/A

Signature _____

Building Dept.

☒ Approved (New Building)

☒ Approved - Bldg. Permit# B-16-1712

_____ Rejected _____

Danny Romanowicz
Signature _____

Engineering Department

☒ Approved _____ Rejected _____ Date _____

Manuel H. Silva (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 receipt: 68826

Manuel H. Silva
Supervising Civil Engineer
Deputy Commissioner
BY: Malory S. Lee

Property Owner
[Signature]

Manuel Silva

From: Maria Sequeira
Sent: Monday, July 25, 2016 10:27 AM
To: Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-16-1712 at 154 BIRCH 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 Sequeira
Department of Inspectional Services

resurface driveway

154 Birch St.

Thomas Abreu

P10

L89

* Existing 18'x13' Hot mix Asphalt brow
~~Manuel Silva~~
Install 18'x13' Hot mix Asphalt brow

* Move 3' Granite curbs from west to
East side of driveway

MRS

7/26/2016

DPI - EWB



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): Murgado 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. ☒ I am an 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. ☒ 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 attach an additional sheet showing the name of the sub-contractors and state whether or not these 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. #: R2WC597920 Expiration Date: May 2017

Job Site Address: 154 Birch 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: Annie Murgado

Date: July 21, 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):

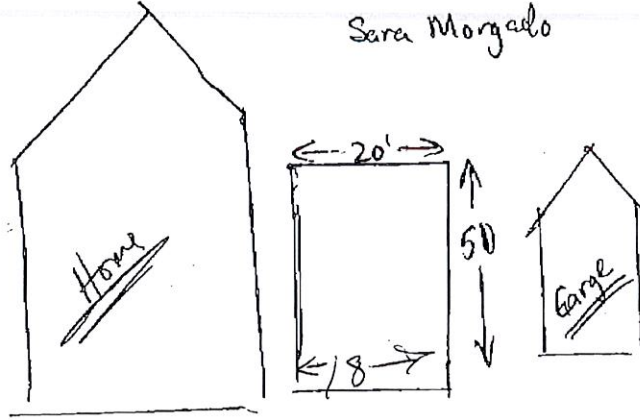
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____

Phone #: _____

Morgado Co
508-9971022
Sara Morgado

OK
CARL



154 Birch St

BROCK

AVE

BUS. 80'		RES. B.	
0.31	44.41	19.83	5400
209	18	5400	5400
42.76	17.50	92.5	24.85
19	4764	92.5	6766
109.76	114.5	92.5	12.83
42.76	16.77	92.5	3402
20	4566	92.5	
105.04	109.76	92.5	
42.76	16.03	92.5	
24	4364	92.5	
42.76	100.31	92.5	
83	4163	92.5	
42.76	15.29	92.5	
88	4753	92.5	
51.62	17.46	92.5	
89.87	4753	92.5	

BUS. 80'		RES. B.	
45.16	15.52	45	94.69
107	4225	45	12.64
92	3441	45	12.64
45.16	95.79	45	126
41.14	14.69	41	125
123	4000	41	129
99.23	14.45	41	13.80
94.23	3934	41	3757
41.14	122	41	92.54
97.67	14.97	41	15.47
101.11	4076	41	4212
45.16	101.11	45	15.47

BIRCH ST

ST.

FERN

RES. B.		RES. B.	
06	22.04	100.35	204
42.55	12.84	50.17	4897
102	3496	50.17	17.99
78.82	78.83	50.17	99.96
87	78.83	50.17	203
42.55	13.90	50.17	95.94
101	3784	50.17	116.88
92.4	85.62	50.17	30.44
42.55	14.96	50.17	8286
100	4073	50.17	149
99.2	92.4	50.17	108.74
42.55	16.02	50.17	105.0
99	4361	50.17	6030
42.55	105.98	50.17	22.15
98	5644	50.17	219
51.34	20.73	50.17	96.0
114.18	51.34	50.17	5744
8.55	2328	50.17	21.10
199	2328	50.17	205
109.88	118.65	50.17	95.45
142	4704	50.17	104.22
39.62	17.28	50.17	6307
141	4647	50.17	138
42	110.37	50.17	23.17
42	17.07	50.17	106
140	4674	50.17	8.04
42	110.98	50.17	2190
42	17.17	50.17	107.21
145	4681	50.17	15.86
41.46	17.19	50.17	4318
145	4681	50.17	108.69
41.46	112.3	50.17	32.37
41.46	17.42	50.17	8814
41.46	4742	50.17	59
41.46	112.3	50.17	111.67



Commonwealth of Massachusetts

CITY OF NEW BEDFORD

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



BUILDING PERMIT

9/22/2016

No. B-16-1712

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 Able Asphalt

Contractor Lic. # _____

ParcelID 10-89

owner/contractor has permission to: Driveways - 30.00

on: 154 BIRCH ST

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

The following department/commission has expressed concern about the issuance of this permit. You are advised to contact that agency and resolve this matter.

Department/Commission: _____

BUILDING DEPARTMENT COMMENTS

: resurface driveway as per plan submitted

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

Building Commissioner

Plan Review Comments: : Manuel H. Silva - DPI : Existing 18'x13' Hot Mix Asphalt brow; Move 3' of granite curb from west to east side of driveway; Install 18'x13' Hot Mix Asphalt brow.



**CITY OF NEW BEDFORD
MASSACHUSETTS**
Engineering Department, Rm. 303
133 William Street
New Bedford, Ma. 02740
Tel: 508-979-1527
Fax: 508-961-3043

Duarte M. Andrade,
Acting City Engineer

To Whom It May Concern:

I Thomas Abreu 154 Birch St., being
(Name) (Mailing Address)
Owner of property located at 154 Birch St.
Plot 10, Lot 89, hereby agree to allow Able Asphalt, Inc.
(Name)
128 Woodcock Rd. 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 Duarte M. Andrade
Signature
154 Birch St.
Address
9/20/10 508 9939875
Date Telephone number



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ENGINEERING - 508-979-1550

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_____ Curb Needed	_____	_____ Curb Removal	_____
	_____	_____ Concrete	_____
	_____	☒ Bituminous Concrete	<u>Install</u>
<u>Move 3ft granite curb from west side to east side of Driveway</u>			
Bonded Contractor: <u>able asphalt</u> Tel: _____			

Traffic Commission: _____ Approved _____ Rejected _____ Date _____

N/A

Signature _____

Building Dept.

_____ Approved (New Building)
☒ Approved - Bldg. Permit# B-10-1712
_____ Rejected

Danny Romanowicz
Signature

Engineering Department ☒ Approved _____ Rejected _____ Date _____

Manuel H. Silva (MS)
Signature

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Supervising Civil Engineer
Deputy Commissioner
BY: Malcolm S. Lee

Property Owner
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L89

* Existing 18' x 13' Hot mix Asphalt brow
manhole removed
Install 18' x 13' Hot mix Asphalt brow

* move 3' granite curb from west to
East side of driveway

MRS

7/26/2016

PT-ENG



7/26/2014
 13' x 13' lot was replant grow
 18' x 13' lot was replant grow
 No curb between
 18' x 13' lot was replant grow
 18' x 13' lot was replant grow