



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

APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/DRIVEWAY

Application No. 11339

Expires: 6/14/18

Date: 6/14/17

Property Owner: Peter Gabben

Tel: 5089995045

Address: 373 Cunningham St NB MA 02745

street city state zip code

The above hereby requests permission to construct a paved: ☒ driveway / ☐ sidewalk located at
373 Cunningham St., plot 27E, lot 369 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	<u>23" x 10"</u>
☐ Concrete Full Width	☐	☐ Commercial	☐
☐ Concrete Ribbon	☐	☐ Relocation/Widening	☐
☐ Curb Needed	☐	☐ Curb Removal	☐
☐	☐	☐ Concrete	☐
☒	☒	☒ Bituminous Concrete	<u>23" x 10"</u>

Bonded Contractor: Cardoso Construction Tel: _____

Traffic Commission: _____ Approved _____ Rejected _____ Date _____

Signature

Building Dept.

Approved (New Building)

Approved - Bldg. Permit# B-16-2215

Rejected

Signature

Engineering Department

Approved _____ Rejected _____ Date 9-20-16

Signature

Permit/Inspection fee of \$150.00 must accompany this application.

Contractor to call 24 hrs. in advance for pre-inspection (prior to pouring)
SPECIAL REQUIREMENTS: If curbing is removed, it must be returned within 24 hrs to the D.P.L. Yard
1105 Shawmut Ave., New Bedford

PAID: \$150.00

Supervising Civil Engineer

Property Owner

BY: Alan Rodriguez

[Signature]

Robert Bichel

From: Maria Sequeira
Sent: Tuesday, September 20, 2016 10:55 AM
To: Manuel Silva; Ana S. Rosa; Robert Bichel; Donna M. Amado; Carl Bizarro
Subject: Permit/Application: TB-16-2215 at 373 CUMMINGTON 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

RESURFACE
EXISTING
23'X10'
HOT MIX
ASPHALT

No CURB

INSTALL 23'X10' HOT MIX ASPHALT
BROW

RE 9/20/16 DPI-ENG



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

Address: 95 Rear South Main St.

City/State/Zip: Bushnet MA 02718 Phone #: (508) 998 8210

Are you an employer? Check the appropriate box:

1. ☒ I am an 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 _____

*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 attach 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 Group

Policy # or Self-ins. Lic. #: R2WC643924 Expiration Date: 6/25/17

Job Site Address: 373 Commoton St. City/State/Zip: New Bedford MA

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: Michael Cardoso Date: 9/6/2016

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: 373 CUMMINGTON ST Parcel ID: 127E 369 Zoning: RA Fiscal Year: 2016

Current Owner Information:

GOBEN CHRISTINE
GOBEN PETER M
373 CUMMINGTON STREET

NEW BEDFORD , MA 02745

Current Sales Information:

Sale Date: 06/07/2013
Sale Price: \$205,000.00
Legal Reference: 10801-192
Grantor: POTHIER,PAUL L.

Card No. 1 of 1

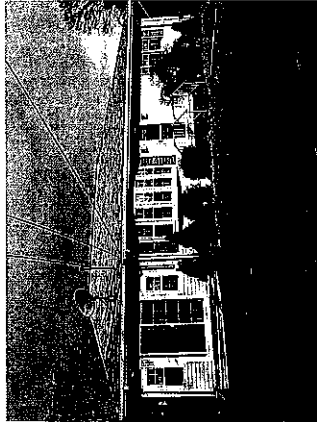
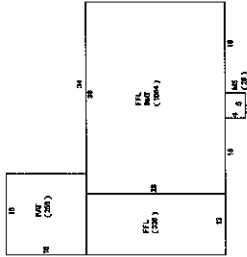
This Parcel contains 0.147 acres of land mainly classified for assessment purposes as Single Fam with a(n) RANCH style building, built about 1967, having Vinyl exterior, Asphalt Shingles roof cover and 1400 Square Feet, with 1 unit(s), 5 total room(s), 2 total bedroom(s) 1 total bath(s), 0 3/4 baths, and 0 total half bath(s).

Building Value: 105900

Land Value: 85900

Yard Items Value: 400

Total Value: 192200

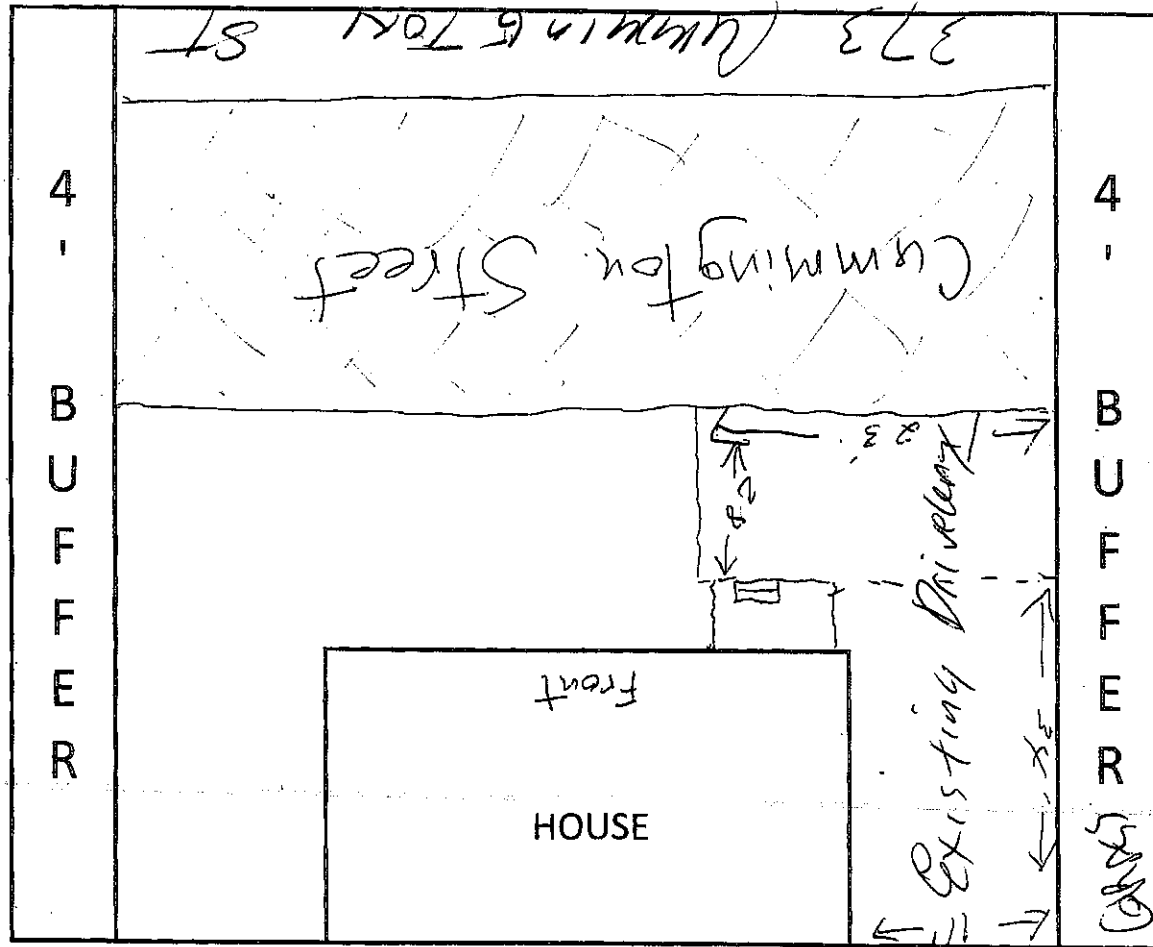


Fiscal Year 2016

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:	101	Property Code:	101	Property Code:	101
Total Bldg Value:	105900	Total Bldg Value:	103300	Total Bldg Value:	104100
Total Yard Value:	400	Total Yard Value:	400	Total Yard Value:	400
Total Land Value:	85900	Total Land Value:	85900	Total Land Value:	85900
Total Value:	192200	Total Value:	189600	Total Value:	190400
Tax:	\$3,169.38	Tax:	\$2,982.41	Tax:	\$2,886.46

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.

DRIVEWAY REQUIRMENT 13' MIN 18' MAX



ADDRESS:

ADDRESS: 373 Cummington St.

OK

RES. A 100.06	168	169	168	166	100.18	3
342	81.76	328	0.00	30.01	36.87	10
22.80	0.00	21.97	0.00	81.70	100.37	
62.07	0.00	59.80	0.00	0.00	0.00	
96.0	80.0	80.0	82.0	60.31	33.1	100
	306	19.70	70.0	72.31	73.81	49.66
341	0.00	5364	0.00	0.00	0.00	100
22.44	80.0	316	31.75	35.80	37.41	137.06
8109	340	8645	0.00	9747	9786	
93.00	20.21	5502	0.00	0.00	0.00	
284	80.24	80.24	70.0	70.0	70.0	
21.97						
5981						
88.03						
285						
20.03						
5453						
77.15						
287						
9.02						
178						
TO						

ARMSBY

RES. A 100.06	168	169	168	166	100.18	3
342	81.76	328	0.00	30.01	36.87	10
22.80	0.00	21.97	0.00	81.70	100.37	
62.07	0.00	59.80	0.00	0.00	0.00	
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93.00	20.21	5502	0.00	0.00	0.00	
284	80.24	80.24	70.0	70.0	70.0	
21.97						
5981						
88.03						
285						
20.03						
5453						
77.15						
287						
9.02						
178						
TO						

CUMMINGTON

RES. A 100.06	168	169	168	166	100.18	3
342	81.76	328	0.00	30.01	36.87	10
22.80	0.00	21.97	0.00	81.70	100.37	
62.07	0.00	59.80	0.00	0.00	0.00	
96.0	80.0	80.0	82.0	60.31	33.1	100
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TO						



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-16-2215**

6/12/2017

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. # _____

ParcelID **127E-369**

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

on: **373 CUMMINGTON 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

The following department/commission has expressed concern about the issuance of this permit. You are advised to contact that agency and resolve this matter.

Department/Commission: _____

BUILDING DEPARTMENT COMMENTS

: replace old driveway
as per plan submitted

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 - Resurface existing 23 x 10 with hot mix asphalt