



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

CONSTRUCTION OF
PAVED
SIDEWALK/ DRIVEWAY

Expires: 07-28-2021

Application No. 11739

Date: 07-28-2021

Property Owner: John Almeida & Tammy House Tel: 508-998-8210

Address: 682 Kempton St New Bedford MA 02740
Street City State zip code

The above hereby request permission to construct a paved: N driveway / sidewalk
located at 682 Kempton St, plot 50, lot 150 in accordance
with the terms and conditions set forth herein, and the Ordinances of the City of New Bedford.

| Sidewalk | | Driveway | |
|--|---------------|-------------------------------------|-----------------|
| Dimensions | | Width (ft) | |
| <u> </u> Residential | <u> </u> | <u>X</u> Residential | <u>18' x 8'</u> |
| <u> </u> Commercial | <u> </u> | <u> </u> Commercial | <u> </u> |
| <u> </u> Bituminous Concrete | <u> </u> | <u> </u> Relocation / Widening | <u> </u> |
| <u> </u> Concrete Full Width | <u> </u> | <u>X</u> Curb Removal | <u>13'4"</u> |
| <u> </u> Concrete w/ Grass Ribbon | <u> </u> | <u>X</u> Concrete | <u>18' x 8'</u> |
| <u> </u> Curb needed | <u> </u> | <u> </u> Bituminous Concrete | <u> </u> |

Comments: curb removal and install new 18' x 8' cement concrete driveway

Bonded Contractor: Cardoso Contracting Tel: 508-998-8210

Traffic Commission: Approved Rejected Date

Signature

Building Dept.

 Approved (New Building)
 Approved - Bldg. Permit # B-21-1790
 Rejected

Danny Remondino
Signature

Engineering Dept.

 Approved Rejected 6/29/2021 Date

Dennis Savage
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 # 5257

Stephanie Lamster
Supervising Civil Engineer

By: Shamela Juper

X Nelson Cardoso
Print name: (property owner/representative)
X Nelson Cardoso
Signature: (property owner/representative)

1105 Shawmut Avenue, New Bedford, MA 02746 Telephone 508-979-1550 Fax 1-508-961-3054

Driveway Review Form

Submitted By: nb.dennis.souza

Submitted Time: 06/28/2021 9:53 AM

WO #: 21-013149

Date & Time: June 28, 2021 9:51 AM

DPI Inspector: DS

Bldg. Inspector: Carl Bizarro

Contractor: Cardoso

Granite Curb: Remove and return 18-ft.

Address: 682 Kempton St

Owner: John Almeida & Tammy House

Permit #: TB-21-1790

Property

Plot #: 50 **Lot #:** 150

Permit Notes (Prop. Work): Curb cut 18-ft.

City Layout: 8-ft

Additonal Inspection Notes: 1.Curb return above. 2.Remove existing 18-ft x 8-ft cement concrete sidewalk. 3. Install new 18-ft x 8-ft cement concrete driveway apron in accordance with the most current revision of DPI Specs.

APPROVED


D.S.

6/29/2021

682 Kempton St

Driveway Review

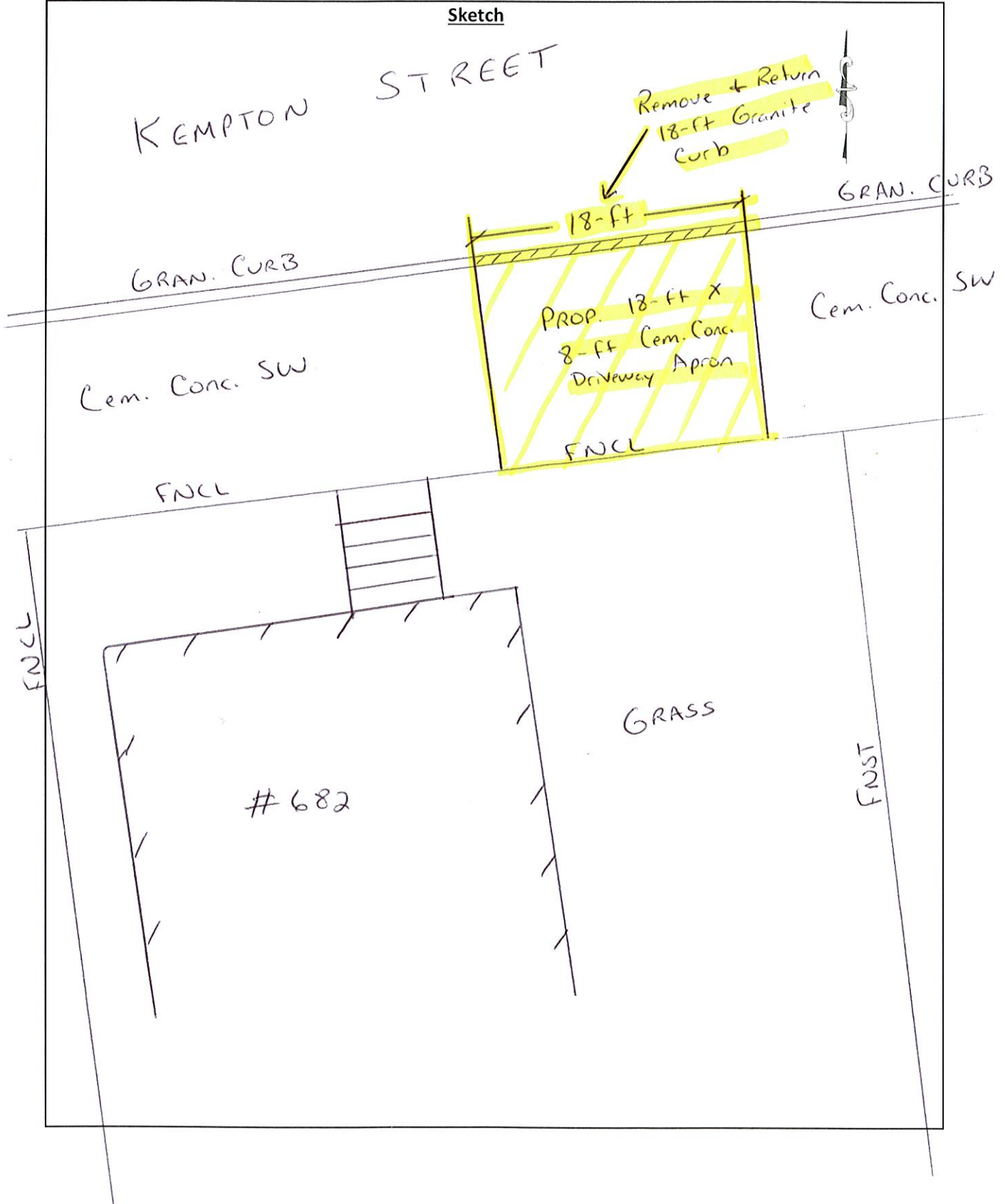
Address: 682 Kempton St

DPI Inspector: 

Permit: TB-21-1790

City Layout: 8-ft

Sketch



C
Cardoso

C
Contracting Inc.

P.O. Box 30360, Acushnet, MA 02743
(508) 998-8210



5257

PAY TO THE
ORDER OF

CITY OF NEW BEDFORD

One Hundred Fifty and 00/100*****

\$ **150.00

DOLLARS

CITY OF NEW BEDFORD
DPI

1105 SHAWMUT AVE
NEW BEDFORD, MA 02746

MEMO

682 KEMPTON ST DRIVEWAY

AUTHORIZED SIGNATURE

Debra Cardoso

⑈005257⑈ ⑆211370859⑆ ⑆520008079⑈

MISCELLANEOUS PAYMENT RECPT#: 3457918
City of New Bedford
133 William St.
New Bedford MA 02740

DATE: 07/28/21 TIME: 10:34
CLERK: a450mm DEPT:
CUSTOMER#: 0

COMMENT:

CHG: DPIDRV DPI DRIVEWAY PE 150.00

REVENUE:
1 03406000 454010 150.00
DPI - Driveway-Sidewalk Permit

CASH:
TW05 101009 150.00
Cash Treasurer Dep W

AMOUNT PAID: 150.00

PAID BY: CARDOSO CONTRACTING,
PAYMENT METH: CHECK
MR5257

REFERENCE:

AMT TENDERED: 150.00
AMT APPLIED: 150.00
CHANGE: .00

To Whom It May Concern:

I Joe Almeida 682 Kempton Street, being
(Name) (Mailing Address)

Owner of property located at

682 Kempton Street

Plot _____, Lot _____, hereby agree to allow Nelson Cardoso
(Name)

952 South Main St. Avonhurst to act on my behalf including affixing my
(Mailing Address) MA 01915

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 Joe Almeida Signature
Address 682 Kempton St.
Date 7/23/21 (508) 448-8210
Telephone number



Commonwealth of Massachusetts

CITY OF NEW BEDFORD

CITY HALL, Room 308, 133 William Street, New Bedford, MA 02740 (508) 979-1640



No. B-21-1790

7/22/2021

MSBC Sect. 120.14 - 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.

FEE PAID: **\$30.00**

This certifies that Nelson Cardoso

ParcelID **50-150**

owner/contractor has permission to: Driveways - 30.00

Contractor Lic. # 41791

on: 682 KEMPTON 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 and 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

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: _____

BUILDING DEPARTMENT COMMENTS

: 18 foot curb cut

Note from Engineering Department

1. Remove and return 18-ft. of granite curb.
2. Remove existing 18-ft x 8-ft cement concrete driveway apron in accordance with the most current revision of the City of New Bedford DPI Construction Standards and Specifications.
3. Install new 18-ft x 8-ft cement concrete driveway apron in accordance with the most current revision of the City of New Bedford DPI Construction Standards and Specifications.

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

This Card Must Be Displayed in a Conspicuous Place on the Premises and Not Torn Down or Removed Until Completion of Work

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

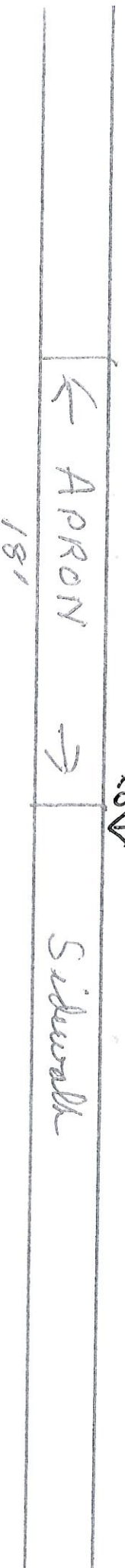
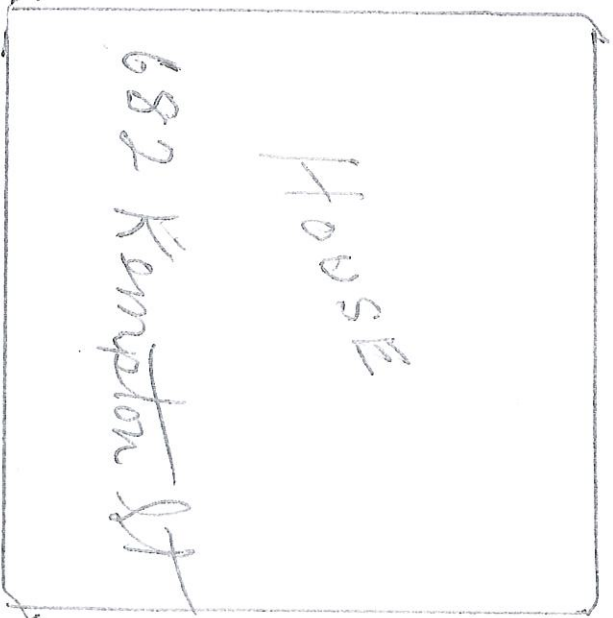
SUBJECT TO MASSACHUSETTS
STATE BUILDING CODE

Danny D. Brown

Building Commissioner

Plan Review Comments: :

Joe Almeida





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/26/21

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 have **ADDITIONAL INSURED** provisions or 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 AP Insurance Group 276 Alden Road FAIRHAVEN, MA 02719 | CONTACT NAME: Liz Hamilton | |
| | PHONE (A/C, No, Ext): 508-992-3130 | FAX (A/C, No): 508-991-6012 |
| INSURED Cardoso Contracting Inc PO Box 30360 Acushnet, MA 02743 | E-MAIL ADDRESS: liz@apinsgroup.com | |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A: Arbella Mutual | |
| | INSURER B: Safety Insurance Company | |
| | INSURER C: The Hartford | |
| | INSURER D: | |
| INSURER E: | | |
| INSURER F: | | |

COVERAGES**CERTIFICATE NUMBER:****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 |
|----------|---|---|----------|---------------|-------------------------|-------------------------|--|
| A | COMMERCIAL GENERAL LIABILITY | | | 8500070894 | 04/09/21 | 04/09/22 | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | <input checked="" type="checkbox"/> XCU Included | | | | | | MED EXP (Any one person) \$ 5,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | OTHER: | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B | AUTOMOBILE LIABILITY | | | 5908254 | 04/22/21 | 04/22/22 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per person) \$ |
| | HIRED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| A | UMBRELLA LIAB | | | 4620096526 | 04/09/21 | 04/09/22 | EACH OCCURRENCE \$ 4,000,000 |
| | EXCESS LIAB | | | | | | AGGREGATE \$ 4,000,000 |
| | DED | | | | | | |
| | RETENTION \$ | | | | | | |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 08WECAG2C8C | 06/29/21 | 06/29/22 | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y <input type="checkbox"/> N | N/A | | | | E.L. EACH ACCIDENT \$ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

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

CERTIFICATE HOLDER**CANCELLATION**

CITY OF NEW BEDFORD
133 WILLIAM ST
NEW BEDFORD, MA 02740

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

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