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

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY

Expires: 8/11/18

Application No. 11366 Date: 8/10/17

Property Owner: Mario S. Jardin Tel: _____

Address: 1108 Dewey St NB MA.
street city state zip code

The above hereby requests permission to construct a paved: ✓ driveway / _____ sidewalk located at 1108 Dewey St., plot 130-C, lot 714 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 20'	Replace existing concrete brow
			____	Bituminous Concrete	_____

Bonded Contractor: Silva Concrete **Tel:** _____

Traffic Commission: _____ Approved _____ Rejected _____ Date

_____
Signature

Building Dept.
_____ Approved (New Building)
✓ Approved - Bldg. Permit# B-17-1241
_____ Rejected

Danny Romanowicz CASB
Signature

Engineering Department ✓ Approved _____ Rejected _____ Date

Bob Bichel CASB
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 Check #

Bob Bichel CASB
Supervising Civil Engineer

Property Owner

BY: Joseph A. Simões Bueno

Robert Bichel

From: Maria Sequeira
Sent: Wednesday, May 31, 2017 2:49 PM
To: Manuel Silva; Ana S. Rosa; Robert Bichel; Donna M. Amado; Stephanie Dupras
Subject: Permit/Application: TB-17-1241 at 1108 DEWEY 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

RESURFACE DRIVEWAY

CHRISTIAN JARDIN
1108 DEWEY ST.
P.130 C L.214

PROPOSING
STAMPED
CONC.
APRON
TO REPLACE EXIST
CONC. BROOM.

PLACED ON
HOLD 6/2/17
TILL COMMISSIONER
APPROVES

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): Silva Stamped Con. Inc

Address: 150 A. Cross Rd

City/State/Zip: No. Dart. MA Phone #: 5089915262

Are you an employer? Check the appropriate box:

1. ☑ I am a employer with 6 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 Drive Way

*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 Ins. Co

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

Job Site Address: 1108 Dewey St City/State/Zip: N. B. MA 02745

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: 4-26-17

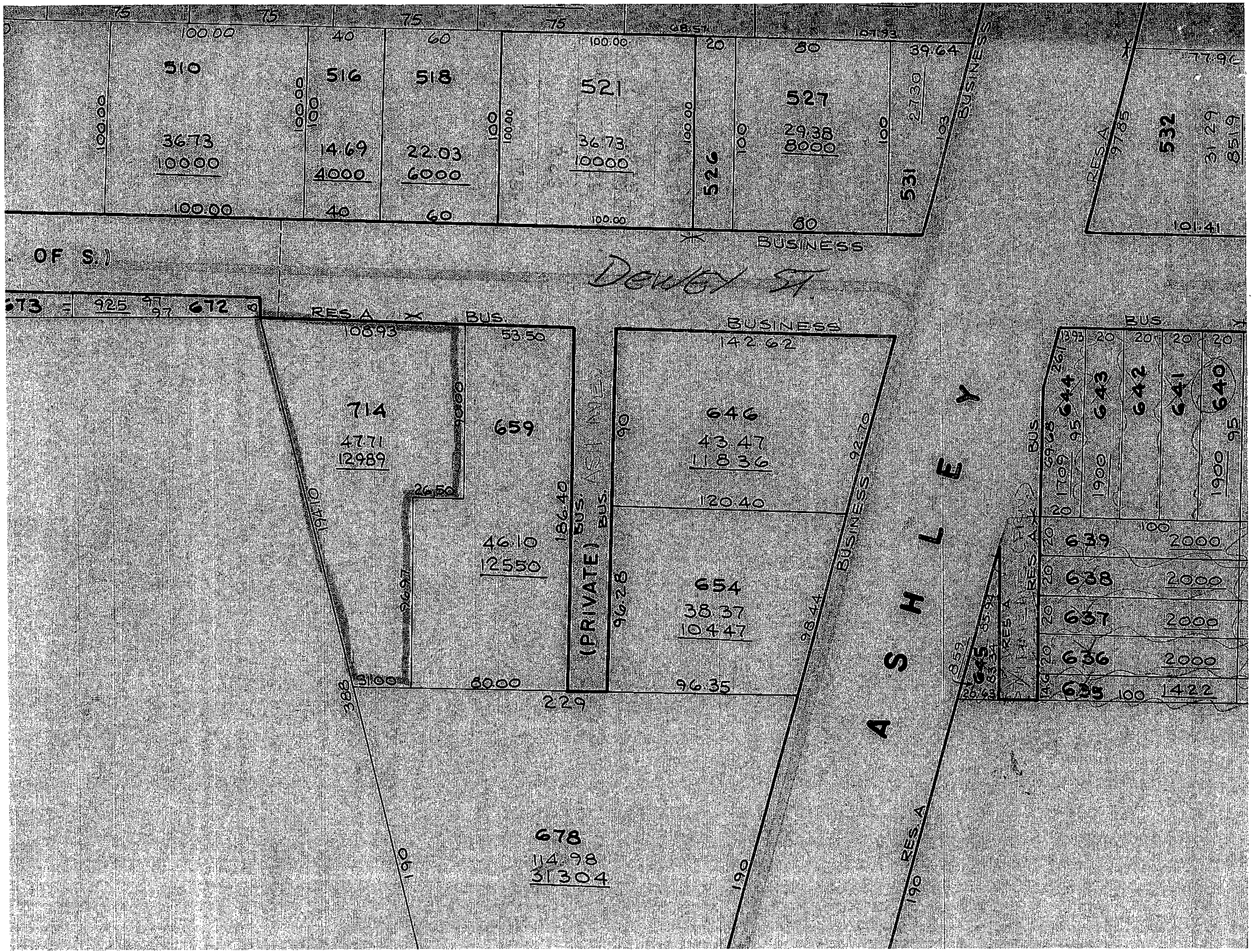
Phone #: 5083281468 Leonard Silva

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 #:** _____



DEWEY ST.
ASHLEY
(PRIVATE)
ASH ALLEY
OF S.)
BUSINESS
BUS.
RES. A
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36.73
10000
14.69
4000
22.03
6000
29.38
8000
31.29
8519
43.47
11836
38.37
10447
46.10
12550
47.71
12989
114.98
31304

Department of Public Infrastructure

Euzebio Arruda
Commissioner

Water
Wastewater
Highways
Engineering
Cemeteries
Park Maintenance
Forestry
Energy

CITY OF NEW BEDFORD
Jonathan F. Mitchell, Mayor

To Whom It May Concern:

I Mario S. Jardim, being
(Name) (Mailing Address)

Owner of property located at
1108 Dewey St.

Plot 130C, **Lot** 714., **hereby agree to allow** Silva Concrete
(Name)

150A Cross Road, Dartmouth, MA. **to act on my behalf including affixing my**
(Mailing Address)

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 Mario S. Jardim
Signature

1108 Dewey St.
Address

6/14/17 508995-8081
Date Telephone Number

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-17-1241

7/21/2017

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 130C-714

This certifies that Silva Stamped Concrete **Contractor Lic. #** _____

owner/contractor has permission to: Driveways - 30.00

on: 1108 DEWEY 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: _____	: RESURFACE EXISTING DRIVEWAY AND WALKWAY AS PER PLANS

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 O. Romanowicz

Building Commissioner

Plan Review Comments: : RESURFACE EXISTING DRIVEWAY AND WALKWAY

: Bob Bichel - DPI / Engr. - Owner to request in writing proposed alternitive concrete surface. Upon approval by The Commisioner of DPI the condition of this approval will be met.