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

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY

Expires: 5/26/18.

Application No. 11,335 Date: 5/26/12

Property Owner: Lauren 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	12' - 4' granite curb.
			✓	Concrete	Instal 12'x8' cement concrete
			___	Bituminous Concrete	

Bonded Contractor: JLC Construction. **Tel:**

Traffic Commission: _____ Approved _____ Rejected _____ Date

_____
Signature

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

Danny Nemenik (CT)
Signature

Engineering Department ✓ Approved _____ Rejected 5/5/17 Date

Robert Bielle (CT)
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

Stephanie Dupra
Supervising Civil Engineer

BY: Cheochi Torres

x Lauren Soares
Property Owner

Commonwealth of Massachusetts

CITY OF NEW BEDFORD

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

BUILDING PERMIT

No. **B-17-870**

5/19/2017

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 **58-515**

This certifies that DEMETRIO COSTA **Contractor Lic. #** 102504

owner/contractor has permission to; Driveways - 30.00

on: 61 STATE 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:	: Install a 9' x 30' driveway and a 1' buffer as per plan submitted

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

Danny D. Romanowicz

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 Sequeria
Department of Inspectioinal Services

LAUREN SOARES
61 STATE ST.
P58 L.515

INSTALL DRIVEWAY

INSTALL 12'X8' CEMENT CONCRETE
DRIVEWAY APRON

* REMOVE 12'-4" GRANITE CURB

RB — 5/5/17 — DPI/ENGR.

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: Tiverton RI 02878 Phone #: 774-263-2197

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 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, §1(4), and we have no employees. [No workers' comp. insurance required.]

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 _____

*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: Southeastern IAS

Policy # or Self-ins. Lic. #: _____ Expiration Date: 6-1-17

Job Site Address: 61 State 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 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: _____ Date: 5-2-17

Phone #: 774-263-2197

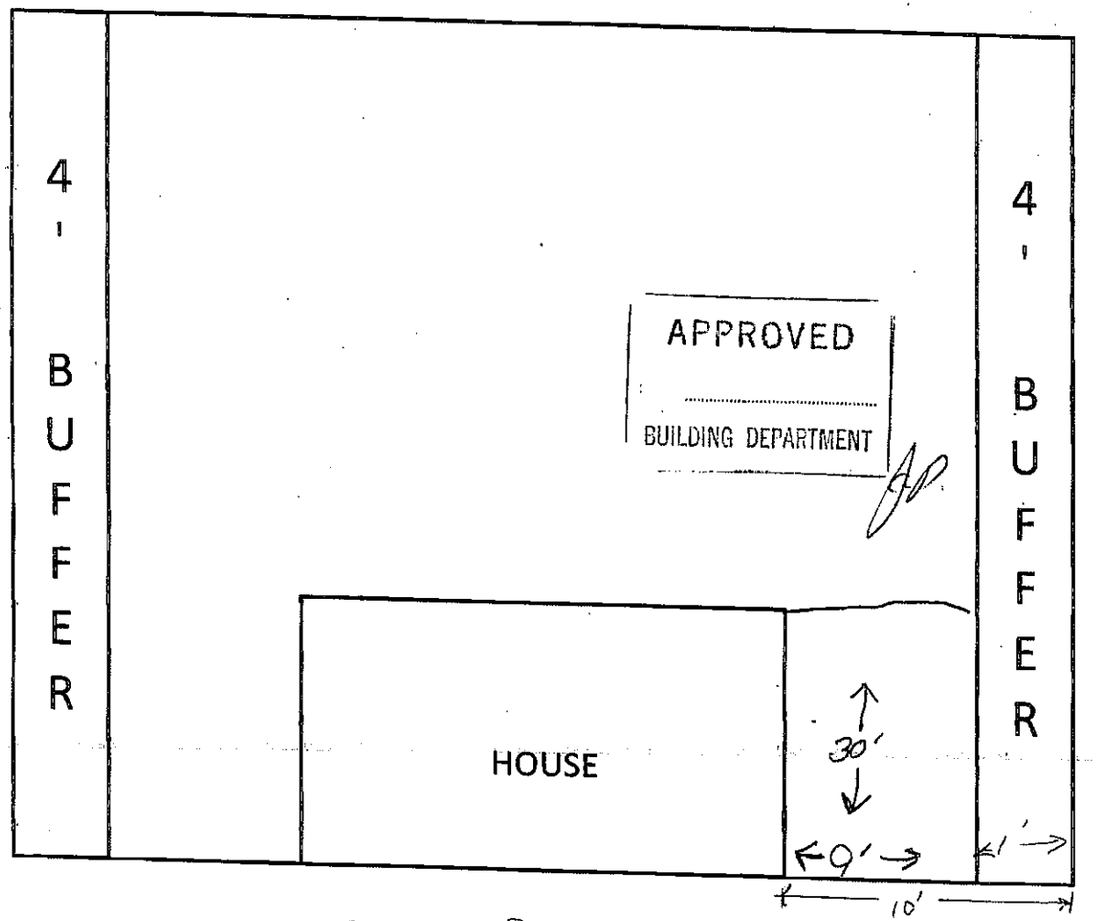
Official use only. Do not write in this area, to be completed by city or town official.

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

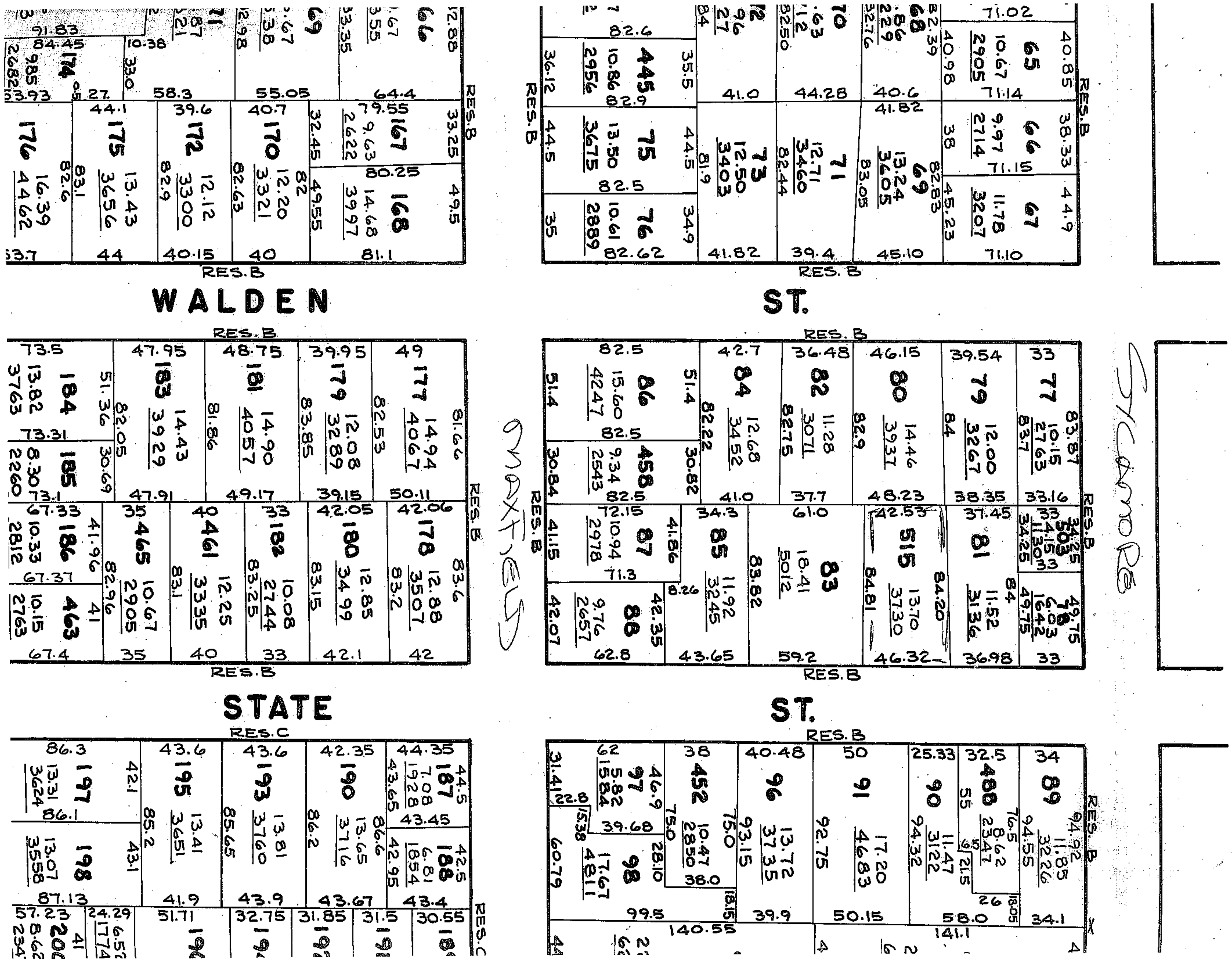
Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ **Phone #:** _____

DRIVEWAY REQUIRMENT 13' MIN 18' MAX



ADDRESS: 61 State St.



SYCAMORE
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