



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

APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/ DRIVEWAY

Expires: 6-21-19

Application No. 11,407

Date: 6-21-18

Property Owner: Richard MELISSA Santos Tel: 617-212-0824

Address: 208 Adelaide St NB MA. City MA State MA zip code

The above hereby request permission to construct a paved: ☒ driveway / sidewalk located at 208 Adelaide St, plot 130, lot 344 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	☐ Residential	☐
☐ Commercial	☐ Commercial	☐ Commercial	☐
☐ Bituminous Concrete	☐ Relocation / Widening	☐ Relocation / Widening	☐
☐ Concrete Full Width	☐ Curb Removal	☐ Curb Removal	☐
☐ Concrete w/ Grass Ribbon	☐ Concrete	☐ Concrete	☐
☐ Curb needed	☒ Bituminous Concrete	☒ Bituminous Concrete	<u>20' x 13'</u>

Comments: Remove existing install new 20' x 13'
Hot mix Asphalt Approx 12' Radius @ EOF.

Bonded Contractor: Bob Asgaut Tel: On file

Traffic Commission: ☐ Approved ☐ Rejected ☐ Date

Signature

Building Dept. ☐ Approved (New Building)
☒ Approved - Bldg. Permit # B-18-1364
☐ Rejected

Signature Danny Loman

Engineering Dept. ☒ Approved ☐ Rejected 5/21/18 Date

Signature Robert A. Kelly

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 # #7936

Signature Stephen Campbell
Supervising Civil Engineer

Print name: (property owner/representative)

By: Joni Rodriguez Signature: Joni Rodriguez
(property owner/representative)



Commonwealth of Massachusetts
CITY OF NEW BEDFORD

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



No. B-18-1364

MSBC Sect. 11D.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.

This certifies that Able Asphalt

owner/contractor has permission to:

Driveways - 30.00

on: 268 ADELAIDE 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 addn 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 : Scope of work---Remove -resurface existing driveway according to permit. You are advised to contact that agency and resolve this matter.

Department/Commission:

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

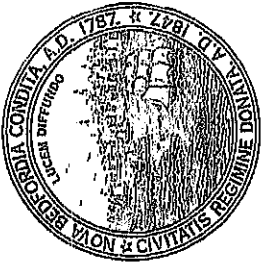
OCCUPANCY PERMIT REQUIRED BEFORE OCCUPANCY
No Building Structure shall be used or occupied until the Certificate of Use and Occupancy shall have been issued by the Building Commissioner - MSBC Sect. 120K1
This Card Must Be Displayed in a Conspicuous Place on the Premises and Not Torn Down or Removed Until Completion of Work

SUBJECT TO MASSACHUSETTS
STATE BUILDING CODE

Building Commissioner

Donny C. Bizarro

Plan Review Comments: : Scope of work-resurface existing driveway according to approved plans
: RB - DPI / Engr. - Remove Existing and Install new 20' x 13' Hot Mix Asphalt aprons w/ 2' Radius at EOP



**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 Rick Dantes 208 Adelaide St., being
(Name) (Mailing Address)

Owner of property located at 208 Adelaide St.

Plot Lot, hereby agree to allow Able Asphalt, Inc.
128 Woodcock Rd. to act on my behalf including affixing my
(Name) (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 all regulations applicable to the permit (s) being applied for:

Name Rick Dantes
Signature [Signature]
208 Adelaide St.
Address

5/22/18 617-212-0824
Date Telephone number

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Robert Bichel

From: Maria Sequeira
Sent: Tuesday, May 22, 2018 2:39 PM
To: Danny Romanowicz; Manuel Silva; Ana S. Rosa; Robert Bichel; Donna M. Amado; Stephanie Dupras; Rebecca Gomes
Subject: Permit/Application: ~~18-18-1364~~ at 268 ADELAIDE 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

REPORE DAVE

ms

RICHARD + MGLISA
SANTOS
268 ADELAIDE ST
P.130 L.344

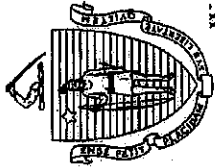
REMOVE EXISTING + INSTALL NEW 20' X 13'
HOT MIX ASPHALT APRON w/ 2' RADIUS @ EOT

 - 5/24/18 - DRI/ENGR.

1

CARL BIZARD

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) 630-9700

Are you an employer? Check the appropriate box:

1. ☒ I am an 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, § (4), and we have no employees. [No workers' comp. insurance required.]

* 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.

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

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-37027180-17-42-G Expiration Date: 7/8/17 - 7/8/18

Job Site Address: X 268 Adelaide 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: [Signature]

Date: X 5/22/18

Phone #: (508) 630-9700

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 #: _____

5/10/2018

268 Adelaide St - Google Maps

Google Maps 268 Adelaide St

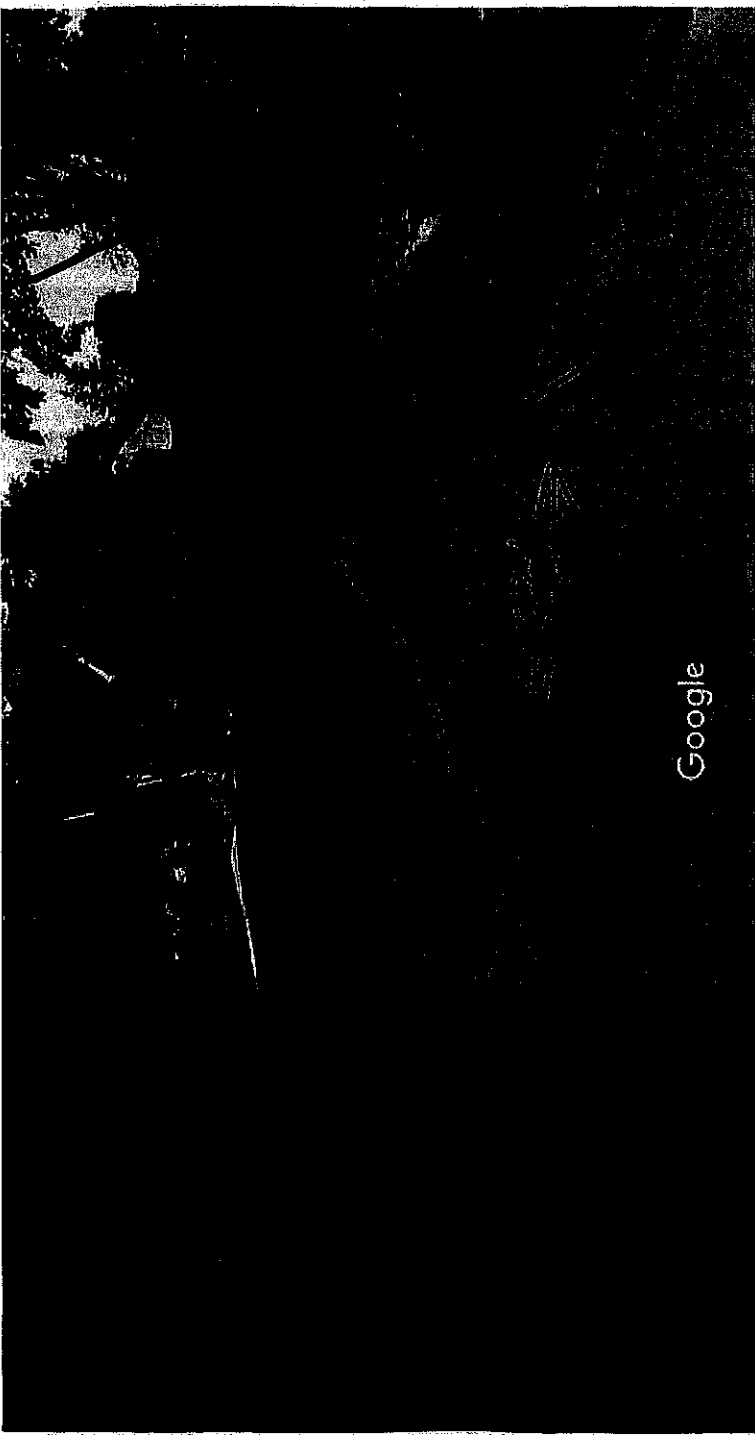
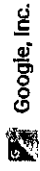
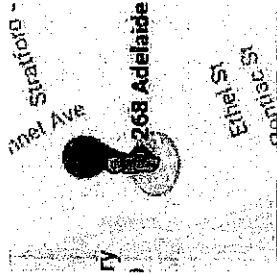


Image capture: Aug 2012 © 2018 Google

New Bedford, Massachusetts



Street View - Aug 2012



Rip out and
Replace existing

<https://www.google.com/maps/place/268+Adelaide+St,+New+Bedford,+MA+02745/@41.6896064,-70.930528,3a,75y,45.96h,66.7t/data=!3m6!1e1!3m4!1sMuOTr0i>

