309-18

APPLICATION FOR
PERMIT FOR STREET OBSTRUCTION
(Under New Bedford City Code, Chapter 22)

New Bedford, Mass: NOVEMBER 9, 2018

To the Mayor and City Council:

The undersigned respectfully requests permission to obstruct

Location of obstruction applied for
(Number of building and side of street)

42 NORTH WATER STREET

Pia Maria's

for purpose of ROOF REPAIRS

Material of outside walls of building

Time provided in contract for completion of work ; if no contract, the estimated time required to complete the construction, rebuilding or repairs

Time for which space is applied 11/22/18 - 11/22/18

Space proposed to be obstructed in street or sidewalk:

Length 80+/- 100+ 4 parking spaces

Requested parking pass with traffic Commission

Projection into sidewalk yes.

Projection into roadway yes 80 +/- 100+

Nature of obstructions dumpster, equipment construction, Equipment car, trucks

Provisions made for travelers opposite side for travelers

As further consideration for this permit, the applicant shall hold the City of New Bedford harmless and indemnify it for any and all injury to loss, cost, damage, expense, (including reasonable attorneys fees) and liability on account of the obstruction in the street and/or sidewalk and any work done in connection therewith.

Signature of Applicant Maria L. Couto (508) 509-4414 Office

Company COUTO CONSTRUCTION, INC.

Address 23 HIGH HILL ROAD
DARTMOUTH, MA 02747

Telephone # 5085194414

Consent of the Commissioner of Public Infrastructure

New Bedford, Mass. 11/9/2018

I do consent to the above application.
do not

I suggest the following conditions be included in permit

FOR INSPECTION ONLY A 24 HOUR NOTICE IS REQUIRED AND THE CONTRACTOR/APPLICANT IS REQUIRED TO NOTIFY THE D.P.I. @ 508 979-1550 Press 4 Repair
PERMIT EXPIRES 1 YEAR

COUTO CONSTRUCTION
ONE CALL DOES IT ALL

How to Apply for an Obstruction Permit

Primary Task Delegation- Administrative Assistant

Areas highlighted represent corresponding sub-processes that can be referenced in the playbook.

Prepare by bringing a updated COI with you to the New Bedford City Counsel Office.

1. Go to New Bedford City Counsel Office and pick up permit application.
   a. Will need to pay for permit-$30.00
   b. Start to fill out the proper paperwork.

2. Bring permit application to the Building Department office to complete the areas designated to them.

3. Bring permit application signed by both CIty Counsel and Building Department to the Public Infrastructure office to have them sign their portion of the permit.

4. Return the permit back to the City Counsel Office for final approval.

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): Couto Construction, Inc

Address: 24 Ernest Street

City/State/Zip: New Bedford Ma 02745 Phone #: 508-509-4414

Are you an employer? Check the appropriate box:

1. [X] I am a 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 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. [X] Roof repairs
14. [ ] 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 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: ACE Group

Policy # or Self-ins. Lic. #: 65162UB4567P26318 Expiration Date: 1-21-19

Job Site Address: 42 N. Water 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: Couto Date: 11-5-18

Phone #:

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: Roof Est. Cost $14,000

Address of Work: 42 N. Water St.

Date of Permit Application: 11-5-18

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: D Couto

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

Date 11-5-18 Contractor Name Couto Construction HIC Registration No. 165752

OR:

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

Date Owner Name and Signature

The Commonwealth of Massachusetts

Office of Consumer Affairs and Business Regulation
One Ashburton Place - Suite 1301
Boston, Massachusetts 02108
Home Improvement Contractor Registration

Type: Supplement Card
Registration: 165756
Expiration: 03/21/2020

COUTO CONSTRUCTION INC.
24 ERNEST ST.
NEW BEDFORD, MA 02745

Update Address and Return Card.

CA 1 ♻ 20M-05/17

The Commonwealth of Massachusetts
Office of Consumer Affairs & Business Regulation
HOME IMPROVEMENT CONTRACTOR
TYPE: Supplement Card

Registration	Expiration
165756	03/21/2020

COUTO CONSTRUCTION INC.

DEREK COUTO
24 ERNEST ST.
NEW BEDFORD, MA 02745

Undersecretary

Registration valid for individual use only before the expiration date. If found return to:
Office of Consumer Affairs and Business Regulation
One Ashburton Place - Suite 1301
Boston, MA 02108

Not valid without signature

Massachusetts Department of Public Safety
Board of Building Regulations and Standards

License: **CS-109099**
Construction Supervisor

DEREK O COUTO
19 HIGH HILL ROAD
DARTMOUTH MA 02747

Commissioner

Expiration:
07/04/2019

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/10/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: lina reis
BRANCO GARDNER INSURANCE	PHONE (A/C, No, Ext): (508) 990-7367 FAX (A/C, No):
	E-MAIL ADDRESS: lina@brancogardnerinsurance.com
48 STATE RD	INSURER(S) AFFORDING COVERAGE — NAIC #
N DARTMOUTH MA 02747	INSURER A : ACE AMERICAN INSURANCE CO — 22667
INSURED	INSURER B :
COUTO CONSTRUCTION INC	INSURER C :
	INSURER D :
23 ERNEST ST	INSURER E :
NEW BEDFORD MA 02745	INSURER F :

COVERAGES **CERTIFICATE NUMBER: 228401** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
				N/A			PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS ☐ SCHEDULED AUTOS			N/A			BODILY INJURY (Per accident)	$
	HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB ☐ CLAIMS-MADE			N/A			AGGREGATE	$
	DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☒ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH)	N/A	N/A	6S62UB4567P26318	01/21/2018	01/21/2019	E.L. EACH ACCIDENT	$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
				N/A				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Workers' Compensation benefits will be paid to Massachusetts employees only. Pursuant to Endorsement WC 20 03 06 B, no authorization is given to pay claims for benefits to employees in states other than Massachusetts if the insured hires, or has hired those employees outside of Massachusetts.

This certificate of insurance shows the policy in force on the date that this certificate was issued (unless the expiration date on the above policy precedes the issue date of this certificate of insurance). The status of this coverage can be monitored daily by accessing the Proof of Coverage - Coverage Verification Search tool at www.mass.gov/lwd/workers-compensation/investigations/.

CERTIFICATE HOLDER

City of New Bedford
133 William Street
New Bedford MA 02740

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Daniel M. Crowley, CPCU, Vice President – Residual Market – WCRIBMA

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/08/2018

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PRODUCER
Branco Gardner Insurance
48 State Road
North Dartmouth MA 02747

CONTACT NAME: Lisa Souza
PHONE (A/C, No, Ext): 508-990-7367 FAX (A/C, No): 508-999-9621
E-MAIL ADDRESS: lina@brancogardnerinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Western World Insurance Co	
INSURER B: Safety Insurance Co	
INSURER C: Ace Insurance co	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Couto Construction Inc
23 Ernest St.
New Bedford MA 02745

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☒ PRO-JECT ☒ LOC OTHER:	X	X	NPP8326735	02/24/2018	02/24/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 50,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS ☒ SCHEDULED AUTOS NON-OWNED AUTOS			623482	09/25/2018	08/25/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N ☐ N/A If yes, describe under DESCRIPTION OF OPERATIONS below						☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER
City of New Bedford
133 William Street
NEW BEDFORD, MA 02740

CANCELLATION
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AUTHORIZED REPRESENTATIVE
Lisa Souza

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