



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

APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/DRIVEWAY

Application No. 11368 Expires: 8/16/17
Property Owner: Wayne Ponte Date: 8/16/17
Address: 117 Princeton St NB MA 02745 Tel: 774-400-9940
street city state zip code

The above hereby requests permission to construct a paved: ☒ driveway / ☐ sidewalk located at
117 Princeton Street, plot 110, lot 390 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	<u>12' granite curb</u>
		☒ Concrete Cement conc. Install	<u>12' x 10'</u>
		☐ Bituminous Concrete	

Bonded Contractor: Corboso Contracting Tel: _____

Traffic Commission: _____ Approved _____ Rejected _____ Date _____

Building Dept. _____ Signature _____
Approved (New Building) _____
☒ Approved - Bldg. Permit# B-17-1861
_____ Rejected _____
Danny Romanos _____
Signature _____

Engineering Department ☒ Approved _____ Rejected 8/1/17 Date _____
Robert Bichel _____
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.I. Yard
1105 Shawmut Ave., New Bedford

PAID: \$150.00

Stephenis Dupera _____
Supervising Civil Engineer
By: Onweli Torres _____
Property Owner
X: Patricia Mota _____

Robert Bichel

From: Maria Sequeira
Sent: Monday, July 31, 2017 1:30 PM
To: Manuel Silva; Ana S. Rosa; Robert Bichel; Donna M. Amado; Stephanie Dupras
Subject: Permit/Application: TB-17-1861 at 117 PRINCETON 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

WANE & DEBRA PONTI
117 PRINCETON ST
P.110 L.390

INSTALL NEW DRIVE

CUT, REMOVE & REINFORCE 12' x 10' GRANITE CURB

INSTALL NEW 12' x 10' CEMENT CONCRETE PARAPET

 - 01/11/17 - DPI/ENGR.



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 Street

City/State/Zip: Acushnet MA 02743 Phone #: (508) 998-8210

Are you an employer? Check the appropriate box:

1. ☒ I am an 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 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: AmGuard Insurance Company

Policy # or Self-Ins. Lic. #: RAWC8607181 Expiration Date: 6/25/2018

Job Site Address: 117 Princeton St., City/State/Zip: New Bedford 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 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: Wilson Cardoso Date: 7/27/17

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 #: _____



CITY OF NEW BEDFORD
JONATHAN F. MITCHELL, MAYOR

DEPARTMENT OF INSPECTIONAL SERVICES
133 WILLIAM STREET - ROOM 308
NEW BEDFORD, MA 02740

CITY OF NEW BEDFORD
INSPECTIONAL SERVICES DEPARTMENT
133 WILLIAM ST, NEW BEDFORD MA 02740

AFFIDAVIT
Home Improvement Contractor Law
Supplement to Permit Application

The Office of Consumer Affairs and Business Regulation ("OCABR") regulates the registration of contractors and subcontractors performing improvements or renovations on detached one to four family homes. Prior to performing work on such homes, a contractor must be registered as a Home Improvement Contractor ("HIC").

M.G.L. Chapter 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units....or to structures which are adjacent to such residence or building" be done by **registered** contractors.

Note: If the homeowner contracted with a corporation or LLC, that entity must be registered.

Type of Work: Driveway Est. Cost _____
Address of Work: 117 Princeton St.
Date of Permit Application: 7/27/2017

I hereby certify that:

Registration is not required for the following reason(s):

Work excluded by law: (explain) _____

___ Job under \$1,000.00

___ Building not owner-occupied

___ Owner obtaining own permit (explain) _____

___ Other (specify) _____

OWNERS OBTAINING THEIR OWN PERMIT OR ENTERING INTO CONTRACTS WITH UNREGISTERED CONTRACTORS OR SUBCONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK ARE NOT ELIGIBLE FOR AND DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER M.G.L. Chapter 142A.

Signed under the penalties of perjury:

I hereby apply for a permit as the agent of the owner:

7/27/17 Cardoso Contracting HE-041791
Date Contractor Name HIC Registration No.

OR:

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

Date Owner Name and Signature

Google Maps 122 Princeton St

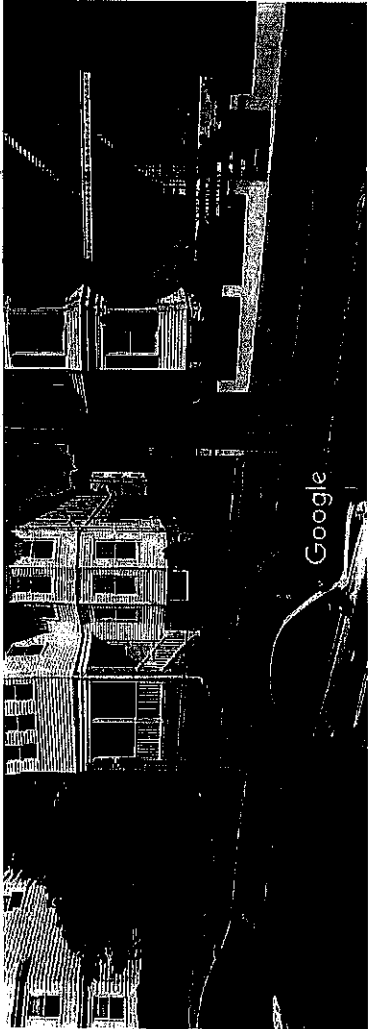
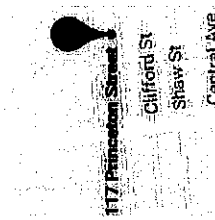


Image capture: Aug 2012 © 2017 Google United States
New Bedford, Massachusetts
Street View - Aug 2012



<https://www.google.com/maps/place/117+Princeton+St,+New+Bedford,+MA+02745/@41...> 7/28/2017

N

IRVINGTON

2	58.99	
6	337	85.62
4		
56	18.63	
59	<u>5072</u>	
	58.99	
32	383	85.62
4		
756	18.63	
69	<u>5072</u>	
	59	

১৩৮

RES. 8
Admington

[illegible]

RES. B

PRINCETON

ST

0	40	19.33
28	429	430
75 ⁰	11.75 ⁸⁰	5.7 ⁰
<u>200</u>	<u>3200</u>	<u>1552</u>
40	40	19.49
7	494	209
6 ^{178.63}	8.66	8.73
2257	2377	78.45

0	1
2	2
9	3
3	4

STREET

		RES. B											
RES. B	50.67	40	40	40	40	40	40	40	40	40	40	40	40
	432	433	434	435	436	437	438	439	440	441	442	443	444
	14.84 ⁰ 40 40	11.75 ⁰ 3200	11.75 ⁰ 3200	11.75 ⁰ 3200	11.75 ⁰ 3200	11.75 ⁰ 3200	11.75 ⁰ 3200	11.75 ⁰ 3200	11.75 ⁰ 3200	11.75 ⁰ 3200	11.46 ⁷⁸ 3120	11.75 ⁰ 3200	11.75 ⁰ 3200
	50.51	40	40	40	40	40	40	40	40	40	40	40	40
39.72	40	40	80.00			40	40	40	40	40	10 ^{2.6} 2.40	80.00	
211	212	213	214	216	217	218	219	220	221	222			
11.42 ^{78.2} 3109	11.48 ^{78.1} 3125	11.48 ^{77.99} 3120	22.88 6229	11.42 ^{77.67} 3109	11.40 ^{77.57} 3103	11.39 ^{77.46} 3102	11.37 ^{77.35} 3095	11.35 ^{77.25} 3090	14.46 ^{79.12} 3938	22.62 6158			
78.31	78.2	78.1	77.99	77.78	77.67	77.57	77.46	77.35	77.25	79.12	77.12	80.00	



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-17-1861**

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.

8/15/2017

FEE PAID: **\$30.00**

This certifies that **Nelson Cardoso**

Contractor Lic. # _____

ParcelID **110-390**

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

on: **117 PRINCETON 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 new driveway

.8" setback for side yard
6' setback for rear yard

: Note from engineering

Bob Bichel - DPI / Engr. - Cut, Remove and Return 12' of Granite Curb -
Install New 12' x 10' Cement Concrete Apron

Department/Commission: _____

YOUR AREA INSPECTOR IS: **Robert Carreiro**

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

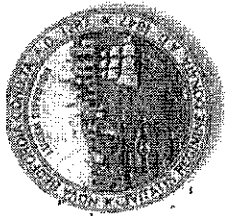
This Card Must Be Displayed in a Conspicuous Place on the Premises and Not Torn Down or Removed Until Completion of Work

SUBJECT TO MASSACHUSETTS
STATE BUILDING CODE

Danny D. Romanowicz

Building Commissioner

Plan Review Comments: : Bob Bichel - DPI / Engr. - Cut, Remove and Return 12' of Granite Curb - Install New 12' x 10' Cement Concrete Apron



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 Wayne A. Ponte 117 Princeton St, being
(Name) (Mailing Address)

Owner of property located at

117 Princeton Street New Bedford MA 02745

Plot Lot, hereby agree to allow Cardoso Contracting
(Name)

P.O. Box 30360 Acushnet 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 Wayne A. Ponte
Signature
117 Princeton St. New Bedford MA 02745
Address
8/15/17 (774) 400 9940
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

\$150.⁰⁰