



CITY OF NEW BEDFORD

MASSACHUSETTS

APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/DRIVEWAY

ENGINEERING - 508-979-1550

Application No. 11,335

Expires: 5/24/18

Date: 5/26/12

Property Owner: Lawen Soares

Tel: 774-888-8092

Address: 61 State St New Bedford MA 02740
street city state zip code

The above hereby requests permission to construct a paved: ☒ driveway / ☒ sidewalk located at
61 State Street, plot 58, lot 515 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	☐
☐ Concrete Full Width	☐	☐ Commercial	☐
☐ Concrete Ribbon	☐	☐ Relocation/Widening	☐
☐ Curb Needed	☒	☐ Curb Removal	☐
	☒	☐ Concrete	<u>12' - 4" Granite Curb</u>
	☐	☐ Bituminous Concrete	<u>10' x 8" Concrete</u>

Bonded Contractor: JLO Construction Tel: _____

Traffic Commission: _____ Approved _____ Rejected _____ Date _____

Building Dept. _____ Signature _____
_____ Approved (New Building)
_____ Approved - Bldg. Permit# B-17-870
_____ Rejected

_____ Signature Dorothy Mement (C.T.)
_____ Signature _____ (C.T.)

Engineering Department ☒ Approved _____ Rejected 5/5/12 Date _____

_____ Signature Robert Biele (C.T.)
_____ Signature _____ (C.T.)

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

Supervising Civil Engineer Stephanie Dupont Property Owner Lawen Soares

BY: Cherish Torres



Commonwealth of Massachusetts

CITY OF NEW BEDFORD

City Hall, Room 308, 193 William Street, New Bedford, MA 02740 (508) 979-1540



BUILDING PERMIT

5/19/2017

No. **B-17-870**

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 **DEMETRIO COSTA**

Contractor Lic. # **102504**

ParcelID **58-515**

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

on: **61 STATE 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.

: Install a 9' x 30' driveway and a 1' buffer as per plan submitted

Department/Commission: _____

YOUR AREA INSPECTOR IS **Jimmy Papas**

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: :

: Bob Bichel - DPI / Engr. - Remove & Return 12'-4" of Granite Curb - Install 12' x 8' Cement Concrete Driveway Apron

Robert Bichel

From: Maria Sequeira
Sent: Thursday, May 04, 2017 9:17 AM
To: Manuel Silva; Ana S. Rosa; Robert Bichel; Donna M. Amado; Stephanie Dupras
Subject: Permit/Application: TB-17-870 at 61 STATE 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

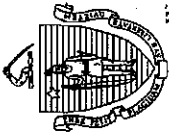
INSTALL DRIVEWAY

LAUREN SOARES
61 STATE ST.
POB L. 515

INSTALL 12'x8' CEMENT CONCRETE
DRIVEWAY BRON

* REMOVE 12'-4" GRANITE CURB

PR - 5/5/17 - DPH/ENCL.



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): JLC Construction
Address: 415 Lake Rd
City/State/Zip: Five-Ten RI 02828 Phone #: 724-263-2197

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 homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ 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.*
6. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §(4), and we have no employees. [No workers' comp. insurance required.]

*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.

Type of project (required):

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ Other _____

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: Southeastern TNS

Policy # or Self-ins. Lic. #: _____

Expiration Date: 6-1-17

Job Site Address: 61 State Street

City/State/Zip: Providence, MA 02940

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by 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. 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: 5-2-17

Phone #: 724-263-2197

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

City or Town: _____

Permit/License # _____

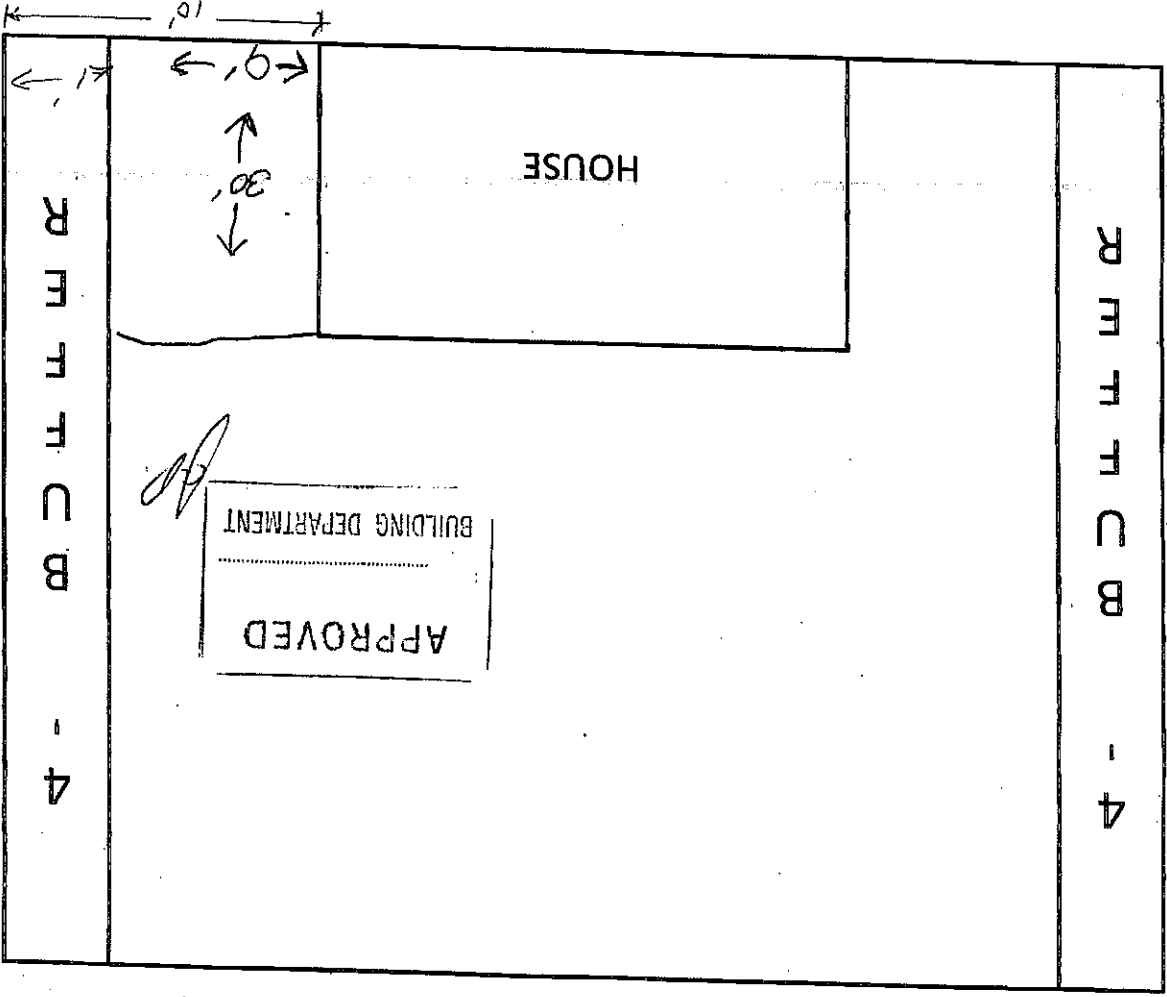
Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector 6. Other _____

Contact Person: _____

Phone #: _____

DRIVEWAY REQUIREMENT 13' MIN 18' MAX



Address: 61 State St.

RES. B				RES. B			
40.85	38.33	44.9		40.85	38.33	44.9	
65	66	67		65	66	67	
10.67	9.97	11.78		10.67	9.97	11.78	
2905	2714	3207		2905	2714	3207	
40.98	38	45.23		40.98	38	45.23	
82.39	82.83			82.39	82.83		
68	69			68	69		
13.24	13.24			13.24	13.24		
3605	3605			3605	3605		
83.05				83.05			
70	71			70	71		
12.71	12.71			12.71	12.71		
3460	3460			3460	3460		
82.44				82.44			
73	73			73	73		
12.50	12.50			12.50	12.50		
3403	3403			3403	3403		
4.82	81.9	34.9		4.82	81.9	34.9	
44.5				44.5			
75	75	76		75	75	76	
13.50	13.50	10.61		13.50	13.50	10.61	
3675	3675	2889		3675	3675	2889	
2956				2956			
36.12	44.5	35		36.12	44.5	35	

ST

RES. B				RES. B			
83.87	9	34.25	49.75	83.87	9	34.25	49.75
77	10.15	78		77	10.15	78	
2763	1642	6.83		2763	1642	6.83	
83.7	34.25	49.75		83.7	34.25	49.75	
79	12.00	81		79	12.00	81	
3267	11.52	3136		3267	11.52	3136	
84	84			84	84		
80	14.46	515		80	14.46	515	
3937	13.70	3730		3937	13.70	3730	
82.9	84.81			82.9	84.81		
82	11.28	83		82	11.28	83	
3071	18.41	5012		3071	18.41	5012	
82.75	83.82			82.75	83.82		
84	12.68	85		84	12.68	85	
3452	11.92	3245		3452	11.92	3245	
82.22	83.82			82.22	83.82		
51.4	30.82	41.86		51.4	30.82	41.86	
86	458	87		86	458	87	
15.60	9.34	10.94		15.60	9.34	10.94	
4247	2543	2978		4247	2543	2978	
51.4	30.84	41.15		51.4	30.84	41.15	
42.07				42.07			

ST

MAXFELD

RES. B				RES. B			
33.25	49.5			33.25	49.5		
167	168			167	168		
9.63	14.68			9.63	14.68		
2622	3997			2622	3997		
32.45	49.55			32.45	49.55		
82				82			
170	3321			170	3321		
82.63				82.63			
172	12.12			172	12.12		
3300	3300			3300	3300		
82.9				82.9			
175	13.43			175	13.43		
3656	3656			3656	3656		
83.1				83.1			
82.6				82.6			
176	16.39			176	16.39		
4462	4462			4462	4462		

WALDEN

RES. B				RES. B			
81.66	83.6			81.66	83.6		
177	12.88			177	12.88		
4067	3507			4067	3507		
82.53	83.2			82.53	83.2		
179	12.85			179	12.85		
3289	34.99			3289	34.99		
83.85	83.15			83.85	83.15		
181	10.08			181	10.08		
14.90	2744			14.90	2744		
4057	83.25			4057	83.25		
81.86	12.25			81.86	12.25		
14.43	3335			14.43	3335		
3929	83.1			3929	83.1		
82.05	10.67			82.05	10.67		
30.69	2905			30.69	2905		
51.36	82.96			51.36	82.96		
184	41.96			184	41.96		
185	41			185	41		
8.30	463			8.30	463		
2260	10.15			2260	10.15		
3763	2763			3763	2763		

STATE

RES. C				RES. C			
44.5	42.5			44.5	42.5		
187	188			187	188		
7.08	6.81			7.08	6.81		
1928	1854			1928	1854		
43.65	42.95			43.65	42.95		
86.6				86.6			
190	13.65			190	13.65		
3716	3716			3716	3716		
86.2	86.2			86.2	86.2		
193	13.81			193	13.81		
3760	3760			3760	3760		
85.65	85.65			85.65	85.65		
195	13.41			195	13.41		
3651	3651			3651	3651		
85.2	85.2			85.2	85.2		
42.1	43.1			42.1	43.1		
197	198			197	198		
13.31	13.07			13.31	13.07		
3624	3558			3624	3558		

RES. B				RES. B			
94.92	11.85			94.92	11.85		
89	3226			89	3226		
94.55	18.05			94.55	18.05		
76.5	8.62			76.5	8.62		
488	2547			488	2547		
55	9.215			55	9.215		
90	11.47			90	11.47		
3122	3122			3122	3122		
94.32	94.32			94.32	94.32		
17.20	17.20			17.20	17.20		
4683	4683			4683	4683		
92.75	92.75			92.75	92.75		
13.72	13.72			13.72	13.72		
3735	3735			3735	3735		
93.15	93.15			93.15	93.15		
75.0	18.15			75.0	18.15		
452	10.47			452	10.47		
2850	2850			2850	2850		
75.0	75.0			75.0	75.0		
46.9	28.10			46.9	28.10		
97	98			97	98		
5.82	17.67			5.82	17.67		
1584	4811			1584	4811		
31.41	60.79			31.41	60.79		

STANORE