



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

WPA Form 1- Request for Determination of Applicability

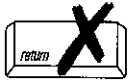
City/Town _____

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

A. General Information

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Applicant:

Name

JOSE MACHADO

E-Mail Address

fencechoice@yahoo.com

Mailing Address

160 ANDEN RD

City/Town

FAIRHAVEN

State

MA

Zip Code

02719

Phone Number

508-801-3498

Fax Number (if applicable)

CALL

2. Representative (if any):

Firm

Contact Name

E-Mail Address

Mailing Address

City/Town

State

Zip Code

Phone Number

Fax Number (if applicable)

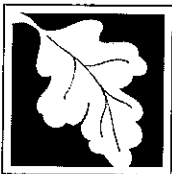
B. Determinations

1. I request the _____ make the following determination(s). Check any that apply:
Conservation Commission

- ☐ a. whether the **area** depicted on plan(s) and/or map(s) referenced below is an area subject to jurisdiction of the Wetlands Protection Act.
- ☐ b. whether the **boundaries** of resource area(s) depicted on plan(s) and/or map(s) referenced below are accurately delineated.
- ☒ c. whether the **work** depicted on plan(s) referenced below is subject to the Wetlands Protection Act.
- ☐ d. whether the area and/or work depicted on plan(s) referenced below is subject to the jurisdiction of any **municipal wetlands ordinance** or **bylaw** of:

Name of Municipality

- ☐ e. whether the following **scope of alternatives** is adequate for work in the Riverfront Area as depicted on referenced plan(s).



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C. Project Description

1. a. Project Location (use maps and plans to identify the location of the area subject to this request):

x 1233 East Rodney French Blvd x New Bedford
Street Address City/Town
x 8 x 182
Assessors Map/Plat Number Parcel/Lot Number

- b. Area Description (use additional paper, if necessary):

Single Family located in Flood
Zone

- c. Plan and/or Map Reference(s):

See attached elevation certificate 9/12/2017
Title Date
Title Date
Title Date

2. a. Work Description (use additional paper and/or provide plan(s) of work, if necessary):

Demolition of Single Family

Site
Plans →



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C. Project Description (cont.)

b. Identify provisions of the Wetlands Protection Act or regulations which may exempt the applicant from having to file a Notice of Intent for all or part of the described work (use additional paper, if necessary).

N/A

3. a. If this application is a Request for Determination of Scope of Alternatives for work in the Riverfront Area, indicate the one classification below that best describes the project.

- ☐ Single family house on a lot recorded on or before 8/1/96
- ☐ Single family house on a lot recorded after 8/1/96
- ☐ Expansion of an existing structure on a lot recorded after 8/1/96
- ☐ Project, other than a single family house or public project, where the applicant owned the lot before 8/7/96
- ☐ New agriculture or aquaculture project
- ☐ Public project where funds were appropriated prior to 8/7/96
- ☐ Project on a lot shown on an approved, definitive subdivision plan where there is a recorded deed restriction limiting total alteration of the Riverfront Area for the entire subdivision
- ☐ Residential subdivision; institutional, industrial, or commercial project
- ☐ Municipal project
- ☐ District, county, state, or federal government project
- ☐ Project required to evaluate off-site alternatives in more than one municipality in an Environmental Impact Report under MEPA or in an alternatives analysis pursuant to an application for a 404 permit from the U.S. Army Corps of Engineers or 401 Water Quality Certification from the Department of Environmental Protection.

b. Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification above (use additional paper and/or attach appropriate documents, if necessary.)



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City/Town _____

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D. Signatures and Submittal Requirements

I hereby certify under the penalties of perjury that the foregoing Request for Determination of Applicability and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge.

I further certify that the property owner, if different from the applicant, and the appropriate DEP Regional Office were sent a complete copy of this Request (including all appropriate documentation) simultaneously with the submittal of this Request to the Conservation Commission.

Failure by the applicant to send copies in a timely manner may result in dismissal of the Request for Determination of Applicability.

Name and address of the property owner:

Name _____

Mailing Address _____

City/Town _____

State _____

Zip Code _____

Signatures:

I also understand that notification of this Request will be placed in a local newspaper at my expense in accordance with Section 10.05(3)(b)(1) of the Wetlands Protection Act regulations.

Signature of Applicant _____

Date _____

Signature of Representative (if any) _____

Date _____



**CITY OF NEW BEDFORD
MASSACHUSETTS**

**CONSERVATION COMMISSION
2009 FILING FEE CALCULATION WORKSHEET***

PROJECT LOCATION:

1233 East Rodney French Blvd MAP B LOT(S) 182

APPLICANT: Jose Machado

CONSERVATION COMMISSION FEES (check all that apply):

- ☐ REQUEST FOR DETERMINATION OF APPLICABILITY
- ☐ NOTICE OF INTENT
- ☐ INQUIRY AS TO NEED FOR AN AMENDED ORDER**
- ☐ AMENDED ORDER OF CONDITIONS
- ☐ ANRAD (Abbreviated Notice of Resource Area Delineation)
- ☐ EXTENSION PERMIT
- ☐ CERTIFICATE OF COMPLIANCE
- ☐ AFTER THE FACT FILING
- ☐ RESTORATION PLAN FEE (no NOI filing required)
- ☐ LIFTING AN ENFORCEMENT ORDER
- ☐ PENALTIES

(A.) ALTERATION FEES:

Application and field review of a project proposed in a Wetland Resource Area or its Buffer Zone is \$150.00 plus the applicable alteration fee as follows

	<u>AMOUNT DUE</u>
• Application and Field Review Fee (\$150.00)	\$ <u>150.00</u>
• \$0.50 X _____ SF Wetland Resource Area	\$ _____
• \$0.05 X <u>1575</u> SF Land Subject Coastal Flooding	\$ <u>78.75</u>
• \$0.20 X _____ SF Developed Riverfront Area	\$ _____
• \$1.00 X _____ SF Undeveloped Riverfront Area	\$ _____
• \$5.00 X _____ LF Coastal Bank	\$ _____
• \$0.10 X _____ SF Buffer Zone	\$ _____

(B.) EXTENSION of an Order of Conditions:

- Minor Project ... \$100.00 + _____ (¼ local fee from NOI) \$ _____
- Other Projects ... \$200.00 + _____ (¼ local fee from NOI) \$ _____

(C.) AMENDING A PERMIT:

- Written inquiry or request to appear to determine the need for an Amended Order:** (\$50.00 fee) \$ _____
- Amending OOC: \$150.00 + _____ (applicable alteration fee) \$ _____

**(D.) RESOURCE BOUNDARY DELINEATION VERIFICATION
USING AN RDA APPLICATION:**

- \$150.00 + \$2.00 X _____ LF Wetland boundary \$ _____

**(E.) ABBREVIATED RESOURCE AREA DELINEATION VERIFICATION
(ANRAD)**

- \$150.00 + \$1.00 X _____ LF Resource Area boundary \$ _____

**(F.) RESOURCE BOUNDARY DELINEATION VERIFICATION CONDUCTED
DURING A NOTICE OF INTENT REVIEW**

- \$150.00 + \$3.00 X _____ LF Resource Area boundary \$ _____

(G.) DOCKS:

- \$100.00 + \$4.00 X _____ LF of dock \$ _____
- Add 150% to total fee if in significant shellfish habitat \$ _____

(H.) AFTER THE FACT FILING:

- All Total Fees are doubled \$ _____

(I.) RESTORATION PLAN FEE:

- (\$150.00 + _____ Alteration Fee) Multiplied by 2 \$ _____

(J.) LIFTING ON ENFORCEMENT ORDER:

- \$150.00 fee \$ _____

(K.) CERTIFICATE OF COMPLIANCE:

- refer to "K" of the Fee schedule \$ _____

(L.) PENALTIES:

- refer to "L" of the Fee schedule \$ _____

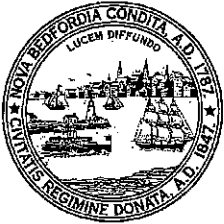
TOTAL AMOUNT DUE (including after-the-fact fee if applicable): \$ 228.75

Notes:

* Please refer to the Conservation Commission Fee Schedule - Revised April 2009

** This is not required, but available for anyone who would like to appear to discuss the need to Amend.

Please make check or Money Order payable to: THE CITY OF NEW BEDFORD.
Cash is not Accepted.



City of New Bedford REQUEST for a CERTIFIED ABUTTERS LIST

This information is needed so that an official abutters list as required by MA General Law may be created and used in notifying abutters. You, as applicant, are responsible for picking up and paying for the certified abutters list from the assessor's office (city hall, room #109).

SUBJECT PROPERTY	
MAP #	8
LOT(S)#	182
ADDRESS: 1233 East Rodney French Blvd	
OWNER INFORMATION	
NAME: Jose Machado	
MAILING ADDRESS: 160 Alden Road Fairhaven, MA	
APPLICANT/CONTACT PERSON INFORMATION	
NAME (IF DIFFERENT):	
MAILING ADDRESS (IF DIFFERENT): 160 ALDEN RD FAIRHAVEN MA 02719	
TELEPHONE #	508-801-3498
EMAIL ADDRESS:	
REASON FOR THIS REQUEST: Check appropriate	
<input type="checkbox"/>	ZONING BOARD OF APPEALS APPLICATION
<input type="checkbox"/>	PLANNING BOARD APPLICATION
<input checked="" type="checkbox"/>	CONSERVATION COMMISSION APPLICATION
<input type="checkbox"/>	LICENSING BOARD APPLICATION
<input type="checkbox"/>	OTHER (Please explain):

Once obtained, the Certified List of Abutters must be attached to this Certification Letter.

Submit this form to the Planning Division Room 303 in City Hall, 133 William Street. You, as applicant, are responsible for picking up and paying for the certified abutters list from the assessor's office (city hall, room #109).

Official Use Only:

As Administrative Assistant to the City of New Bedford's Board of Assessors, I do hereby certify that the names and addresses as identified on the attached "abutters list" are duly recorded and appear on the most recent tax.

Carlos Amado

Printed Name

Carlos Amado
Signature

3/19/2018
Date

March 15, 2018
Dear Applicant,

Please find below the List of Abutters within 100 feet of the property known as 1233 East Rodney French Blvd (8-182). The current ownership listed herein must be checked and verified by the City of New Bedford Assessor's Office. Following said verification, the list shall be considered a Certified List of Abutters.

Please note that multiple listed properties with identical owner name and mailing address shall be considered duplicates, and shall require only 1 mailing. Additionally, City of New Bedford-Owned properties shall not require mailed notice.

Parcel	Location	Owner and Mailing Address
8-182	1233 E RODNEY FRENCH BLVD	MACHADO JOSE G, MACHADO CHERYL A 160 ALDEN ROAD FAIRHAVEN, MA 02719
8-397 ✓	1234 E RODNEY FRENCH BLVD	OTOOLE MARY M, 15 RESERVOIR STREET UNIT 31 MANSFIELD, MA 02048
8-179 SS ✓	AQUIDNECK ST	BLANCHARD TIMOTHY R "TRUSTEE", BLANCHARD AMY K "TRUSTEE" 1241 EAST RODNEY FRENCH BLVD NEW BEDFORD, MA 02744
8-181 ✓	1241 E RODNEY FRENCH BLVD	BLANCHARD TIMOTHY R, 1241 EAST RODNEY FRENCH BLVD NEW BEDFORD, MA 02744
8-204 ✓	3 BELLEVUE ST	DONOHUE LYNN E "TRUSTEE", DAVIDIAN DAWN M "TRUSTEE" 354 TERESA STREET NEW BEDFORD, MA 02744
8-201 ✓	17 BELLEVUE ST	FREITAS PAULA C, SANTOS RUI J 17 BELLEVUE STREET NEW BEDFORD, MA 02744
8-249 ✓	1242 E RODNEY FRENCH BLVD	ALMOND ARTHUR W, 1242 EAST RODNEY FRENCH BLVD NEW BEDFORD, MA 02744

8-380

8-362

8-360

8-354

8-359

8-3

MARGARET ST



8-176

8-177

8-179

8-181

8-182

8-201

8-204

8-197

8-200

8-249

8-397

8-253

BELLEVUE ST

8-225

RODNEY FRENCH BLV

8-217

8-220

8-221

8-223

8-226

6-2

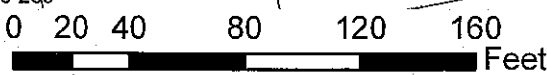
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




RICKETSON ST

6-47

6-46

Legend

-  100'
-  Abutters
-  Water

Notification to Abutters under the City of New Bedford
Wetlands Ordinance

In Accordance with the City of New Bedford Wetlands Ordinance (New Bedford Code of Ordinances Sections 15-101 through 15-112) you are hereby notified of the following.

The name of the applicant is: Jose Machado

The applicant has filed a Request for Determination of Applicability for the municipality of New Bedford, Massachusetts seeking permission to remove, fill, dredge or alter an area subject to protection under the City of New Bedford Wetlands Ordinance (New Bedford Code of Ordinances Sections 15-101 through 15-112).

The address of the lot where the activity is proposed is: 1233 East Rodney French Blvd
Assessor's Map 8; Lot 182

Copies of the Request for Determination of Applicability may be examined at the New Bedford Conservation Commission, City Hall, 133 William St. Room 304 New Bedford, MA 02740 between the hours of 8:00 AM and 4:00 PM, Monday through Friday. For more information call (508) 991-6188.

Copies of the Request for Determination of Applicability may be obtained from either (check one) the applicant ☒ or the applicant's representative ☐ by calling this telephone number 508-801-3498 between the hours of 8:00 AM and 4:00 PM on the following days of the week: Monday through Friday.

Information regarding the date, time and place of the public hearing may be obtained from New Bedford Conservation Commission by calling 508-991-6188 between the hours of 8:00 AM and 4:00 PM Monday through Friday.

Note: Notice of the Public hearing, including its date, time and place, will be posted in the City Hall not less than forty eight (48) hours in advance of the meeting.

Note: Notice of the Public Hearing including its date, time and place, will be published at least five (5) days in advance in the Standard Times.

Note: You may also contact the New Bedford Conservation Commission at 508-991-6188 for more information about this publication or the City of New Bedford Wetlands Ordinance

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Jose & Cheryl Machado				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1233 East Rodney French BLvd				Company NAIC Number:	
City New Bedford		State Massachusetts		ZIP Code 02744	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Plat 8, Lot 182 as described in Deed Book 10498, Page 220 of the Bristol County Registry of Deeds					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential					
A5. Latitude/Longitude: Lat. 41-56'13.23" Long. 70-54'10.87" Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number 2A					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) _____ sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A8.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage _____ sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A9.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number New Bedford 255216			B2. County Name Bristol		B3. State Massachusetts
B4. Map/Panel Number 25005c0482G	B5. Suffix G	B6. FIRM Index Date 07-16-2014	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s) VE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 17/19
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1233 East Rodney French BLvd			Policy Number:
City New Bedford	State Massachusetts	ZIP Code 02744	Company NAIC Number

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: _____ Vertical Datum: NAVD88

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	5.60	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	12.45	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	11.00	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	N/A	<input type="checkbox"/> feet	<input checked="" type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	9.75	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	9.55	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	10.20	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	9.50	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☐ Check here if attachments.

Certifier's Name Sean Leach	License Number PLS 36382
Title Professional Land Surveyor	
Company Name SITEC, Inc.	
Address 449 Faunce Corner Road	
City Dartmouth	State Massachusetts
	ZIP Code 02747



Signature *Sean Leach* Date *9/12/2018* Telephone (508) 998-2125 Ext.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

ELEVATION CERTIFICATEOMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1233 East Rodney French BLvd			Policy Number:	
City New Bedford	State Massachusetts	ZIP Code 02744	Company NAIC Number	
SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)				
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.				
E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG. b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the LAG.				
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.				
E3. Attached garage (top of slab) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.				
E4. Top of platform of machinery and/or equipment servicing the building is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.				
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown. The local official must certify this information in Section G.				
SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION				
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.				
Property Owner or Owner's Authorized Representative's Name				
Address	City	State	ZIP Code	
Signature	Date	Telephone		
Comments				
<input type="checkbox"/> Check here if attachments.				

ELEVATION CERTIFICATEOMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1233 East Rodney French BLvd			Policy Number:	
City New Bedford	State Massachusetts	ZIP Code 02744	Company NAIC Number	
SECTION G – COMMUNITY INFORMATION (OPTIONAL)				
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.				
G1. <input type="checkbox"/> The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)				
G2. <input type="checkbox"/> A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.				
G3. <input type="checkbox"/> The following information (Items G4–G10) is provided for community floodplain management purposes.				
G4. Permit Number		G5. Date Permit Issued		G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement				
G8. Elevation of as-built lowest floor (including basement) of the building: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____				
G9. BFE or (in Zone AO) depth of flooding at the building site: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____				
G10. Community's design flood elevation: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____				
Local Official's Name		Title		
Community Name		Telephone		
Signature		Date		
Comments (including type of equipment and location, per C2(e), if applicable)				
<div style="text-align: right;"><input type="checkbox"/> Check here if attachments.</div>				

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1860-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE**IMPORTANT: In these spaces, copy the corresponding information from Section A.****FOR INSURANCE COMPANY USE**

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

1233 East Rodney French BLvd

Policy Number:

City

New Bedford

State

Massachusetts

ZIP Code

02744

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

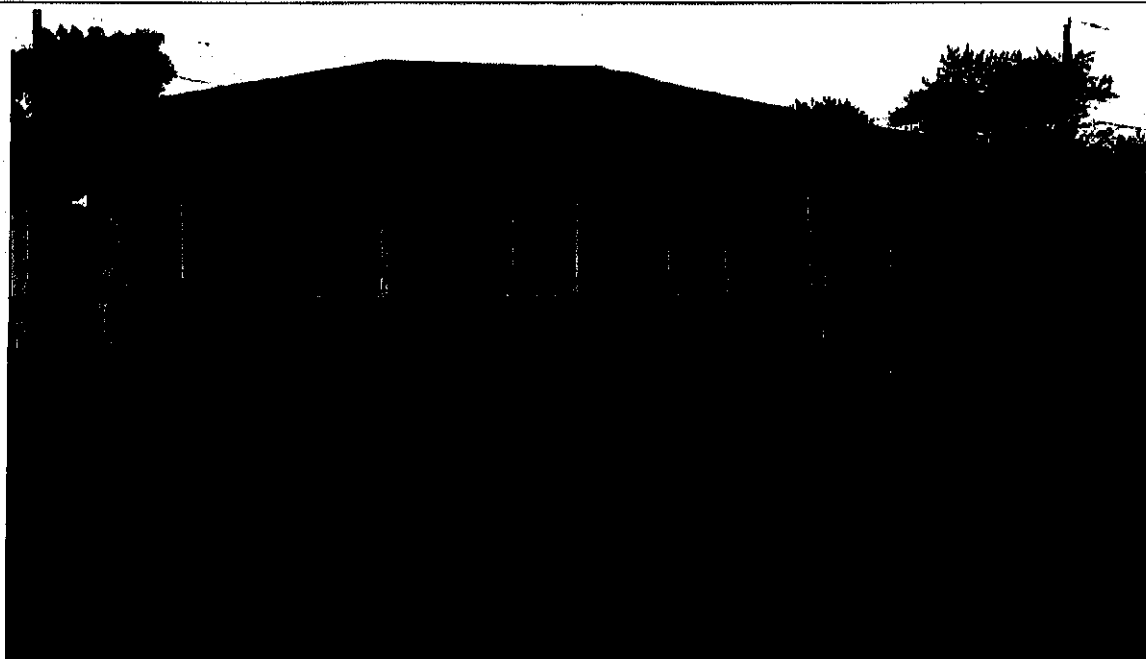


Photo One

Photo One Caption North side

Clear Photo One



Photo Two

Photo Two Caption West side

Clear Photo Two

ELEVATION CERTIFICATE**BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.**FOR INSURANCE COMPANY USE**Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1233 East Rodney French BLvd

Policy Number:

City

State

ZIP Code

Company NAIC Number

New Bedford

Massachusetts

02744

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

Photo Three Caption East Side

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four

QUITCLAIM DEED

We, TIMOTHY R. BLANCHARD, of 145 Union Street, Unit 8, New Bedford, MA 02740, and MARTA S. NUNES, of 280 Slocum Road, Dartmouth, MA 02747

for consideration paid, and in full consideration of One Hundred Twenty-Five Thousand Dollars (\$125,000.00)

grant to JOSE G. MACHADO and CHERYL A. MACHADO, husband and wife, of 160 Alden Road, Fairhaven, Massachusetts 02719

held as Joint Tenants

with QUITCLAIM COVENANTS

the land, with any building(s) thereon, located in New Bedford, Bristol County, Massachusetts, more particularly bounded and described as follows:

LOT #182, containing 7,844 square feet, more or less, as shown on the plan entitled: "Subdivision Plan of Land in New Bedford, MA. Prepared for Marta S. Nunes & Timothy Blanchard" dated January 25, 1993, and recorded at the Bristol County (S.D.) Registry of Deeds in Plan Book 129, Page 143.

Property Address: 1233 East Rodney French Boulevard, New Bedford, MA 02744.

Being a portion of the premises conveyed to the Grantors herein by deed of Edna Crompton dated January 15, 1993, and recorded at the Bristol County (S.D.) Registry of Deeds in Book 2987, Page 199.

REG OF DEEDS
FEB #07
BRISTOL S

09/30/12 10:53AM
000000 #4461

FEE \$570.00

CASH \$570.00

WITNESS our hands and seals this 30th day of August, 2012.

Sara B. O'Leary Timothy R. Blanchard
 Witness TIMOTHY R. BLANCHARD

Sara B. O'Leary Marta S. Nunes
 Witness MARTA S. NUNES

COMMONWEALTH OF MASSACHUSETTS

BRISTOL, ss.

August 30, 2012

Then personally appeared the above-named TIMOTHY R. BLANCHARD and MARTA S. NUNES, who proved to me through satisfactory evidence of identification which was MA Drivers Licenses to be the persons whose names are signed on this document, and acknowledged to me that they signed it voluntarily for its stated purpose before me,

Sara B. O'Leary
 Sara B. O'Leary, Notary Public
 My commission expires: 11/16/2012

