

CITY OF NEW BEDFORD

MASSACHUSETTS

APPLICATION FOR
CONSTRUCTION OF

PAVED
SIDEWALK/DRIVEWAY

ENGINEERING - 508-979-1550

Application No. 11293

Expires: 9/28/17

Date: 9/28/10

Property Owner: Terceira Construction Tel: _____

Address: 31 Bradford St New Bedford MA
street city state zip code

The above hereby requests permission to construct a paved: ✓ driveway / _____ sidewalk located at
31 Bradford St, plot 134, lot 283 in accordance with the
terms and conditions set forth herein, and the Ordinances of the City of New Bedford.

Sidewalk	Dimensions	Driveway	Width (ft)
<u>Bituminous Concrete</u>	<u>✓</u>	<u>Residential</u>	_____
<u>Concrete Full Width</u>	_____	<u>Commercial</u>	_____
<u>Concrete Ribbon</u>	_____	<u>Relocation/Widening</u>	_____
<u>Curb Needed</u>	_____	<u>Curb Removal</u>	_____
_____	_____	<u>Concrete</u>	_____
_____	_____	<u>✓ Bituminous Concrete</u>	<u>Install 16' x 10'</u>

Bonded Contractor: Able Asphalt Tel: _____

Traffic Commission: _____ Approved _____ Rejected _____ Date _____

Building Dept. _____ Approved (New Building) _____ Approved - Bldg. Permit# B-10-2068 _____ Rejected _____

Signature _____
Danny Romanowicz
Signature

Engineering Department ✓ Approved _____ Rejected 9/7/10 Date _____
Manuel Silva
Signature (MS)

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 # 098504

Manuel Silva
Supervising Civil Engineer
BY: Manuel Silva
(MS)
Property Owner
[Signature]

Manuel Silva

From: Maria Sequeira
Sent: Thursday, September 01, 2016 11:13 AM
To: Sarah Porter; Manuel Silva; Ana S. Rosa; Sandy Douglas; Donna M. Amado; Carl Bizarro
Subject: Permit/Application: TB-16-2068 at 31 BRADFORD 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

install new drive

*31 Bradford St.
Tercera Const. LLC
P134
L283*

** No Curb
Install 16' x 10' Hot Mix Asphalt base
MHS 9/7/2016 DFI-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): ABLE ASPHALT, INC.
Address: 128 WOODCOCK ROAD
N. DARTMOUTH, MA 02747
City/State/Zip: (508) 636-9700

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

*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 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: Trawlers Ins.

Policy # or Self-ins. Lic. #: U60045552-5 Expiration Date: 7/8/16 - 7/8/17

Job Site Address: 31 Backford St. New Bedford City/State/Zip: X
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: 8/25/16
Phone #: 508-636-9700

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

City or Town: _____

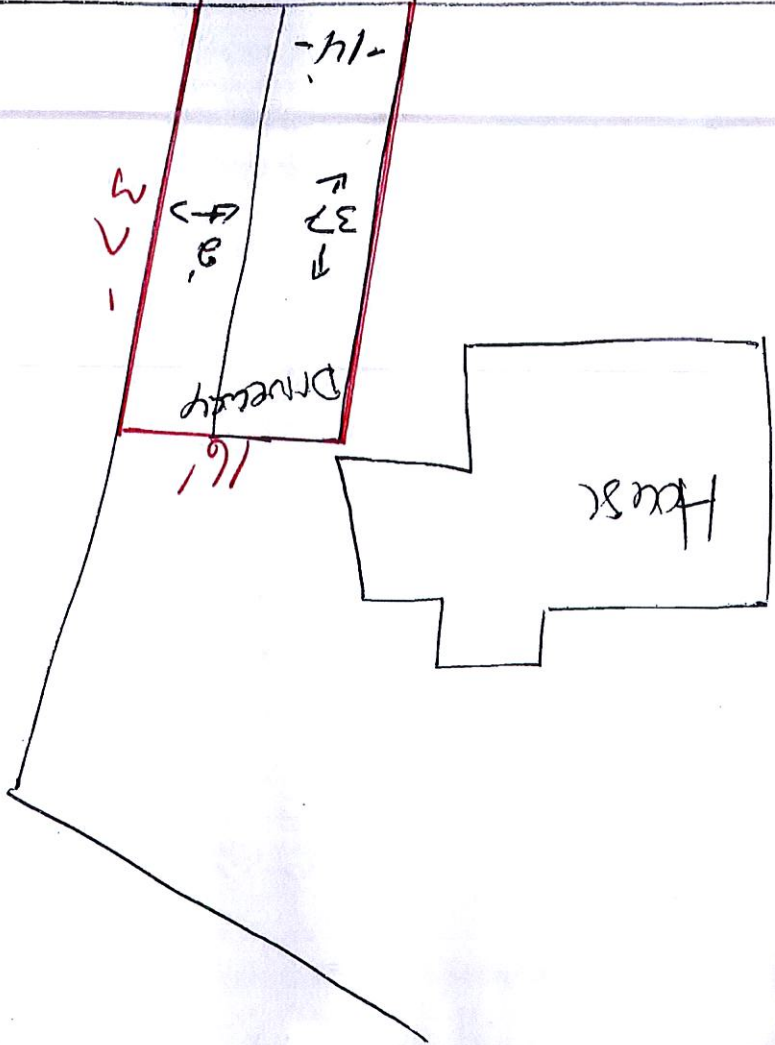
Permit/License # _____

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 #: _____

OK
CB



31 Bedford St WB

JOB SITE

ABLE ASPHALT, INC.
128 WOODCOCK ROAD
N. DARTMOUTH, MA 02747
(508) 636-9700





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-16-2068**

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 **134-283**

owner/contractor has permission to: **Driveways - 30.00**

on: **NS BRADFORD 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

: Install new driveway as per plans submitted, corrected and returned to contractor/owner

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 : No curb; Install 16'x10' 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 Terecia Construction 1 Cookie Way, being
(Name) (Mailing Address)

Owner of property located at Bedford St.

Plot 128 Woodcock Rd., Lot 1, hereby agree to allow Able Asphalt Inc. to act on my behalf including affixing my
(Mailing Address) (Name)

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 1 Cookie Way
Address 133 William Street
Date 9/20/10 Telephone number 508-979-1527



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MASSACHUSETTS

ENGINEERING - 508-979-1550

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<u>Concrete Full Width</u>	<u>0</u>	<u>Commercial</u>	<u>0</u>
<u>Concrete Ribbon</u>	<u>0</u>	<u>Relocation/Widening</u>	<u>0</u>
<u>Curb Needed</u>	<u>0</u>	<u>Curb Removal</u>	<u>0</u>
<u>0</u>	<u>0</u>	<u>Concrete</u>	<u>0</u>
<u>0</u>	<u>0</u>	<u>Bituminous Concrete</u>	<u>Install 10' x 10'</u>

Bonded Contractor: Able Asphalt Tel: _____

Traffic Commission: _____ Approved _____ Rejected _____ Date _____

W/A
Signature

Building Dept.

Approved (New Building)
0 Approved - Bldg. Permit# B-10-2068

Rejected

Danny Romanowicz
Signature

Engineering Department 0 Approved _____ Rejected 9/7/16 Date _____

Manuel h Silva
Signature MS

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P 134

L 283

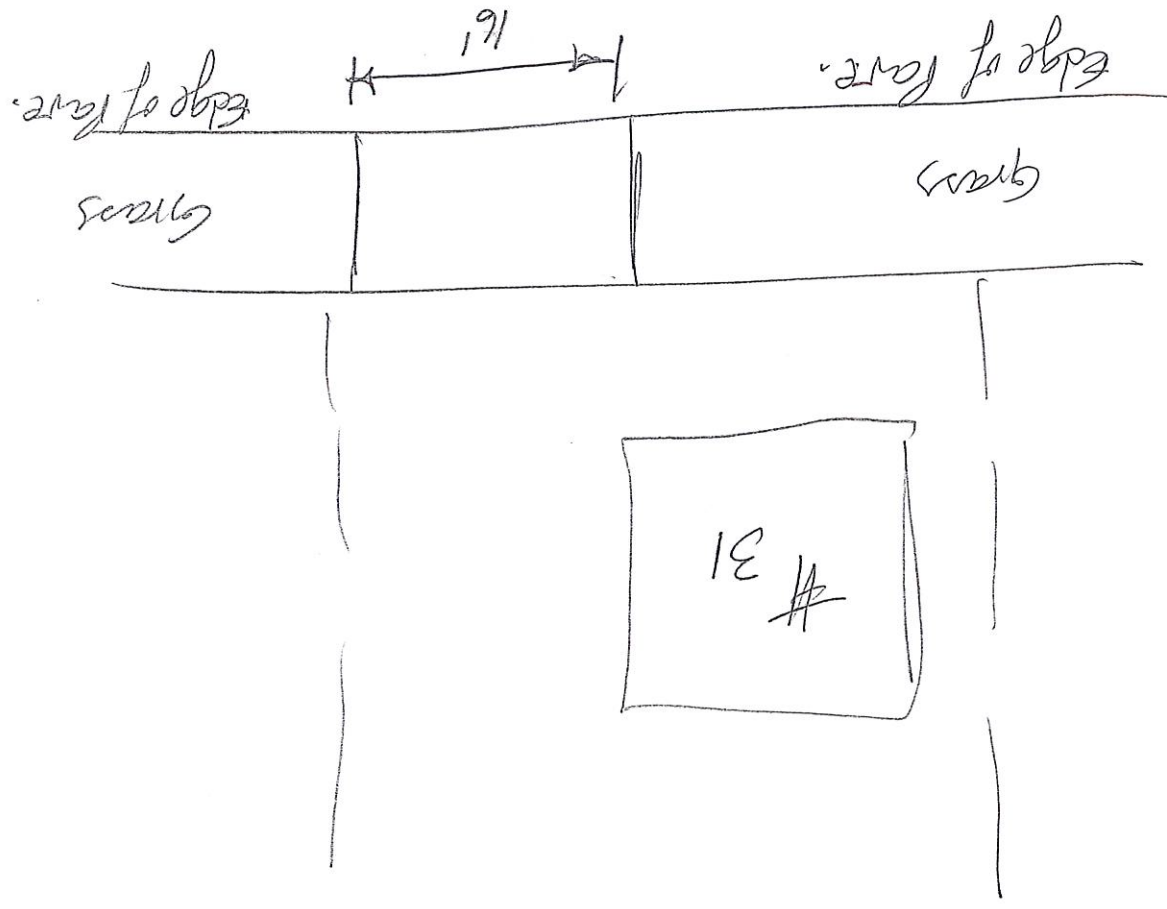
** No curb*

Install 16' x 10' Hot mix Asphalt base

MMS

9/7/2016

DTI - EVG



9/17/12
 Mrs. [unclear]
 No Cars
 16 x 10, 91 [unclear]
 10/1/12