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

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY

Expires: 10/17/17

Application No. 11299 Date: 10/17/16

Property Owner: Margarida Gonsalves Tel: _____

Address: 114 South St New Bedford, MA
street city state zip code

The above hereby requests permission to construct a paved: ✓ driveway / _____ sidewalk located at 114 South St New Bedford, plot 36, lot 304 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		X	Residential	
___	Concrete Full Width		___	Commercial	
___	Concrete Ribbon		___	Relocation/Widening	
___	Curb Needed		P	Curb Removal	14 ft
			P	Concrete	Install 10 x 14
			___	Bituminous Concrete	

Bonded Contractor: Carloso Contractor **Tel:** 508 998 8210

Traffic Commission: _____ Approved _____ Rejected _____ Date

N/A
Signature

Building Dept.

_____ Approved (New Building)
Y Approved - Bldg. Permit# B-16-2199
_____ Rejected

Danny Romanowicz (MJS)
Signature

INSP. 11/8/16 Rec'd OK

Engineering Department _____ Approved _____ Rejected 10/3/16 Date

Robert Bichel (MJS)
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

Robert Bichel
~~Supervising Civil Engineer~~ Clerk of the works
BY: Mallory Dias

Property Owner
X Nelson Cardoso

Robert Bichel

From: Maria Sequeira
Sent: Friday, September 30, 2016 9:12 AM
To: Manuel Silva; Ana S. Rosa; Robert Bichel; Donna M. Amado
Subject: Permit/Application: TB-16-2199 at 114 SOUTH 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

114 SOUTH ST.
MARGARIDA GONSALVES
P. 36
L. 304

INSTALL NEW DRIVE

REMOVE 14 FEET of CURB

INSTALL 16' x 14' CEMENT CONC. DRIVW

RB 10/3/16 DPI-ENG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/11/16

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
AP INSURANCE GROUP
135 ALDEN ROAD
FAIRHAVEN, MA 02719

CONTACT NAME:
PHONE (A/C, No, Ext): (508) 992-3130 FAX (A/C, No): (508) 991-6012
E-MAIL ADDRESS: cathy@apinsgroup.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: ARCH SPECIALTY INS CO	
INSURER B: TRAVELERS	
INSURER C: AmGuard Ins Co	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Cardoso Contracting Inc
PO Box 30360
Acushnet, MA 02743

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	Y	Y	TBD	4/9/16	4/9/17	EACH OCCURRENCE	$ 1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	[X] XCU Included						GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
	[X] POLICY [ ] PROJECT [ ] LOC							$
B	AUTOMOBILE LIABILITY	Y	Y	BA7180P154	4/9/16	4/9/17	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	[X] ALL OWNED AUTOS [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS [ ] NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		R2WC643924	6/29/16	6/29/17	[X] WC STATUTORY LIMITS [ ] OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N]						E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CITY OF NEW BEDFORD
133 WILLIAM ST
NEW BEDFORD, MA 02740

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

KEVIN DYER

Phone: Fax: E-Mail: TAMCARDOSO@AOL.COM

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): Cardoso Contracting, Inc.

Address: 95 Rear South Main St.

City/State/Zip: Acushnet MA 02743 Phone #: (508) 998-8210

Are you an employer? Check the appropriate box:

1. ☑ I am a employer with 7 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 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 Gnard

Policy # or Self-ins. Lic. #: R2WC643924 Expiration Date: 6/29/17

Job Site Address: 114 South Street City/State/Zip: New Bedford MA 02740

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: Nelson Cardoso Date: 9/19/16

Phone #: (508) 998-8210

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 #:** _____

Location: 114 SOUTH ST **Parcel ID:** 36 304 **Zoning:** RB **Fiscal Year:** 2016

Current Owner Information:
GONSALVES MARGARIDA F

114 SOUTH ST

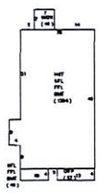
NEW BEDFORD , MA 02740

Current Sales Information:
Sale Date:
12/31/1989
Sale Price:
$0.00
Legal Reference:
1569-303
Grantor:
N/A

Card No. **1** of **1**

This Parcel contains 0.076 acres of land mainly classified for assessment purposes as Three Fam with a(n) Three Family style building, built about 1904, having Vinyl exterior, Asphalt Shingles roof cover and 3650 Square Feet, with 3 unit(s), 18 total room(s), 9 total bedroom(s) 3 total bath(s), 0 3/4 baths, and 0 total half bath(s).

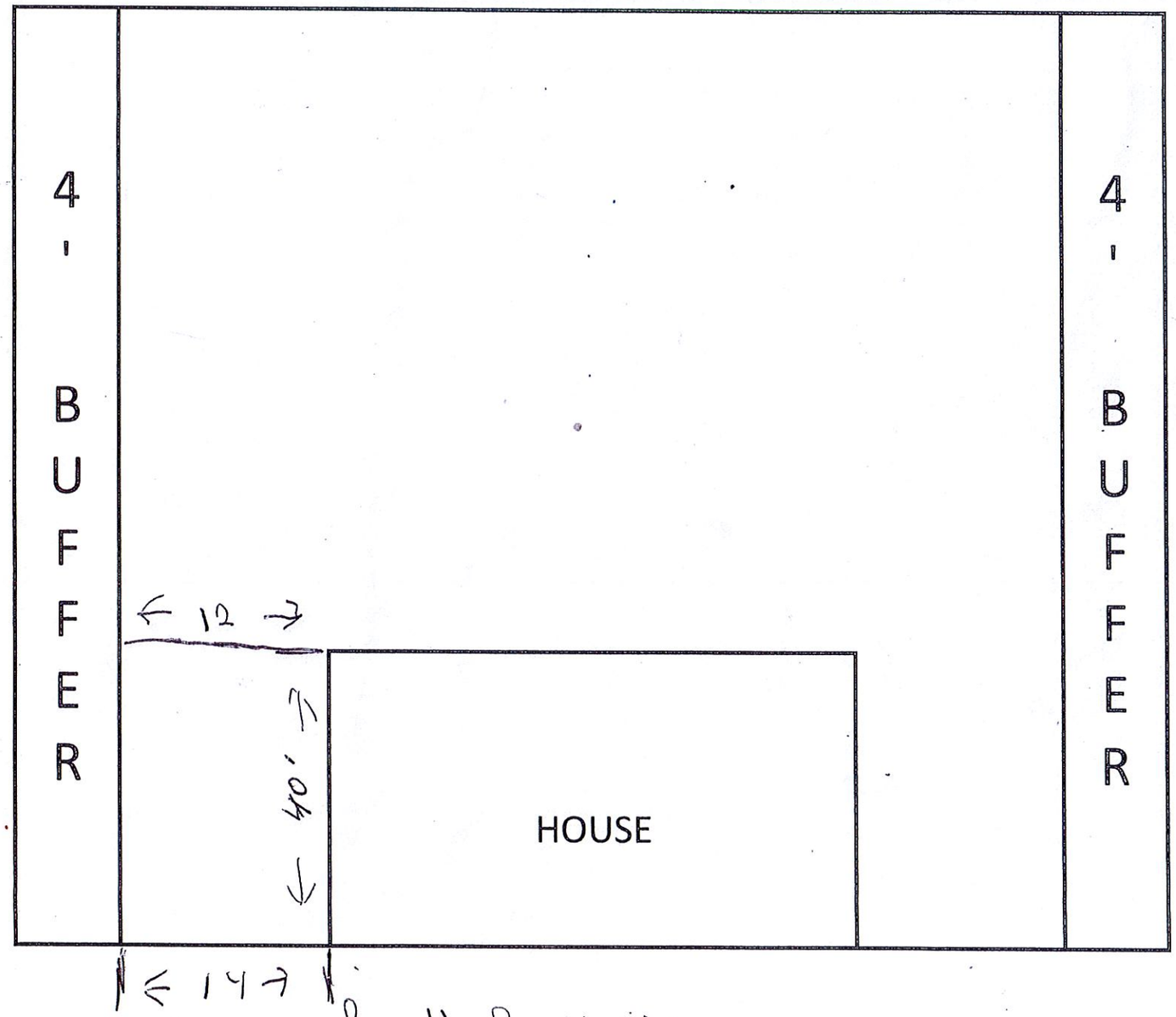
Building Value:	Land Value:	Yard Items Value:	Total Value:
107700	54800	0	162500



Fiscal Year 2016		Fiscal Year 2015		Fiscal Year 2014	
Tax Rate Res.:	16.49	Tax Rate Res.:	15.73	Tax Rate Res.:	15.16
Tax Rate Com.:	35.83	Tax Rate Com.:	33.56	Tax Rate Com.:	31.08
Property Code:	105	Property Code:	105	Property Code:	105
Total Bldg Value:	107700	Total Bldg Value:	88600	Total Bldg Value:	88600
Total Yard Value:	0	Total Yard Value:	0	Total Yard Value:	0
Total Land Value:	54800	Total Land Value:	56400	Total Land Value:	56400
Total Value:	162500	**Total Value:**	145000	**Total Value:**	145000
Tax:	$2,679.63	**Tax:**	$2,280.85	**Tax:**	$2,198.20

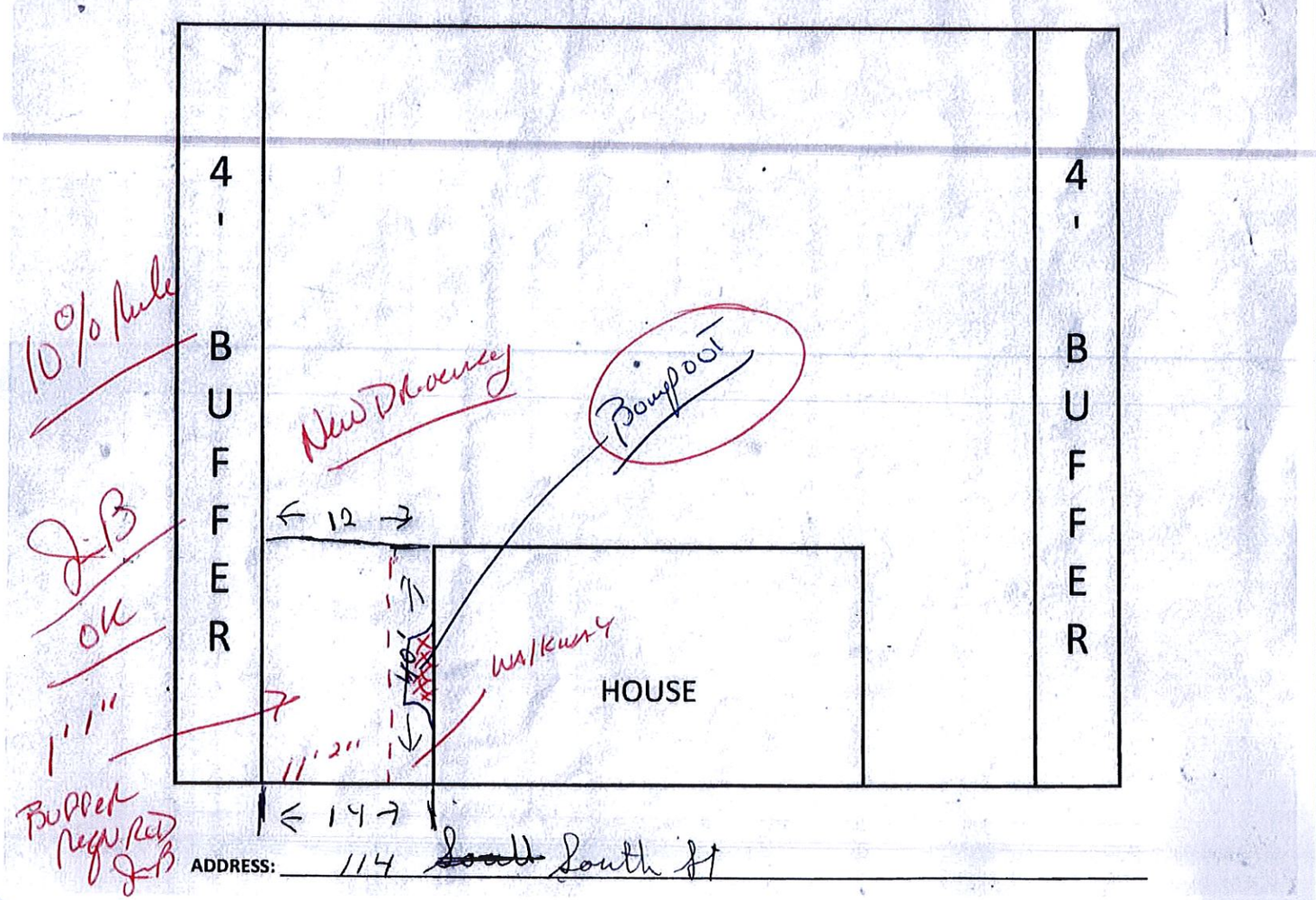
Disclaimer: Classification is not an indication of uses allowed under city zoning.
This information is believed to be correct but is subject to change and is not warranteed.

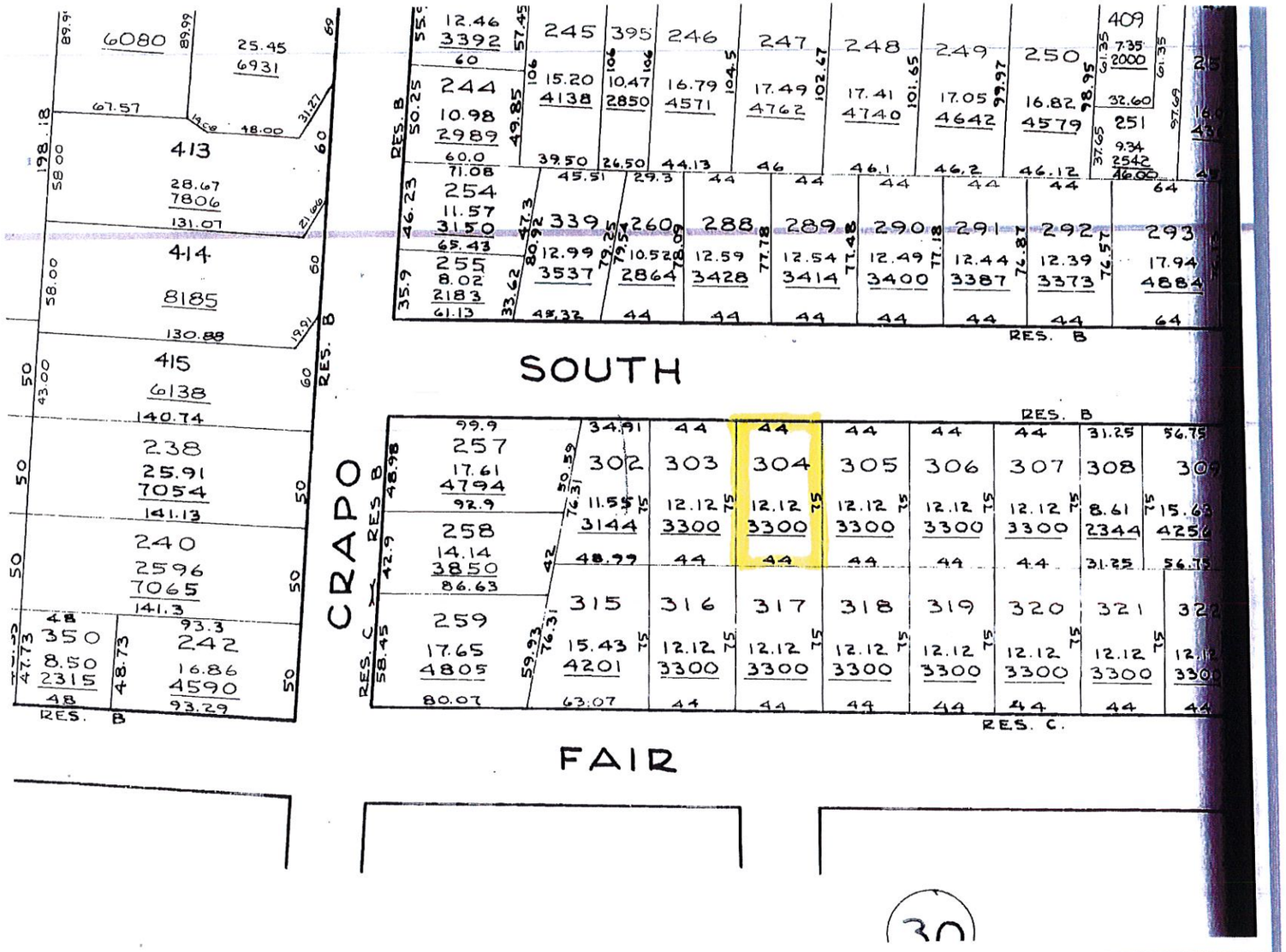
DRIVEWAY REQUIRMENT 13' MIN 18' MAX



ADDRESS: 114 ~~South~~ South St

DRIVEWAY REQUIRMENT 13' MIN 18' MAX

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Commonwealth of Massachusetts

CITY OF NEW BEDFORD

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

BUILDING PERMIT

10/7/2016

No. **B-16-2199**

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 **36-304**

This certifies that Nelson Cardoso **Contractor Lic. #** 041791

owner/contractor has permission to: Driveways - 30.00

on: 114 SOUTH 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: _____	: new driveway driveway installed 10% rule applies a 1' 1" buffer is required from east abbutter driveway width approved for 11'2"

YOUR AREA INSPECTOR IS: **James E. Berube** 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: : Robert Bichel - DPI / ENG - Remove 14' Gran. Curb, Install 10' x 14' Cement Concrete 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 Margarida Gonsalves, being
(Name) (Mailing Address)

Owner of property located at

114 South Street

Plot_____, Lot_____, hereby agree to allow Cardoso Contracting
(Name)

95 Rear South Main St. **, to act on my behalf including affixing my**
Acushnet (Mailing Address) MA 02743

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 Margarida Gonsalves
Signature

114 South Street
Address

(508) 997-7636
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