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

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY

Expires: 10/25/17

Application No. 11301 Date: 10/25/16

Property Owner: Christine Kelley Tel: _____

Address: 1016 Cherokee St. New Bedford, MA 02745
street city state zip code

The above hereby requests permission to construct a paved: ✓ driveway / ✓ sidewalk located at 1016 Cherokee St., plot 136A, lot 299 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, 24' x 15'
____	Concrete Full Width	_____	____	Commercial	_____
____	Concrete Ribbon	_____	____	Relocation/Widening	N/A
____	Curb Needed	_____	____	Curb Removal	N/A
			____	Concrete	_____
			✓	Bituminous Concrete	24' x 10

Bonded Contractor: Able Asphalt **Tel:** _____

Traffic Commission: _____ Approved _____ Rejected _____ Date

_____
Signature

Building Dept.

_____ Approved (New Building)
_____ Approved - Bldg. Permit# _____
_____ Rejected

_____
Signature

Engineering Department ✓ Approved _____ Rejected 10/25/16 Date

Manuel H. 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

Manuel H. Silva
Deputy Commissioner

BY: Erica Trahan

Property Owner

Inspector

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Deputy Commissioner

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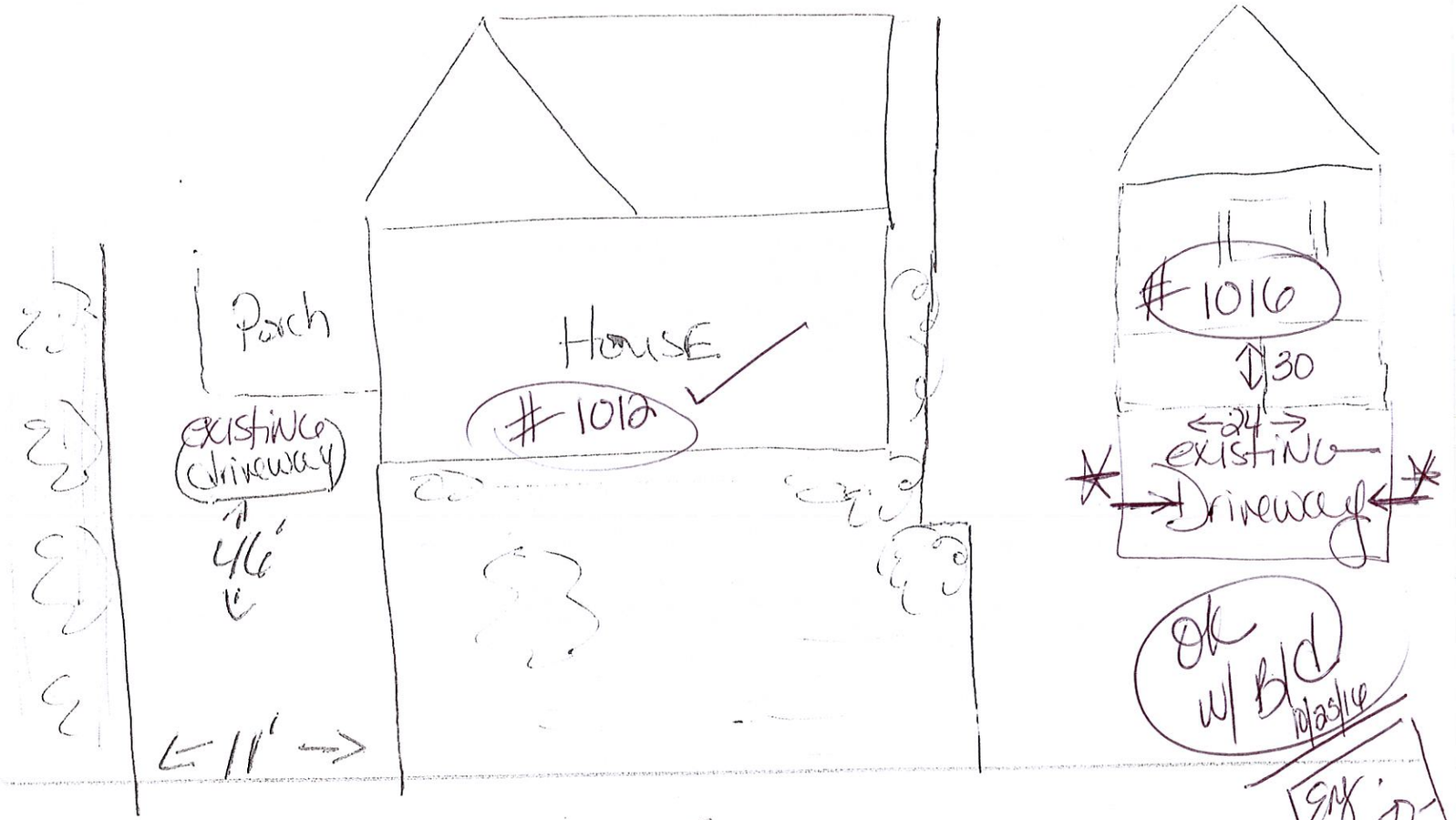
Property Owner

all existing driveway

plan



1012 Cherokee St.
JOB SITE

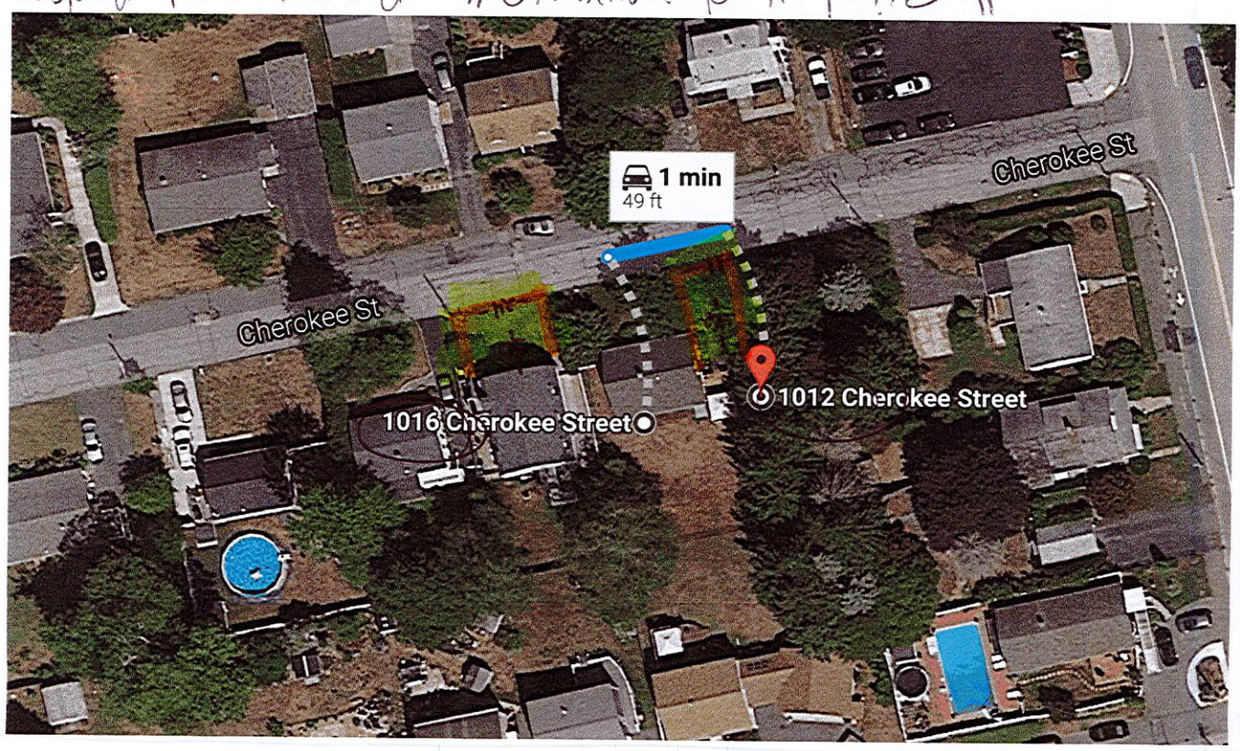
ABLE ASPHALT, INC.
128 WOODCOCK ROAD
N. DARTMOUTH, MA 02747
(508) 636-9700

Insp. Carl Bizzaro

309
5401

Directions from 1016 Cherokee St to 1012 Cherokee St

Google



Robert Bichel

From: Robert Gomes
Sent: Monday, October 24, 2016 11:09 AM
To: Manuel Silva; Robert Bichel; Donna M. Amado
Subject: Permit/Application: B-16-1578 at 1012 CHEROKEE ST for Driveways - 30.00

Please review and sign off for permit. Thanks

Respectfully,

Robert Gomes
Office Manager
Inspectional Services
City of New Bedford
133 William St.
New Bedford Ma. 02746
P: 508-979-1540 F: 508-961-3143
robert.gomes@newbedford-ma.gov

1012 CHEROKEE

CHRISTINE SNELL

P. 136A

L. 297

RESURFACE EXIST DRIVEWAY

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

City/State/Zip: N. DARTMOUTH, MA 02747

(508) 636-9700

Are you an employer? Check the appropriate box:

1. ☒ I am a employer with 5 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 Driveways

*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 Prop.

Policy # or Self-ins. Lic. #: UB0C45252-5 Expiration Date: 7/8/2015

Job Site Address: 102 Cherokee 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: Date: 6/20/16

Phone #: (508) 636 9700

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

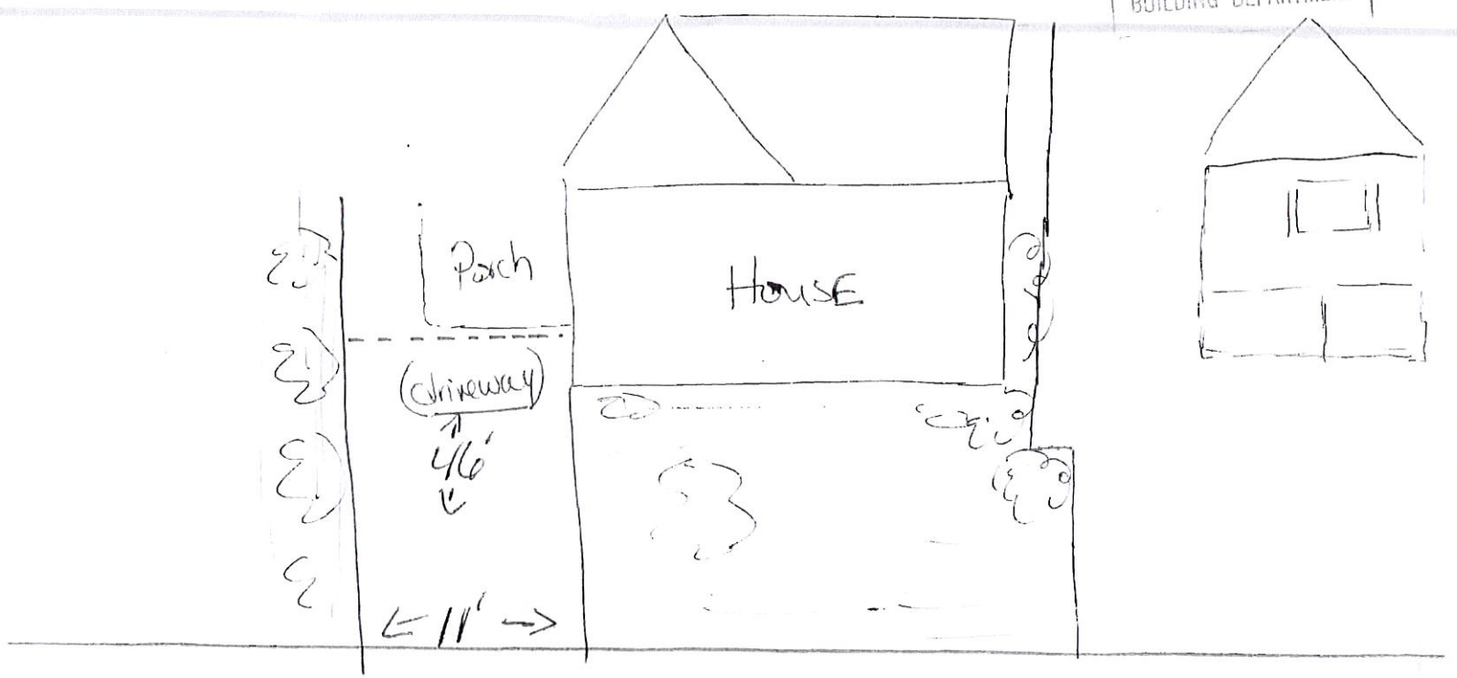
City or Town: **Permit/License #**

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 #:**

APPROVED

BUILDING DEPARTMENT



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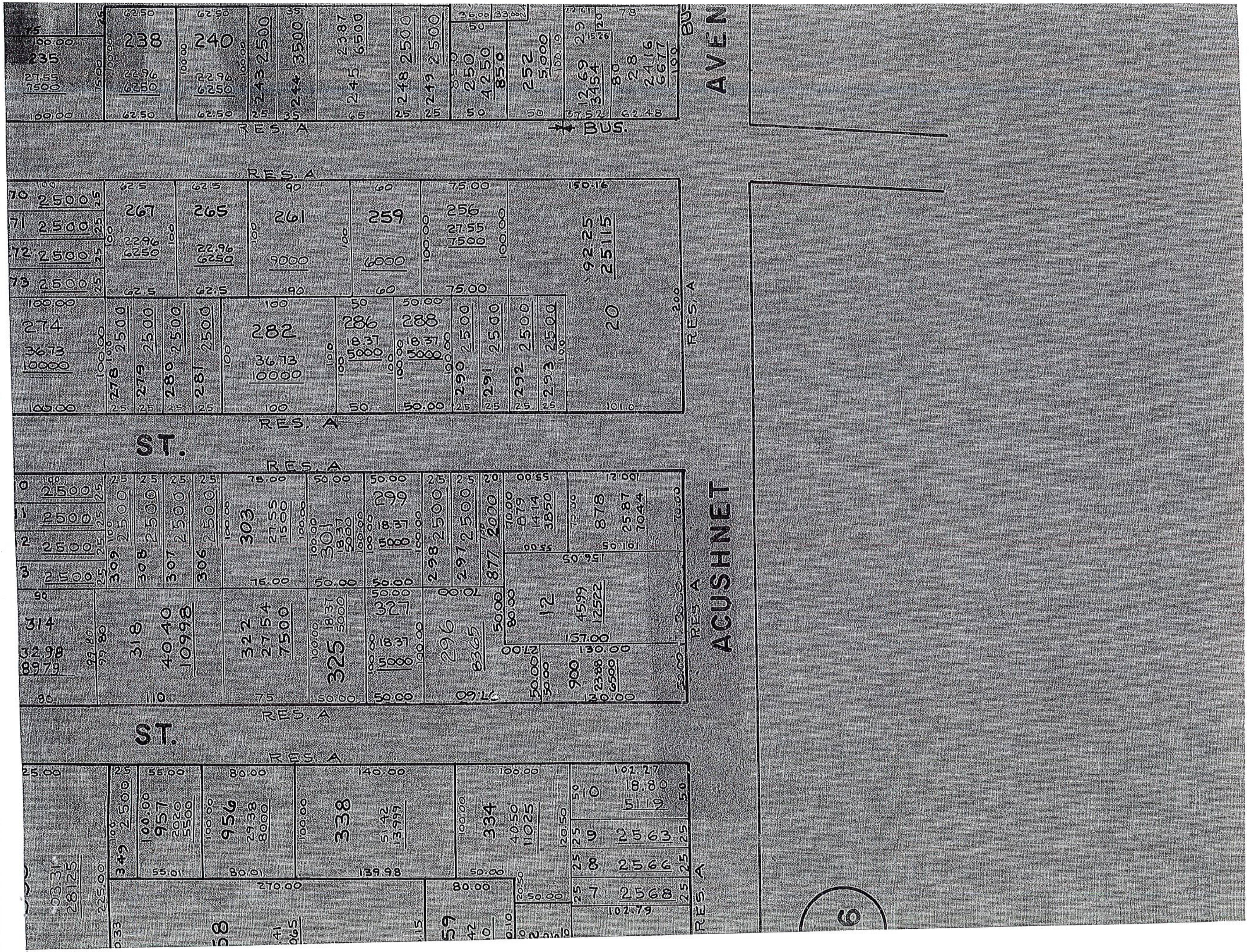

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