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

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/DRIVEWAY

Expires: 8/16/18

Application No. 11368 Date: 8/16/17

Property Owner: Theresa Coish Tel: 508-728-7765

Address: 28 Emery St (street) New Bedford (city) MA (state) 02744 (zip code)

The above hereby requests permission to construct a paved: ✓ driveway / ✓ sidewalk located at 87 Brownell St, plot 39, lot 191 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	18ft granite
			✓	Concrete Cem. conc. Apron	install 18' x 18'
			___	Bituminous Concrete	

Bonded Contractor: Cardoso Contracting **Tel:**

Traffic Commission: _____ Approved _____ Rejected _____ Date

_____ Signature

Building Dept.

___ Approved (New Building)
✓ Approved - Bldg. Permit# B-17-1772
___ Rejected

Danny Romanowicz Rg
Signature

Engineering Department ✓ Approved _____ Rejected 7/27/17 Date

Robert Bisher Rg
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 Rupras Rg
Supervising Civil Engineer

BY: Rebecca Jones

_____
Property Owner

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 THERESA COISH, 28 EMERY ST. NEW BEDFORD, MA 02744, being
(Name) (Mailing Address)

Owner of property located at

87 BROWNELL ST., NEW BEDFORD, MA 02740

Plot 39, Lot 191, hereby agree to allow CARDOSO'S CONTRACTING
(Name)
PO BOX 30360
ACUSHNET, MA 02743 to act on my behalf including affixing my
(Mailing Address)

signature in securing permit for:

____ Sewer/Drain Service Permits
____ Water Service Permits
_V_ 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 Theresa Coish
Signature

28 EMERY ST., NEW BEDFORD, MA 02744
Address

7/20/2017 508 728 7765
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

8/6/2017

No. **B-17-1772**

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**

ParcelID **39-191**

This certifies that Nelson Cardoso **Contractor Lic. #** 041791

owner/contractor has permission to: Driveways - 30.00

on: 87 BROWNELL 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 new driveway as per plans 17'x22' with a 4 ' buffer . : Note from Engineering: Bob Bichel - DPI / Engr. - Cut, Remove and Return 18' Granite Curb, - Install 10' x 18' Cement Concrete Apron

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: : Bob Bichel - DPI / Engr. - Cut, Remove and Return 18' Granite Curb, - Install 10' x 18' Cement Concrete Apron

: Install a new driveway as per plans 17'x22' with a 4 ' buffer .

Robert Bichel

From: Maria Sequeira
Sent: Wednesday, July 26, 2017 10:27 AM
To: Manuel Silva; Ana S. Rosa; Robert Bichel; Donna M. Amado; Stephanie Dupras
Subject: Permit/Application: TB-17-1772 at 87 BROWNELL ST for Driveways - 30.00

JIMMY PAPAS

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

THERESA COISH
87 BROWNELL ST.
P. 39 L. 191

REMOVE CURB + WALK
+ INSTALL A NEW DRIVEWAY

REMOVE + RETURN 18' GRANITE CURB
INSTALL 10' X 18' CEM. CONC. APRON.
APPROVED - RB - 7/27/17 - DPI/ENG.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/27/17

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 276 ALDEN ROAD FAIRHAVEN, MA 02719	PHONE (A/C, No, Ext): (508) 992-3130	FAX (A/C, No): (508) 991-6012
	E-MAIL ADDRESS: cathy@apinsgroup.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: ARCH SPECIALTY INS CO	
INSURED Cardoso Contracting Inc PO Box 30360 Acushnet, MA 02743	INSURER B: TRAVELERS	
	INSURER C: AmGuard Ins Co	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION 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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC	Y	Y	AGL003601601	4/9/17	4/9/18	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY ANY AUTO X ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	Y	Y	1020040553	4/22/17	4/22/18	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ 1,000,000 $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $ $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		R2WC643924	6/29/17	6/29/18	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CITY OF NEW BEDFORD
133 WILLIAM ST
NEW BEDFORD, MA 02740

CANCELLATION

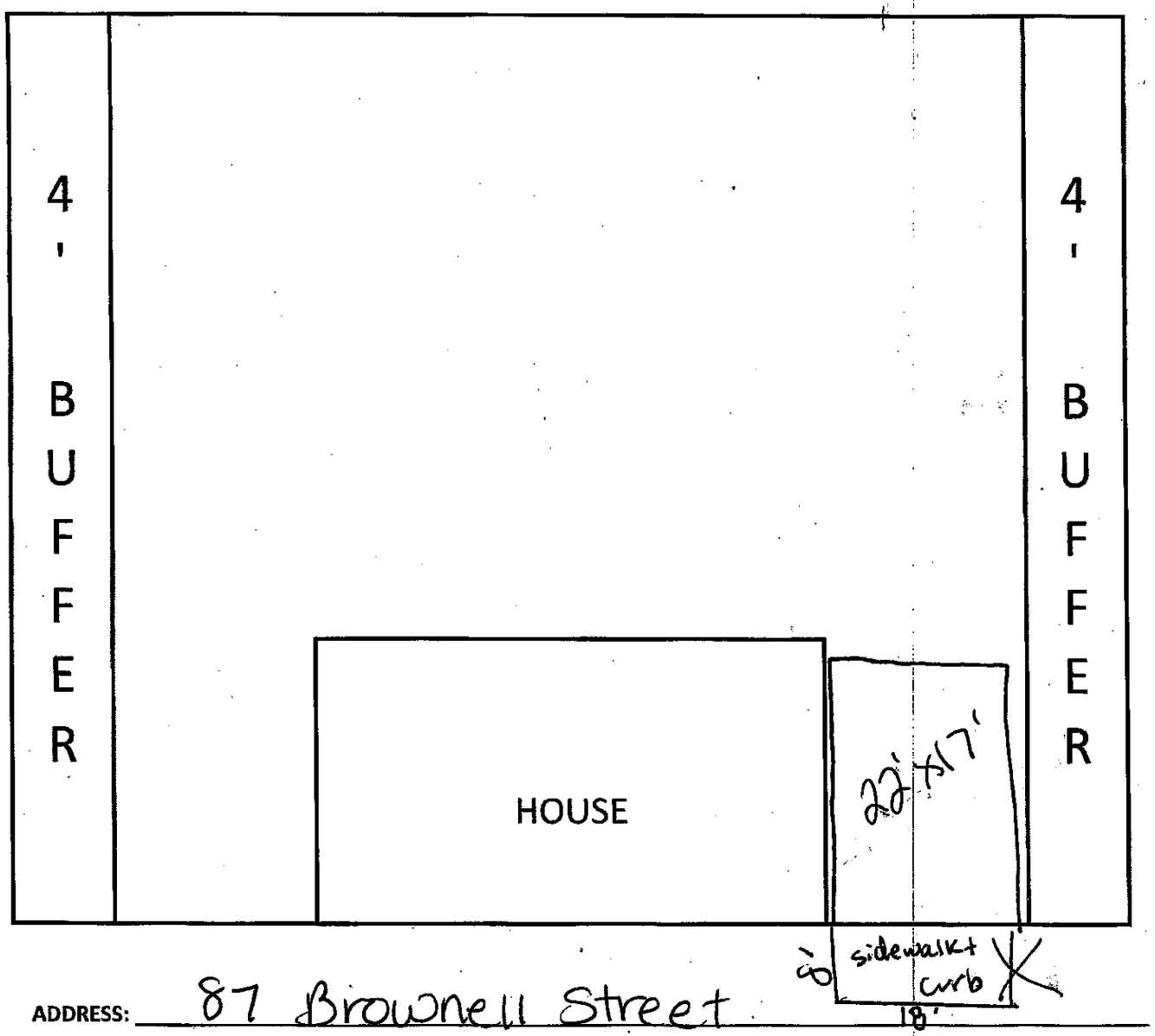
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

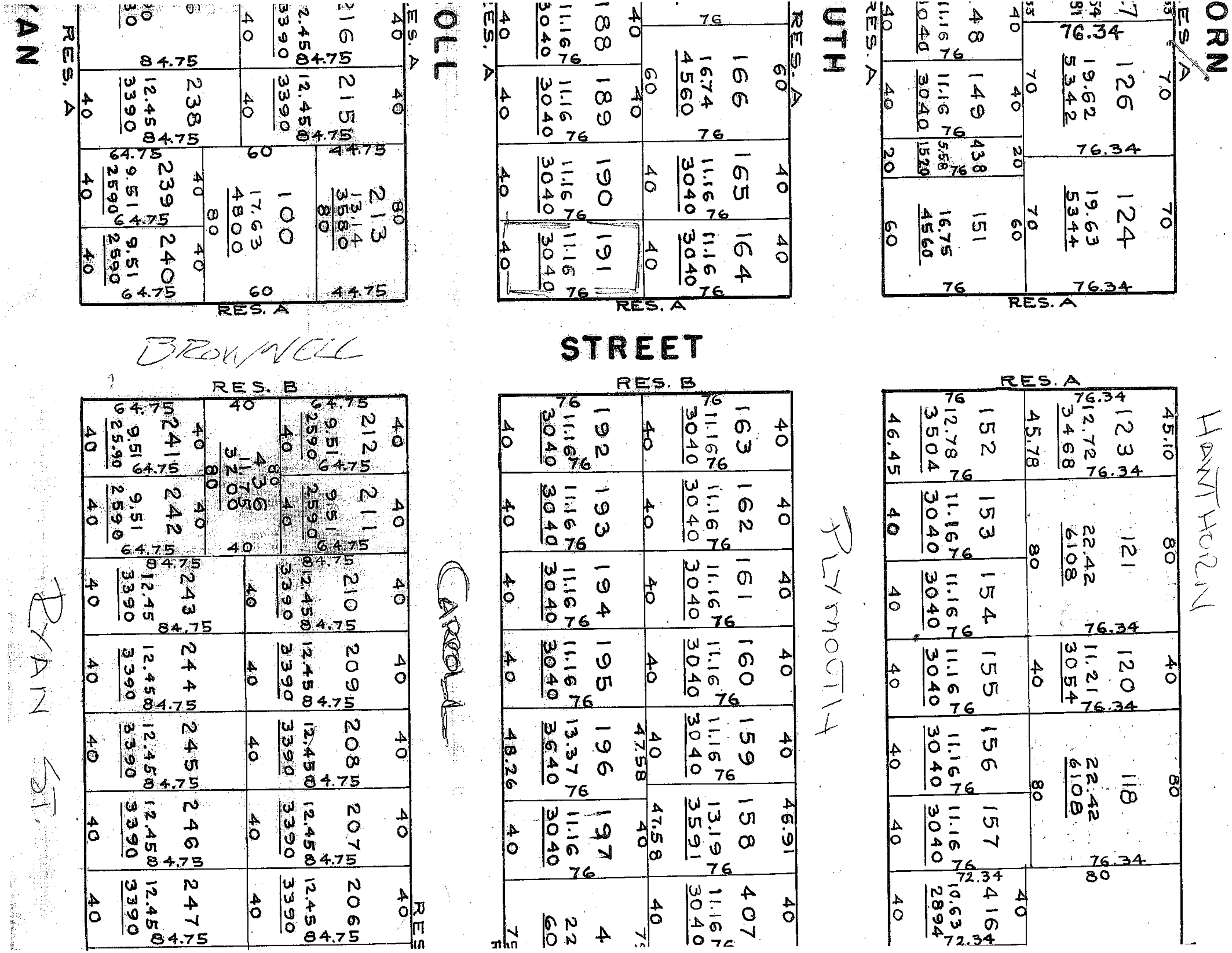
KEVIN DYER

Phone: Fax: E-Mail: TAMCARDOSO@AOL.COM

DRIVEWAY REQUIRMENT 13' MIN 18' MAX



ADDRESS: 87 Brownell Street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CARROLL
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HAWTHORN
RYAN ST.
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RES. B
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