



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

APPLICATION FOR
CONSTRUCTION OF
PAVED
SIDEWALK/ DRIVEWAY

Expires: 6-22-09

Application No. 11469 Date: 6-22-18
Property Owner: Rick Miller Tel: 508 542 1636
Address: 665-667 Orchard St NB MA
Street City State zip code

The above hereby request permission to construct a paved: ☒ driveway / ☐ sidewalk
located at 665-667 Orchard St., plot 19, lot 50 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>44' x 10'</u>

Comments: Remove & replace 44'x10' w/ hot mix asphalt.
Approve on Orchard St. Rockable permitted separately.

Bonded Contractor: Leis Asphalt. Tel: On file

Traffic Commission: ☐ Approved ☐ Rejected ☐ Date

Signature

Building Dept.

☐ Approved (New Building)
☒ Approved - Bldg. Permit # 18-1286
☐ Rejected

Danny Rodero
Signature

Engineering Dept.

☒ Approved ☐ Rejected 6/1/18 Date

Robert Scher
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 # 1016

Hydromis (Campton)
Supervising Civil Engineer

P-T Anthony Henriquez
Print name: (property owner/representative)

By: Franci Rodriguez

Franci Rodriguez
Signature: (property owner/representative)



Commonwealth of Massachusetts
CITY OF NEW BEDFORD
BUILDING PERMIT

No. B-18-1286

This certifies that Kristal Reis

owner/contractor has permission to

on: 665-667 ORCHARD ST

Providing that the person accepting this permit shall be responsible for the construction, therefore on file in this office; to the provisions of the statute of the Commonwealth adn to the provisions of the ordinance of the City of New Bedford, in the event of any violation, repairing, or tearing down of a building.

Permit is issued

Permit is issued subject to the following special requirements: (Restrictions)

CITY DEPARTMENT/COMMISSION COMMENTS

The following department/commission has expressed its approval of the permit. You are adviced to contact that agency for further information.

Department/Commission:

Note from engineering department:
RB - DPI / Engr. - Remove and repave with Hot Mix Asphalt existing 44' x 10' Driveway Apron on Orchard Street - Proposed New Driveway on Driveway on Rockdale Ave to Be Permitted separately per owner.

YOUR AREA INSPECTOR USE ONLY (To Be Filled In By Inspector)

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

Building Commissioner

Kristal Reis

Plan Review Comments: : RE-PAVE EXISISTING PAVED AREA THAT IS ALL BROKEN UP

: RB - DPI / Engr. - Remove and repave with Hot Mix Asphalt existing 44' x 10' Driveway Apron on Orchard Street - Proposed New Driveway on Rockdale Ave to Be Permitted separately per owner.



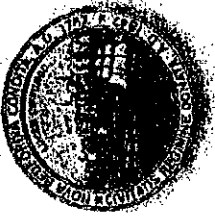
6/22/2018

FEE PAID: \$30.00

ParcelID 19-50

Contractor: Kristal Reis

0.00



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 Rick Miller _____, being
(Name) (Mailing Address)

Owner of property located at

665-667 Orchard St

Plot _____, Lot _____, hereby agree to allow _____
(Name) Reis Asphalt

Rels Asphalt, Inc.
476 Hixville Road
Dunsmuir, CA 95727
(Maine 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

SALES

Addressee

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

Robert Bichel

From: Maria Sequeira
Sent: Wednesday, May 30, 2018 11:11 AM
To: Danny Romanowicz; Anne Louro; Manuel Silva; Ana S. Rosa; Robert Bichel; Donna M. Amado; Stephanie Dupras; Rebecca Gomes
Subject: Permit/Application: TB-18-1286 at 665-667 ORCHARD 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

Paving PARALINCA AREA

CURB CUT TO MAX
PERSON PLANT DD

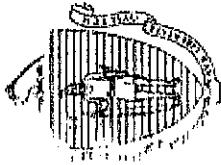
14500TH ST. LLC
665-667 ORCHARD
P.19 L.50

Removed Paving 4'x10' w/ HOT MIX ASPHALT
DRIVEWAY ARROW ON ORCHARD ST,
(ROADSIDE ARE TO BE REENTIED SEPARATELY)

 - 01/11/18 - DSI/ENCL.

Jim Papas

Reis



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): Reis Asphalt

Address: 476 Hixville Rd

City/State/Zip: Dartmouth MA Phone #: 508 9960735

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 4 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 Driveway/lot

* 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: Peerless Ins

Policy # or Self-ins. Lic. #: 12808 Expiration Date: 1-1-19

Job Site Address: _____ City/State/Zip: _____

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: Derek Reis Date: 4-1-18

Phone #: 508 9960735

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

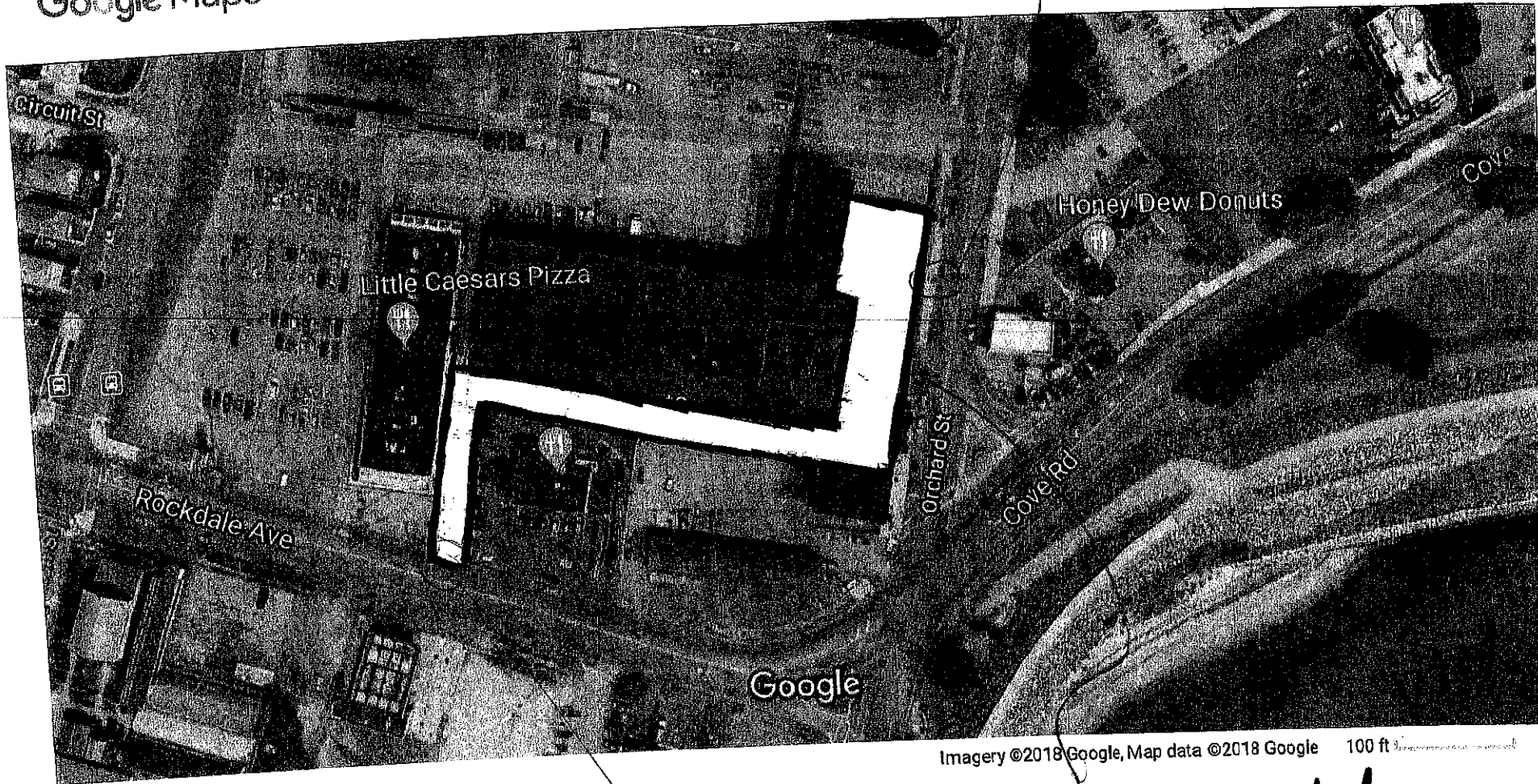
6. Other _____

Contact Person: _____ Phone #: _____

5/15/2018

Google Maps

CONC WALK BROCKEN + SUNK



665 Orchard St

paving area in white

NEW DRIVEWAY

BT APRONI

Needs REPAIR

34' x 10'
?

