



# CITY OF NEW BEDFORD

MASSACHUSETTS

APPLICATION FOR  
CONSTRUCTION OF  
PAVED  
SIDEWALK/DRIVEWAY

ENGINEERING - 508-979-1550

Application No. 11302

Expires: 10/25/17

Date: 10/25/16

Property Owner: Lizete Monteiro

Tel: \_\_\_\_\_

Address: 69-71 Brooklyn St NR MA 02745

street

city

state

zip code

The above hereby requests permission to construct a paved: / driveway / / sidewalk located at  
69-71 Brooklyn Street, plot 117, lot 313 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 12' x 13' concrete cap on

Concrete Full Width

☐ Commercial

Concrete Ribbon

☐ Relocation/Widening

Curb Needed

☒ Curb Removal

remove 6' granite

☒ Concrete

install 6' x 13' concrete  
concrete base total cap on  
15' x 13'

☐ Bituminous Concrete

Bonded Contractor: Cardoso Contracting Tel: \_\_\_\_\_

Traffic Commission: \_\_\_\_\_

Approved \_\_\_\_\_

Rejected \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Building Dept.

☒ Approved (New Building)

☒ Approved - Bldg. Permit# B-16-2412

☐ Rejected

Lenny Romowitz (C.T.)  
Signature

Inspector - 11/8/16 (C.T.)  
Engineering Department

Approved \_\_\_\_\_

Rejected \_\_\_\_\_

Date 10/13/16

Robert Becker  
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 (C.T.)  
Supervising Civil Engineer Deputy Commissioner

Property Owner

BY: Chavali Torres

x. Bonnie Mota



**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 Lizete Monteiro 69-71 Brooklawn St., being  
(Name) (Mailing Address)

Owner of property located at

Plot           , Lot           , hereby agree to allow Cardoso Contracting  
(Name)

95 Bear South Main St. to act on my behalf including affixing my  
(Mailing Address) Trishnet 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 Lizete M. Monteiro Signature  
69-71 Brooklawn St. New Bedford Address  
10/25/16 508-995-7299  
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



Commonwealth of Massachusetts  
**CITY OF NEW BEDFORD**  
City Hall, Room 308, 133 William Street New Bedford, MA 02740 (508) 979-1540  
**BUILDING PERMIT**



10/17/2016

No. **B-16-2412**

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 Nelson Cardoso

Contractor Lic. # 041791

ParcelID **117-313**

owner/contractor has permission to: Driveways - 30.00

on: 69-71 BROOKLAWN 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**

**BUILDING DEPARTMENT 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.

: Add to driveway as per plans submitted

Department.Commission: \_\_\_\_\_

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: :

: Robert Bichel - DPI / Engr. - Remove 6' Granite Curb, Install 6' x 13' Cement Concrete Apron

**Robert Bichel**

**From:** Maria Sequeira  
**Sent:** Wednesday, October 12, 2016 3:26 PM  
**To:** Manuel Silva; Ana S. Rosa; Robert Bichel; Donna M. Amado  
**Subject:** Permit/Application: TB-16-2412 at 69-71 BROOKLAWN 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

WIDEN DRIVEWAY  
EXIST. 12' X 13'  
CONCRETE ARON

69-71 BROOKLAWN ST  
PATRICIA MONTEIRO  
Plot 117  
Lot 313

REMOVE 6' GRANITE CURB & RETURN  
INSTALL 6' X 13' CEMENT CONCRETE BOAR  
TOTAL DRIVEWAY ARON 18' X 13'

10/13/16 TPI/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            | CONTACT NAME:                    |                |
| AP INSURANCE GROUP  | PHONE (A/C No. Ext):             | FAX (A/C No.): |
| 135 ALDEN ROAD      | (508) 992-3130                   | (508) 991-6012 |
| FAIRHAVEN, MA 02719 | E-MAIL ADDRESS:                  |                |
|                     | INSURER(S) AFFORDING COVERAGE    |                |
|                     | INSURER A: ARCH SPECIALTY INS CO |                |
|                     | INSURER B: TRAVELERS             |                |
|                     | INSURER C: AmGuard Ins Co        |                |
|                     | INSURER D:                       |                |
|                     | INSURER E:                       |                |
|                     | INSURER F:                       |                |

REVISION NUMBER:

CERTIFICATE 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                                                                                                                                                                                                                                                                                                                                                             | ADDITIONAL INSURER | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                    |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> XCU Included<br>GENTL AGGREGATE LIMIT APPLIES PER<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | Y Y                | TBD           | 4/9/16                  | 4/9/17                  | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COM/POP AGG \$ 2,000,000 |
| B        | AUTOMOBILE LIABILITY<br>ANY AUTO<br><input checked="" type="checkbox"/> ALL OWNED AUTOS<br>SCHEDULED AUTOS<br>NON-OWNED AUTOS<br>HIRED AUTOS                                                                                                                                                                                                                                  | Y Y                | BA7180P154    | 4/9/16                  | 4/9/17                  | COMBINED SINGLE LIMIT \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>EACH OCCURRENCE \$<br>AGGREGATE \$                                                         |
| C        | WORKERS COMPENSATION<br>ANY EMPLOYER'S LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                                                     | Y N/A              | R2WC643924    | 6/29/16                 | 6/29/17                 | WC STATUS: <input checked="" type="checkbox"/> WC LIMITS: <input type="checkbox"/> OTHER \$ 500,000<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>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

CANCELLATION

|                                                                |                                                                                                                                                                                                                   |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CITY OF NEW BEDFORD<br>133 WILLIAM ST<br>NEW BEDFORD, MA 02740 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br>KEVIN DYER |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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ACORD 25 (2010/05)  
Phone:

The ACORD name and logo are registered marks of ACORD  
E-Mail: TAMCARDOSO@AOL.COM

Fax:

**Location:** 69 71 BROOKLAWN ST      **Parcel ID:** 117 313      **Zoning:** RB      **Fiscal Year:** 2016

**Current Owner Information:**

MONTEIRO PATRICIA "TRUSTEE"  
THE MONTEIRO FAMILY IRREVOCABL  
69 BROOKLAWN STREET

**Sale Date:**

09/21/2007

**Sale Price:**

\$10.00

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

**Legal Reference:**

8798-349

**Grantor:**

MONTEIRO,JOSE B.

This Parcel contains 0.111 acres of land mainly classified for assessment purposes as Three Fam with a(n) Three Family style building, built about 1923, having Aluminum exterior, Asphalt Shingles roof cover and 3916 Square Feet, with 3 unit(s), 15 total room(s), 7 total bedroom(s) 3 total bath(s), 0 3/4 baths, and 1 total half bath(s).

**Building Value:**

156500

**Land Value:**

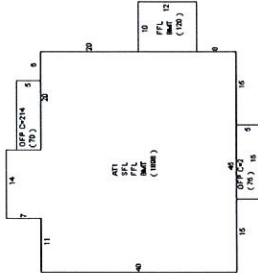
83500

**Yard Items Value:**

5600

**Total Value:**

245600



**Fiscal Year 2016**

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: 156500      Total Bldg Value: 151600      Total Bldg Value: 151600

Total Yard Value: 5600      Total Yard Value: 5600      Total Yard Value: 5600

Total Land Value: 83500      Total Land Value: 83500      Total Land Value: 80100

**Total Value:** 245600      **Total Value:** 240700      **Total Value:** 237300

**Tax:** \$4,049.94      **Tax:** \$3,786.22      **Tax:** \$3,597.48

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 warranted.

<http://www.newbedford-ma.gov/assessors/parcel-lookup/>

10/13/2016



10/07/2016 01:18:57 PM

Google Maps 9 Sowle St

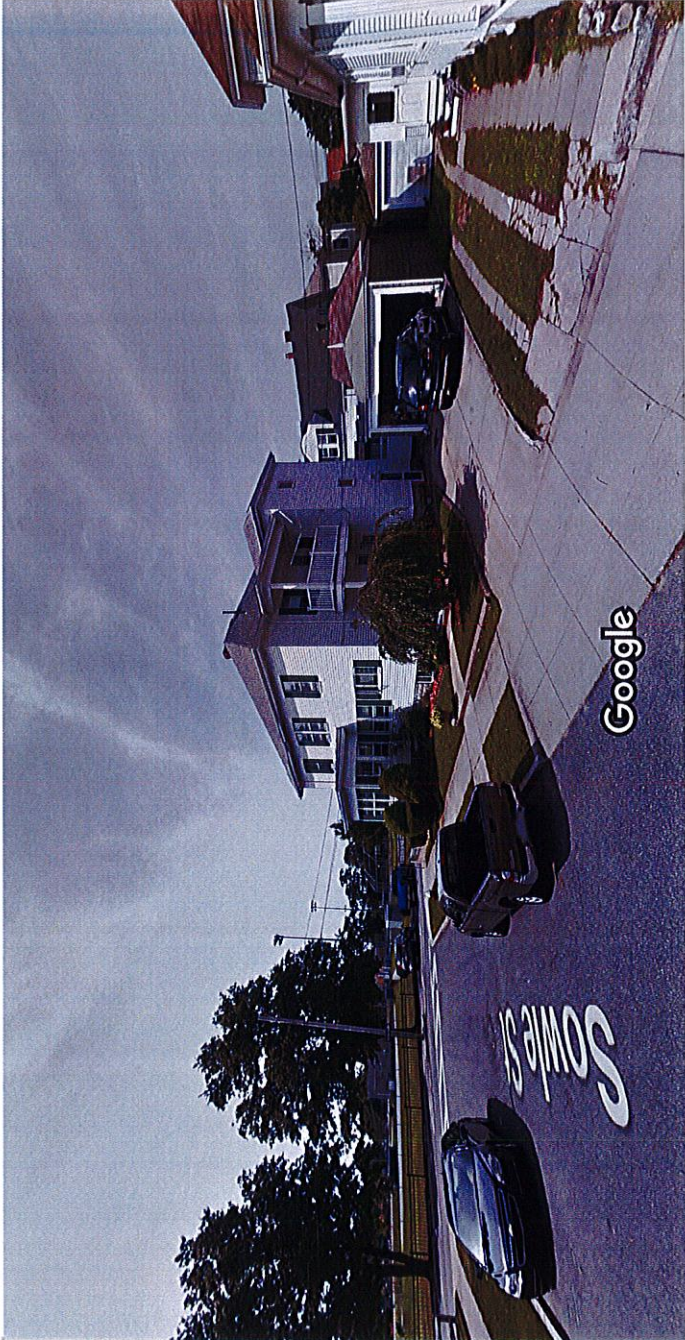
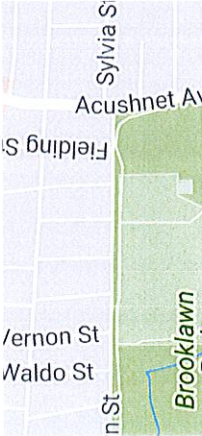


Image capture: Aug 2012 © 2016 Google

New Bedford, Massachusetts  
Street View - Aug 2012





DRIVEWAY REQUIREMENT 13' MIN 18' MAX

OK  
CB

4  
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B  
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F  
F  
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R

4  
,

B  
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F  
F  
E  
R

HOUSE

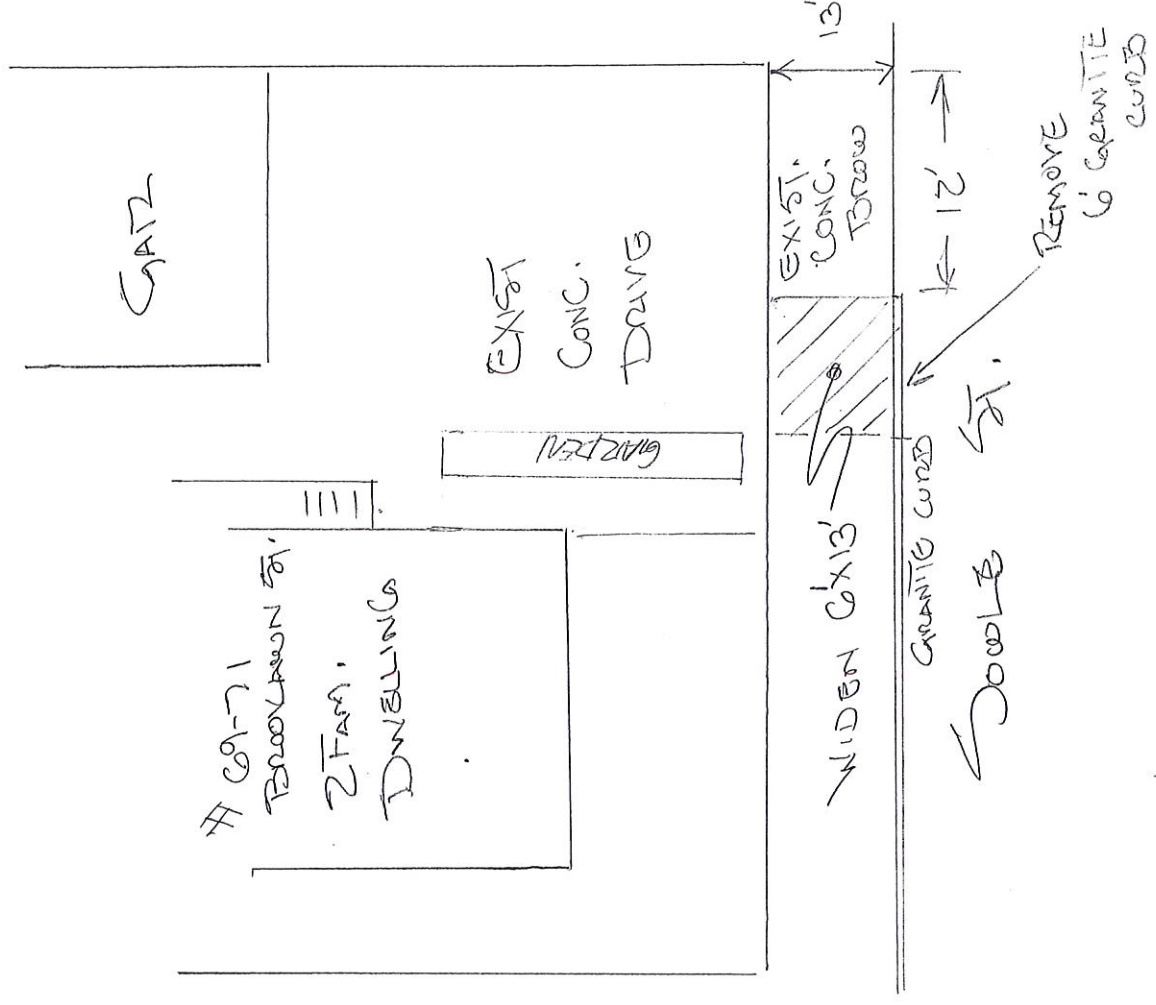
ADDRESS:

1 69-71 Brooklawn St [6.2]

RP 10/13/16

EXISTING 12' X 13' CONCRETE  
DRIVE APRON  
WIDEN 6' X 13' + REMOVE  
6' GRANITE CURB

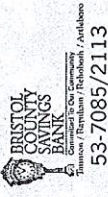
N  
N.T.S.



BROOKLAWN ST.

DATE: 10/25/16 CHECK #: 0832  
LOCATION: 69-71 Brooklyn St  
CURBING REMOVED: 6 FT.  
ST. DISTURBANCE PERMIT # 489-16  
I, Cardoso Contracting  
(Print Name & Company Name)  
Acknowledge that if I do not return the above amount of curbing with 30 days, I forfeit said deposit. Bonnie Mota  
Signature

2832



**Cardoso**  
**Contracting Inc**  
P.O. Box 30360, Acushnet, MA 02743  
(508) 998-8210

PAY TO THE ORDER OF CITY OF NEW BEDFORD  
One Hundred Eighty and 00/100 \*\*\*\*\*  
\$ \*\*180.00  
DOLLARS  
CITY OF NEW BEDFORD  
BUILDING DIVISION  
CITY HALL, ROOM 308  
133 WILLIAMS STREET  
NEW BEDFORD, MA 02740  
CURB CUT 69-71 BROOKLAWN ST 6 FEET  
Olson Cardoso  
AUTHORIZED SIGNATURE

⑈002832⑈ ⑆211370859⑆ 1520008079⑈

CITY OF NEW BEDFORD  
Department of Public Infrastructure  
Curbing Receipt  
Date: 10/25/16  
Contractor: Cardoso Contracting  
6 ft. Curbing  
\$ 180.00 Check # 2832  
Job Location: 69-71 Brooklyn St  
Date Returned: \_\_\_\_\_  
Received By: \_\_\_\_\_  
No. **0182**

DATE: 10/25/14 CHECK #: 2832

LOCATION: 69-71 Beacon St

CURBING REMOVED: 6 FT.

ST. DISTURBANCE PERMIT # 489-16

I, Cardoso Contracting  
(Print Name & Company Name)

Acknowledge that if I do not return the above amount of curbing with 30 days, I forfeit said deposit.

Bonnie Mota  
Signature



# CITY OF NEW BEDFORD

MASSACHUSETTS

APPLICATION FOR  
CONSTRUCTION OF  
PAVED  
SIDEWALK/DRIVEWAY

ENGINEERING - 508-979-1550

Application No. 11302

Expires: 10/25/17

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Property Owner: Lizette Monteiro

Tel: \_\_\_\_\_

Address: 69-71 Brooklyn St NB MA 02745  
street city state zip code

The above hereby requests permission to construct a paved: / driveway / sidewalk located at  
69-71 Brooklyn Street, plot 117, lot 313 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>  </u> Bituminous Concrete | <u>  </u>  | <input checked="" type="checkbox"/> Residential  | <u>existing 12' x 13' concrete curb</u>         |
| <u>  </u> Concrete Full Width | <u>  </u>  | <u>  </u> Commercial                             | <u>  </u>                                       |
| <u>  </u> Concrete Ribbon     | <u>  </u>  | <u>  </u> Relocation/Widening                    | <u>  </u>                                       |
| <u>  </u> Curb Needed         | <u>  </u>  | <input checked="" type="checkbox"/> Curb Removal | <u>remove 6' granite</u>                        |
| <u>  </u>                     | <u>  </u>  | <input checked="" type="checkbox"/> Concrete     | <u>install 6' x 13' concrete curb 15' x 13'</u> |
| <u>  </u>                     | <u>  </u>  | <u>  </u> Bituminous Concrete                    | <u>  </u>                                       |

Bonded Contractor: Cardoso Contracting Tel: \_\_\_\_\_

Traffic Commission: \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature

Building Dept.

\_\_\_\_\_  
Approved (New Building)  
☒ Approved - Bldg. Permit# B-16-2412  
\_\_\_\_\_  
Rejected

Lenny Romasidis  
Signature (RT)

Engineering Department

☒ Approved \_\_\_\_\_ Rejected 10/13/16 Date

Robert Bickel  
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 A Lima  
Supervising Civil Engineer Deputy Commissioner

Property Owner

BY: Chavali Torres

x. Benicio Mota

**Robert Bichel**

**From:** Maria Sequeira  
**Sent:** Wednesday, October 12, 2016 3:26 PM  
**To:** Manuel Silva; Ana S. Rosa; Robert Bichel; Donna M. Amado  
**Subject:** Permit/Application: TB-16-2412 at 69-71 BROOKLAWN 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

WIDEN DRIVEWAY/  
EXIST. 12' X 13'  
CONCRETE ARRON

69-71 BROOKLAWN ST  
PATRICIA MONTGOMERY  
Plot 117  
Lot 313

REMOVE 6' GRANITE CURB & RETURN  
INSTALL 6' X 13' CEMENT CONCRETE BRICK  
TOTAL DRIVEWAY ARRON 18' X 13'

10/13/16 TSP/ENG.  


RP 10/13/16

EXISTING 12' X 13' CONCRETE  
DRIVE APRON  
WIDEN 6' X 13' + REMOVE  
6' GRANITE CURB

2' / N.T.S.

