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

APPLICATION FOR CONSTRUCTION OF PAVED SIDEWALK/ DRIVEWAY

Expires: 6-21-19

Application No. 11,405 Date: 6-21-18

Property Owner: Augusto Rosa Tel: 5085426549

Adress: 217 Portland St NB MA
Street City State zip code

The above hereby request permission to construct a paved: ✓ driveway / ____ sidewalk located at 217 Portland St., plot 5, lot 16 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	_____	___ Residential	_____
___ Commercial	_____	___ Commercial	_____
___ Bituminous Concrete	_____	___ Relocation / Widening	_____
___ Concrete Full Width	_____	___ Curb Removal	_____
___ Concrete w/ Grass Ribbon	_____	___ Concrete	_____
___ Curb needed	_____	✓ Bituminous Concrete	18' X 8'

Comments: no proposed work in city layout.

Bonded Contractor: Dbc Asphalt Tel: On file.

Traffic Commission: ____ Approved ____ Rejected _____ Date

_____
Signature

Building Dept.

____ Approved (New Building)
✓ Approved – Bldg. Permit # B-18-1237
____ Rejected

Danny Romeril
Signature

Engineering Dept. ✓ Approved ____ Rejected 5-15-18 Date

Robert Bichel
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 Check # 7938

Stephanie Crampton
Supervising Civil Engineer

By: Traci Rodrigues

_____
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

5/22/2018

No. **B-18-1237**

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 **5-16**

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

owner/contractor has permission to: Driveways - 30.00

on: 217 PORTLAND 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: _____	: Remove and repave existing driveway as per plans

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 O. Romanowicz

Building Commissioner

Plan Review Comments: : RB - DPI / Engr. - No Work in City Layout

: Scope of work- Resurface existing driveway according to approved plans

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 Augusto Rosa (Name) 217 Portland St. (Mailing Address), being

Owner of property located at 217 Portland St.

Plot ____, Lot ____, hereby agree to allow ABLE ASPHALT (Name)

28 Worrack Rd. (Mailing Address), 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 Augusto Rosa
Signature

217 Portland St.
Address

5/22/18 (Date) 5085420549 (Telephone number)

Robert Bichel

From: Maria Sequeira
Sent: Monday, May 14, 2018 3:31 PM
To: Manuel Silva; Ana S. Rosa; Robert Bichel; Donna M. Amado; Stephanie Dupras; Rebecca Gomes
Subject: Permit/Application TB-18-1237 at 217 PORTLAND 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

AUGUSTO ROSA
217 PORTLAND ST.
P.5 L.16

REPAVE EXISTG
DRIVEWAY
(MS)

NO PROPOSED WORK IN CITY LAYOUT

EXISTING 18'X8' BITUMINUS DRIVE APRON

RB 5/15/18 DPI/ENGRG

ABLE

City of New Bedford, MA

Building Division

City Hall, Room 308, 133 William Street
New Bedford, MA 02740

RECEIPT

APPLICATION TO CONSTRUCTION, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH A DWELLING

Permit No #: TB-18-1237	Date Recieved: **5/10/2018**
Signature: **Able Asphalt**	
Building Commissioner/Inspector of Buildings:	Date

SECTION 1 : SITE INFORMATION

1.1 Property Address	1.2 Assessors Map & Parcel Number
217 PORTLAND ST	**5-16**
1.3 Zoning Information	1.4 Property Dimensions
RA (Zoning District) / Proposed Use	**3341** (Lot Area) / Frontage (ft)

1.5 Buildling Setbacks (ft)

Front Yard		Side Yard		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
20.00	**0.00**	**8.00**	**0.00**	**30.00**	**0.00**

1.6 Water Supply	**False**	1.7 Flood Zone Information		1.8 Sewage Disposal	**False**

SECTION 2: PROPERTY AUTHORIZED AGENT

Agent of Record

Name	Address			
Able Asphalt	**128 Woodcock Rd.**	**North Dartmouth**	**Ma.**	**02747**

SECTION 3: Description of Proposed Work

Permit For: **Driveways - 30.00**

Brief Description of Proposed Work:

repave existing driveway

m.s.

SECTION 4: Estimated Construction Costs / Permit Fees

		Payment Date	Amount Paid	Check No
Total Project Cost :	**$3,000.00**			
Total Permit Fee Paid:	**$0.00**			

Account Number : 02401200-453010 ISPBPM

THIS IS NOT A PERMIT

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. [x] 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. [x] 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: 217 Portland 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 5/8/18

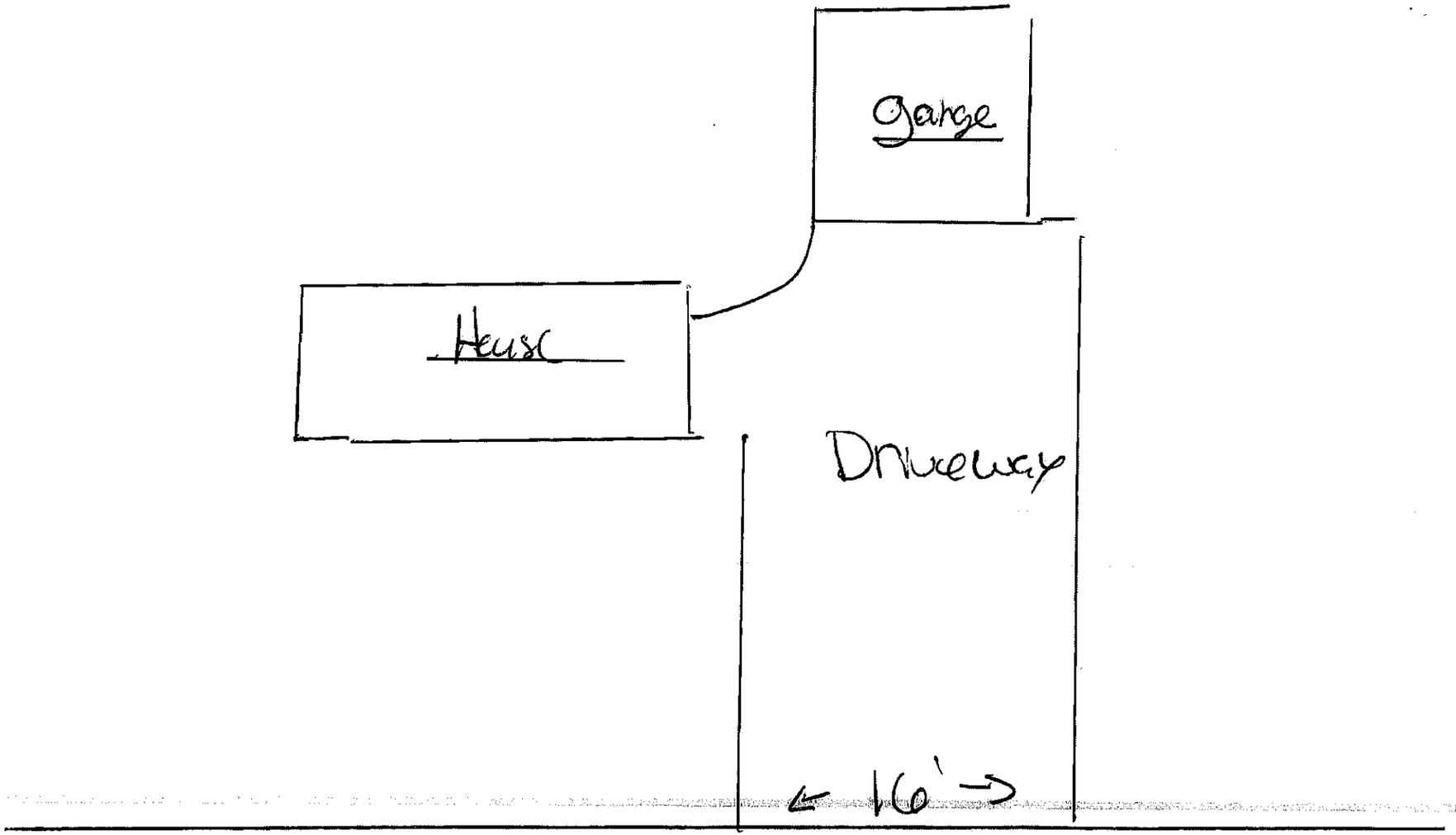
Phone #: (508) 636-9700

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 #:** _____



217 Portland St.
JOB SITE

ABLE ASPHALT, INC.
128 WOODCOCK ROAD
N. DARTMOUTH, MA 02747
(508) 636-9700


BREAM ST.
PORTLAND STREET
CEMETERY
SHEL
BREA
NAU
RES. A
204
216
244
199
200
206
207
208
209
217
218
237
238
210
10
11
12
13
16
18
21
25
29
31
33
17
38
39
40
41
42
43
44
45
46
48
49
51
53
57
58
59
60
61
62
64
65
66
67
68
70
184