



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

APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/ DRIVEWAY

Application No. 11294 Expires: 9/28/17
Property Owner: Paul Bennett Date: 9/28/14
Address: 304 upland st New Bedford MA Tel: _____
street city state zip code

The above hereby requests permission to construct a paved: X driveway / _____ sidewalk located at
304 upland st NB MA, plot 137B, lot 140 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	_____ <u>X</u> Residential	_____	_____
_____ Concrete Full Width	_____ Commercial	_____	_____
_____ Concrete Ribbon	_____ Relocation/Widening	_____	_____
_____ Curb Needed	_____ Curb Removal <u>N/A</u>	_____	_____
	_____ Concrete	_____	_____
	<u>/</u> Bituminous Concrete	_____	<u>18' x 10' + 1'</u>

Bonded Contractor: ABLE Asphalt Tel: _____

Traffic Commission: _____ Approved _____ Rejected _____ Date _____

W/A
Signature

Building Dept.

Approved (New Building)
X Approved - Bldg. Permit# B-16-1799

Rejected

Danny Romanowicz
Signature

INSPECTED - 9/30/16 (R)
Engineering Department

Approved _____ Rejected _____ Date _____

Manuel Silva
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 - paid #
68854

Manuel Silva
Supervising Civil Engineer
Deputy Commissioner
BY: Mallory Silva
(MJS)
Property Owner
[Signature]

DSP
Mon 9/22/16
w/Sealy



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-16-1799

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 **137B-66**

owner/contractor has permission to: Driveways - 30.00

on: 304 UPLAND 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 EXISTING DRIVEWAY AS PER PLANS

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 D. Romanowicz

Building Commissioner

Plan Review Comments: : Manuel H. Silva - DPI : No work within the City layout.



**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



10am

9/29

To Whom It May Concern:

I Paul Bennett 304 Upland St., being
(Name) (Mailing Address)
Owner of property located at 304 Upland St.
Plot 128 Woodcock Rd., hereby agree to allow Able Asphalt, Inc.
(Name)
(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 [Signature]

Signature

304 Upland St.

Address

9/29/14

Date

Telephone number

Manuel Silva

From: Malissa Rosanina
Sent: Wednesday, August 03, 2016 10:35 AM
To: Manuel Silva; Ana S. Rosa; Donna M. Amado
Subject: Permit/Application: TB-16-1799 at 304 UPLAND ST for Driveways - 30.00

Good Morning,

Please review the following driveway permit for 304 Upland Street. The documents you need are loaded into the permit.
Thank You!

Best,

Malissa Rosanina

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

Resurface exist. drive

304 Upland St.

Paul Bennett

P137 B

L66

** No work within the City layout*

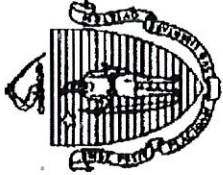
MRS

8/9/2016

DPI-ENG

Diave

508-922-2008



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigation
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 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. ☐ 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.

Insurance Company Name: Travelers Ins.

Policy # or Self-ins. Lic. #: 460C45A52-5 Expiration Date: 7/8/16 - 7/8/17

Job Site Address: 304 Upland St. City/State/Zip: New Bedford

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: 7/26/16

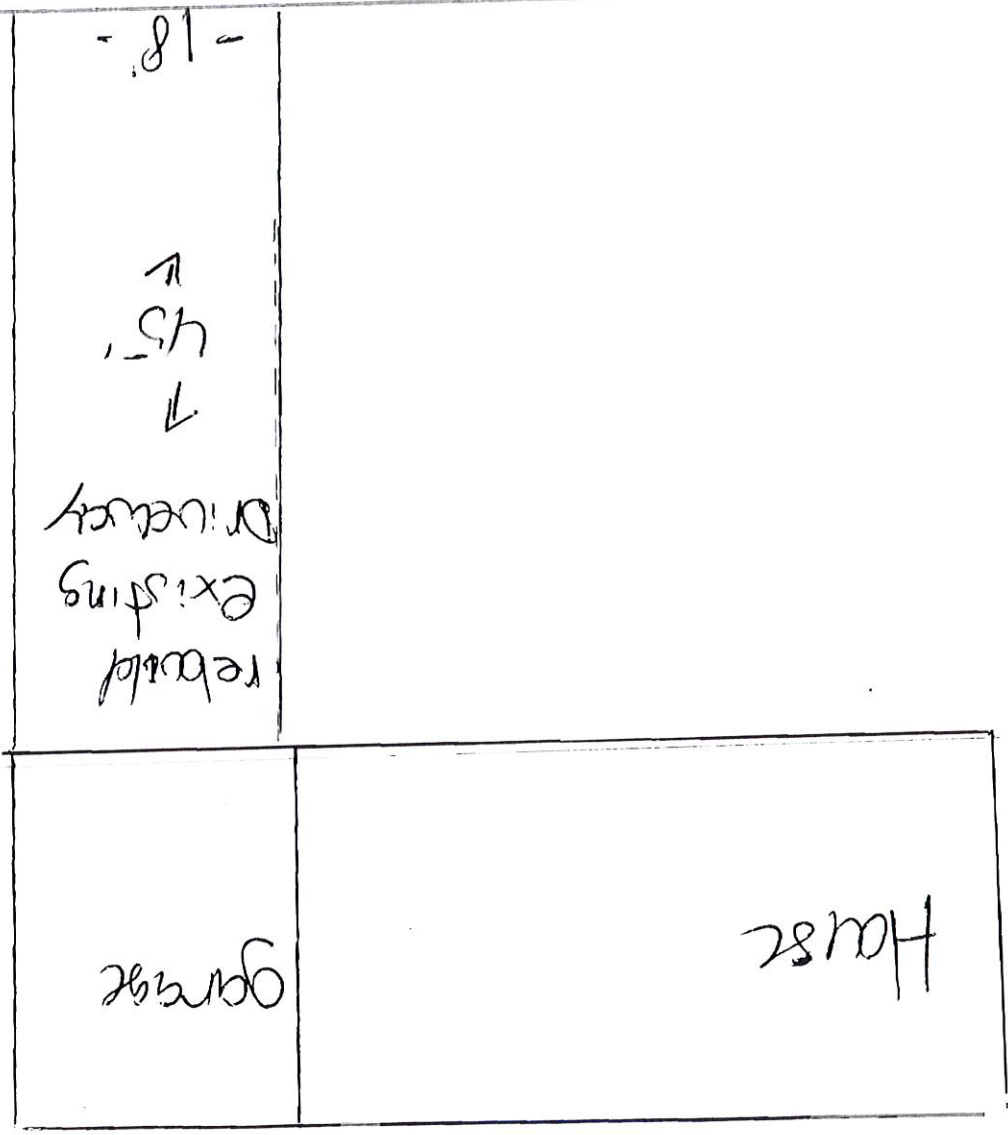
Phone #: 508-636-9700

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 #: _____

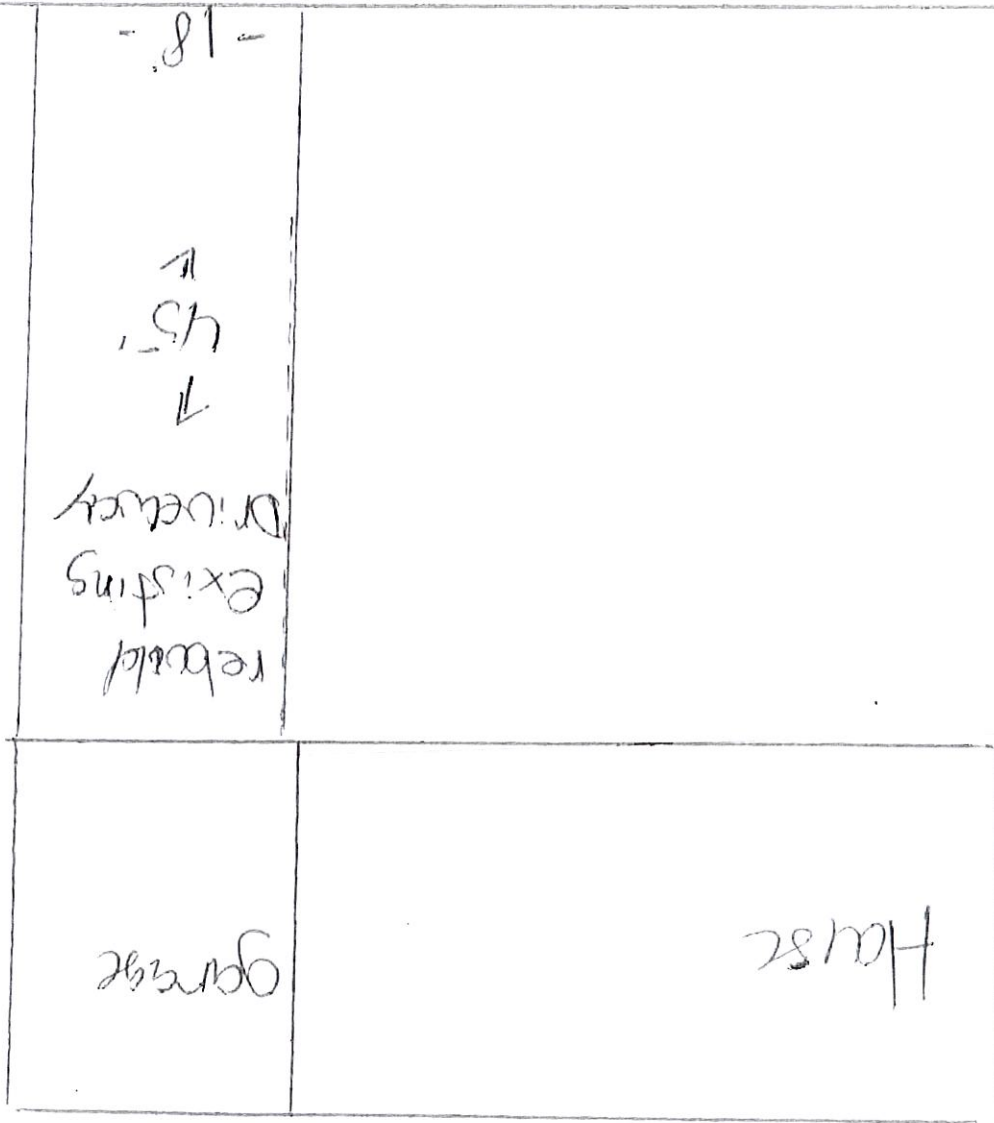
ABLE ASPHALT, INC.
128 WOODCOCK ROAD
N. DARTMOUTH, MA 02747
(508) 636-9700

304 Highland St
JOB SITE



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 128 WOODCOCK ROAD
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304 Highland St
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OK CB

36 00	185	120	100
		41	
		44.08	
		<u>12000</u>	
		120	

120	185	185	185	185
104.0	160	54.36	54.36	54.36
	588	<u>14800</u>	<u>14800</u>	<u>14800</u>
	1600			
39	100			
38.20	100			
<u>10400</u>	74			
104.0	160	80	80	80

RES. A

To bay

STREET

36 00	185	120	100
		50	
		44.08	
		<u>12000</u>	
		120	
	85	51	85
		37.47	
		<u>10200</u>	
		120	
	85	68	85
		37.47	
		<u>10200</u>	
		120	
36 00	185	69	00
		44.08	

UPLAND

120	80	80	80	80
52	54	55	56	57
44.08				
<u>12000</u>				
120				
53	54.36	54.36	54.36	54.36
37.47	<u>14800</u>	<u>14800</u>	<u>14800</u>	<u>14800</u>
<u>10200</u>				
120	80	80	80	80
66	65	64	63	62
37.47				
<u>10200</u>				
120				
67	54.36	54.36	54.36	54.36
44.08	<u>14800</u>	<u>14800</u>	<u>14800</u>	<u>14800</u>

RES. A

RES. A



CITY OF NEW BEDFORD

MASSACHUSETTS

ENGINEERING - 508-979-1550

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INSPECTED - RB - 9/30/16
Engineering Department _____ Approved _____ Rejected _____ Date _____

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1105 Shawmut Ave., New Bedford \$

PAID: 150.00

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Supervising Civil Engineer
Deputy Commissioner
BY: Maloney

(MJS)
Property Owner
[Signature]

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Malissa Rosanina

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

Resurface east drive

304 Upland St.

Paul Bennett

P137 B

L66

* No work within the City layout

MRS

8/9/2016

DPI-ENG

Diane

508-922-008

MHS 8/9/2016
* No work within city
layover

