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

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/ DRIVEWAY

Expires: 6/20/19

Application No. 11,461 Date: 6/20/18

Property Owner: Zack Kilis-Potter St LLC Tel: _____

Adress: PO BOX 50697 New Bedford, MA 02745
Street City State zip code

The above hereby request permission to construct a paved: X driveway / _____ sidewalk located at 135 Potter St, plot 82, lot 154 in accordance with the terms and conditions set forth herein, and the Ordinances of the City of New Bedford.

Sidewalk	Dimensions	Driveway	Width (ft)
___ Residential	_____	X Residential	_____
___ Commercial	_____	___ Commercial	_____
___ Bituminous Concrete	_____	___ Relocation / Widening	_____
___ Concrete Full Width	_____	___ Curb Removal	_____
___ Concrete w/ Grass Ribbon	_____	___ Concrete	_____
___ Curb needed	_____	X Bituminous Concrete	26'x5'

Comments: Replace Existing 26'x5'

Bonded Contractor: AbleAsphalt S Tel: _____

Traffic Commission: ___ Approved ___ Rejected _____ Date

N/A

_____
Signature

Building Dept.
___ Approved (New Building)
P Approved – Bldg. Permit # B-18-1365
___ Rejected

Danny Romero (MJS)
Signature

Engineering Dept. P Approved ___ Rejected _____ Date

Robert Bichel (MJS)
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 in whole pieces within 24 hrs. to the D.P.I. City Yard on Liberty St. (btwn Parker St. & Durfee St.) accompanied with original curbing receipt.

PAID: 150.00 Check # 7935

Stephanie Dupras
Supervising Civil Engineer

By: Mallon Jr

_____
Print name: (property owner/representative)

_____
Signature: (property owner/representative)

Commonwealth of Massachusetts

CITY OF NEW BEDFORD

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

BUILDING PERMIT

6/19/2018

No. **B-18-1365**

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 **82-154**

This certifies that Able Asphalt **Contractor Lic. #** _____

owner/contractor has permission to: Driveways - 30.00

on: 135 POTTER 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 advised to contact that agency and resolve this matter. Department.Commission: _____	: Scope of work- Repave existing driveway according to approved plans Engineer Comments DPI / Engr. - Replace Existing 26' x 5' BT Brow with Hot Mix Asphalt

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

Danny D. Romanowicz

Building Commissioner

Plan Review Comments: : Scope of work- Repave existing driveway according to approved plans

: RB - DPI / Engr. - Replace Existing 26' x 5' BT Brow with Hot Mix Asphalt

CITY OF NEW BEDFORD
MASSACHUSETTS
Engineering Department, Rm. 303
133 William Street
New Bedford, Ma. 02740
Tel: 508-979-1527
Fax: 508-961-3043

Duarte M. Andrade,
Acting City Engineer

To Whom It May Concern:

I Zack Tsilis (Name) Potter St. LLC. POBox 50697 New Bedford (Mailing Address) MA 02745, being

Owner of property located at 135 Potter St

Plot _____, Lot _____, hereby agree to allow Able Asphalt, Inc. (Name)

128 Woodlak Rd. Dart. (Mailing Address) MA 02747, to act on my behalf including affixing my 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 _____ Signature

POBox 50697
Address

6/18/18 Date — 774 204 9541 Telephone number

Robert Bichel

From: Maria Sequeira
Sent: Tuesday, May 22, 2018 2:45 PM
To: Danny Romanowicz; Manuel Silva; Ana S. Rosa; Robert Bichel; Donna M. Amado; Stephanie Dupras; Rebecca Gomes
Subject: Permit/Application: TB-18-1365 at 135 POTTER 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

RE-PAVE PARKING LOT

MS

135 POTTER ST. LLC
135 POTTER ST.
P. 82 L. 154

RB - 5/30/18 - DPI/ENGR.
REPLACE EXISTING 26'x5' BIT BROW WITH HOT MIX ASPHALT

CARL BIZZARO

ABLE

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): ABLE ASPHALT, INC

Address: 128 Woodcock Road

City/State/Zip: Dartmouth, MA 02747 Phone #: (508) 636-9700

Are you an employer? Check the appropriate box:

1. ☑ I am a employer with 5 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 driveway/ paving

*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: Travelers Ins.

Policy # or Self-ins. Lic. #: UB-3J027180-17-42-G Expiration Date: 7/8/17 – 7/8/18

Job Site Address: X 135 Potter 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 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: X Date: X 5/18/18

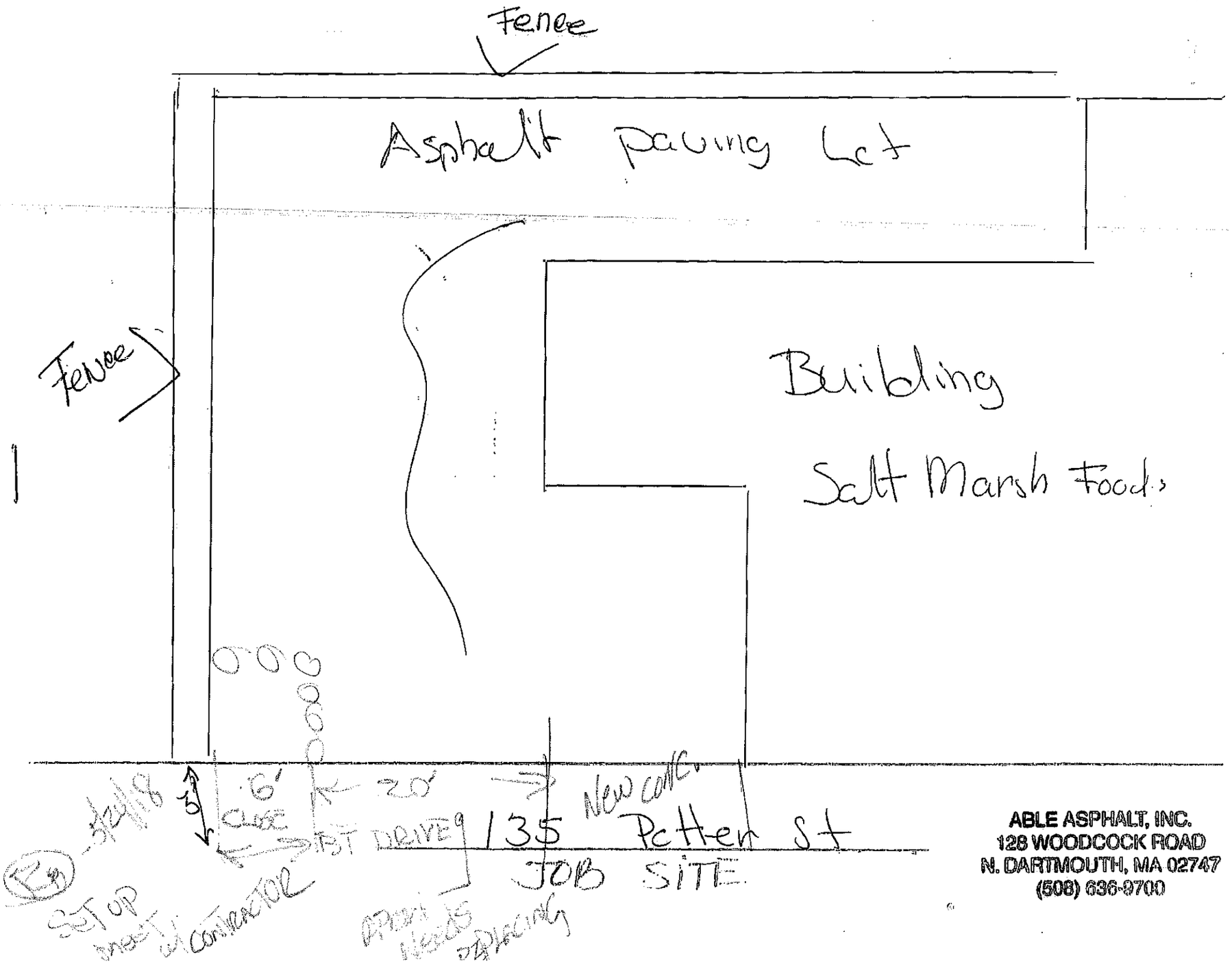
Phone #: (508) 636-9700

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

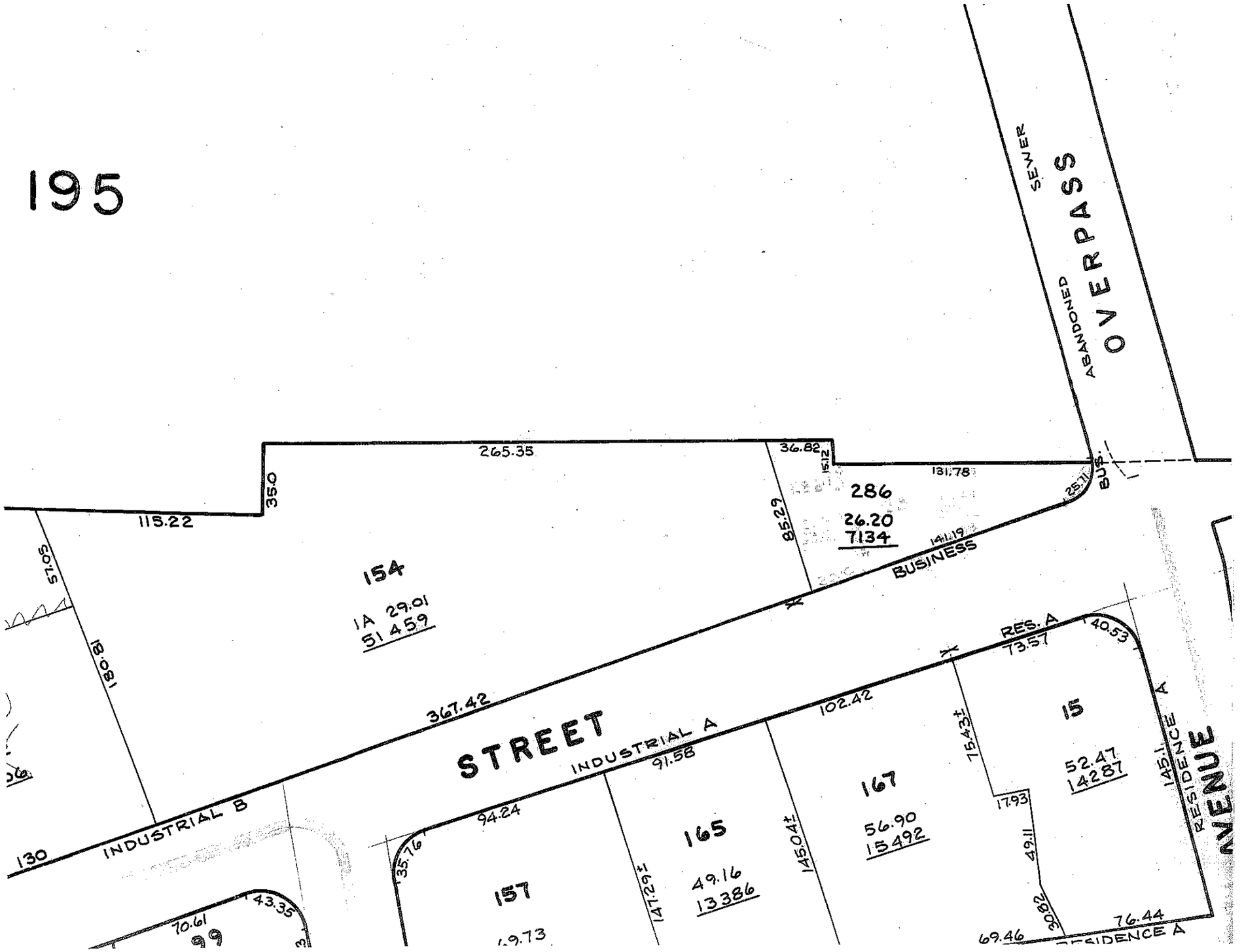
City or Town: _____ **Permit/License #** _____

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 #:** _____



ABLE ASPHALT, INC.
128 WOODCOCK ROAD
N. DARTMOUTH, MA 02747
(508) 636-9700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SEWER
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OVERPASS
265.35
36.82
131.78
286
26.20
7134
BUS.
115.22
35.0
57.05
154
1A 29.01
51 459
85.29
141.19
BUSINESS
RES. A
73.57
40.53
367.42
STREET
INDUSTRIAL A
INDUSTRIAL B
130
91.58
102.42
94.24
35.76
157
49.73
165
49.16
13386
167
56.90
15492
15
52.47
14287
17.93
49.11
30.82
76.44
69.46
RESIDENCE A
AVENUE