



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

WPA Form 3 – Notice of Intent

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

Provided by MassDEP:

MassDEP File Number

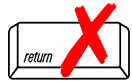
Document Transaction Number

New Bedford

City/Town

Important:

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



Note:
Before completing this form consult your local Conservation Commission regarding any municipal bylaw or ordinance.

A. General Information

1. Project Location (**Note:** electronic filers will click on button to locate project site):

Riverview Terrace (Map 6 Lot 54)

a. Street Address

New Bedford

b. City/Town

02744

c. Zip Code

Latitude and Longitude:

41d 36' 05"

d. Latitude

70d 54' 15"

e. Longitude

6

f. Assessors Map/Plat Number

54

g. Parcel /Lot Number

2. Applicant:

Jason

a. First Name

Braz

b. Last Name

c. Organization

42 Bush Street

d. Street Address

Dartmouth

e. City/Town

MA

f. State

02748

g. Zip Code

774-263-0077

h. Phone Number

i. Fax Number

jbraz45@comcast.net

j. Email Address

3. Property owner (required if different from applicant): ☐ Check if more than one owner

a. First Name

b. Last Name

Chuck's Home Properties LLC.

c. Organization

18 Avis Street

d. Street Address

South Dartmouth

e. City/Town

MA

f. State

02748

g. Zip Code

508-617-3778

h. Phone Number

i. Fax Number

chucksliquors@verizon.net

j. Email address

4. Representative (if any):

Jamie

a. First Name

Bissonnette

b. Last Name

Zenith Consulting Engineers, LLC.

c. Company

3 Main Street

d. Street Address

Lakeville

e. City/Town

MA

f. State

02347

g. Zip Code

508-947-4208

h. Phone Number

i. Fax Number

jamie@zcellc.com

j. Email address

5. Total WPA Fee Paid (from NOI Wetland Fee Transmittal Form):

\$110.00

a. Total Fee Paid

\$42.50

b. State Fee Paid

\$67.50 & \$428.00

c. City/Town Fee Paid



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City/Town

A. General Information (continued)

6. General Project Description:

Construction of a single family dwelling with associated grading and utilities. Work located Flood Zone AE 17 includes construction of a deck, associated grading and landscaping.

7a. Project Type Checklist: (Limited Project Types see Section A. 7b.)

- | | |
|---|---|
| 1. <input checked="" type="checkbox"/> Single Family Home | 2. <input type="checkbox"/> Residential Subdivision |
| 3. <input type="checkbox"/> Commercial/Industrial | 4. <input type="checkbox"/> Dock/Pier |
| 5. <input type="checkbox"/> Utilities | 6. <input type="checkbox"/> Coastal engineering Structure |
| 7. <input type="checkbox"/> Agriculture (e.g., cranberries, forestry) | 8. <input type="checkbox"/> Transportation |
| 9. <input type="checkbox"/> Other | |

7b. Is any portion of the proposed activity eligible to be treated as a limited project (including Ecological Restoration Limited Project) subject to 310 CMR 10.24 (coastal) or 310 CMR 10.53 (inland)?

1. ☐ Yes ☒ No If yes, describe which limited project applies to this project. (See 310 CMR 10.24 and 10.53 for a complete list and description of limited project types)

2. Limited Project Type

If the proposed activity is eligible to be treated as an Ecological Restoration Limited Project (310 CMR 10.24(8), 310 CMR 10.53(4)), complete and attach Appendix A: Ecological Restoration Limited Project Checklist and Signed Certification.

8. Property recorded at the Registry of Deeds for:

Bristol

a. County

13726

c. Book

b. Certificate # (if registered land)

89

d. Page Number

B. Buffer Zone & Resource Area Impacts (temporary & permanent)

- ☐ Buffer Zone Only – Check if the project is located only in the Buffer Zone of a Bordering Vegetated Wetland, Inland Bank, or Coastal Resource Area.
- ☐ Inland Resource Areas (see 310 CMR 10.54-10.58; if not applicable, go to Section B.3, Coastal Resource Areas).

Check all that apply below. Attach narrative and any supporting documentation describing how the project will meet all performance standards for each of the resource areas altered, including standards requiring consideration of alternative project design or location.



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

WPA Form 3 – Notice of Intent

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

Provided by MassDEP:

MassDEP File Number

Document Transaction Number

New Bedford

City/Town

B. Buffer Zone & Resource Area Impacts (temporary & permanent) (cont'd)

For all projects affecting other Resource Areas, please attach a narrative explaining how the resource area was delineated.

Resource Area	Size of Proposed Alteration	Proposed Replacement (if any)
a. <input type="checkbox"/> Bank	1. linear feet	2. linear feet
b. <input type="checkbox"/> Bordering Vegetated Wetland	1. square feet	2. square feet
c. <input type="checkbox"/> Land Under Waterbodies and Waterways	1. square feet 3. cubic yards dredged	2. square feet

Resource Area	Size of Proposed Alteration	Proposed Replacement (if any)
d. <input type="checkbox"/> Bordering Land Subject to Flooding	1. square feet 3. cubic feet of flood storage lost	2. square feet 4. cubic feet replaced
e. <input type="checkbox"/> Isolated Land Subject to Flooding	1. square feet 2. cubic feet of flood storage lost	3. cubic feet replaced
f. <input type="checkbox"/> Riverfront Area	1. Name of Waterway (if available) - specify coastal or inland	

2. Width of Riverfront Area (check one):

- ☐ 25 ft. - Designated Densely Developed Areas only
- ☐ 100 ft. - New agricultural projects only
- ☐ 200 ft. - All other projects

3. Total area of Riverfront Area on the site of the proposed project: _____ square feet

4. Proposed alteration of the Riverfront Area:

a. total square feet _____ b. square feet within 100 ft. _____ c. square feet between 100 ft. and 200 ft. _____

5. Has an alternatives analysis been done and is it attached to this NOI? ☐ Yes ☐ No

6. Was the lot where the activity is proposed created prior to August 1, 1996? ☐ Yes ☐ No

3. ☒ Coastal Resource Areas: (See 310 CMR 10.25-10.35)

Note: for coastal riverfront areas, please complete **Section B.2.f.** above.



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B. Buffer Zone & Resource Area Impacts (temporary & permanent) (cont'd)

Check all that apply below. Attach narrative and supporting documentation describing how the project will meet all performance standards for each of the resource areas altered, including standards requiring consideration of alternative project design or location.

Online Users:
Include your document transaction number (provided on your receipt page) with all supplementary information you submit to the Department.

<u>Resource Area</u>	<u>Size of Proposed Alteration</u>	<u>Proposed Replacement (if any)</u>
a. <input type="checkbox"/> Designated Port Areas	Indicate size under Land Under the Ocean, below	
b. <input type="checkbox"/> Land Under the Ocean	1. square feet _____ 2. cubic yards dredged _____	
c. <input type="checkbox"/> Barrier Beach	Indicate size under Coastal Beaches and/or Coastal Dunes below	
d. <input type="checkbox"/> Coastal Beaches	1. square feet _____	2. cubic yards beach nourishment _____
e. <input type="checkbox"/> Coastal Dunes	1. square feet _____	2. cubic yards dune nourishment _____
	<u>Size of Proposed Alteration</u>	<u>Proposed Replacement (if any)</u>
f. <input type="checkbox"/> Coastal Banks	1. linear feet _____	
g. <input type="checkbox"/> Rocky Intertidal Shores	1. square feet _____	
h. <input type="checkbox"/> Salt Marshes	1. square feet _____	2. sq ft restoration, rehab., creation _____
i. <input type="checkbox"/> Land Under Salt Ponds	1. square feet _____	
	2. cubic yards dredged _____	
j. <input type="checkbox"/> Land Containing Shellfish	1. square feet _____	
k. <input type="checkbox"/> Fish Runs	Indicate size under Coastal Banks, inland Bank, Land Under the Ocean, and/or inland Land Under Waterbodies and Waterways, above	
	1. cubic yards dredged _____	
l. <input checked="" type="checkbox"/> Land Subject to Coastal Storm Flowage	4,560	
	1. square feet _____	
4. <input type="checkbox"/> Restoration/Enhancement	If the project is for the purpose of restoring or enhancing a wetland resource area in addition to the square footage that has been entered in Section B.2.b or B.3.h above, please enter the additional amount here.	
	a. square feet of BVW _____	b. square feet of Salt Marsh _____
5. <input type="checkbox"/> Project Involves Stream Crossings		
	a. number of new stream crossings _____	b. number of replacement stream crossings _____



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City/Town

C. Other Applicable Standards and Requirements

- ☐ This is a proposal for an Ecological Restoration Limited Project. Skip Section C and complete Appendix A: Ecological Restoration Limited Project Checklists – Required Actions (310 CMR 10.11).

Streamlined Massachusetts Endangered Species Act/Wetlands Protection Act Review

1. Is any portion of the proposed project located in **Estimated Habitat of Rare Wildlife** as indicated on the most recent Estimated Habitat Map of State-Listed Rare Wetland Wildlife published by the Natural Heritage and Endangered Species Program (NHESP)? To view habitat maps, see the *Massachusetts Natural Heritage Atlas* or go to http://maps.massgis.state.ma.us/PRI_EST_HAB/viewer.htm.

a. ☐ Yes ☒ No

If yes, include proof of mailing or hand delivery of NOI to:

Natural Heritage and Endangered Species Program
Division of Fisheries and Wildlife
1 Rabbit Hill Road
Westborough, MA 01581

8-2017

b. Date of map

If yes, the project is also subject to Massachusetts Endangered Species Act (MESA) review (321 CMR 10.18). To qualify for a streamlined, 30-day, MESA/Wetlands Protection Act review, please complete Section C.1.c, and include requested materials with this Notice of Intent (NOI); *OR* complete Section C.2.f, if applicable. *If MESA supplemental information is not included with the NOI, by completing Section 1 of this form, the NHESP will require a separate MESA filing which may take up to 90 days to review (unless noted exceptions in Section 2 apply, see below).*

- c. Submit Supplemental Information for Endangered Species Review*

1. ☐ Percentage/acreage of property to be altered:

(a) within wetland Resource Area

percentage/acreage

(b) outside Resource Area

percentage/acreage

2. ☐ Assessor's Map or right-of-way plan of site

2. ☐ Project plans for entire project site, including wetland resource areas and areas outside of wetlands jurisdiction, showing existing and proposed conditions, existing and proposed tree/vegetation clearing line, and clearly demarcated limits of work **

(a) ☐ Project description (including description of impacts outside of wetland resource area & buffer zone)

(b) ☐ Photographs representative of the site

* Some projects **not** in Estimated Habitat may be located in Priority Habitat, and require NHESP review (see <https://www.mass.gov/ma-endangered-species-act-mesa-regulatory-review>).

Priority Habitat includes habitat for state-listed plants and strictly upland species not protected by the Wetlands Protection Act.

** MESA projects may not be segmented (321 CMR 10.16). The applicant must disclose full development plans even if such plans are not required as part of the Notice of Intent process.



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Bureau of Resource Protection - Wetlands

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

Provided by MassDEP:

MassDEP File Number

Document Transaction Number

New Bedford

City/Town

C. Other Applicable Standards and Requirements (cont'd)

- (c) ☐ MESA filing fee (fee information available at <https://www.mass.gov/how-to/how-to-file-for-a-mesa-project-review>).

Make check payable to "Commonwealth of Massachusetts - NHESP" and **mail to NHESP** at above address

Projects altering 10 or more acres of land, also submit:

- (d) ☐ Vegetation cover type map of site
- (e) ☐ Project plans showing Priority & Estimated Habitat boundaries
- (f) OR Check One of the Following

1. ☐ Project is exempt from MESA review.
Attach applicant letter indicating which MESA exemption applies. (See 321 CMR 10.14, <https://www.mass.gov/service-details/exemptions-from-review-for-projectsactivities-in-priority-habitat>; the NOI must still be sent to NHESP if the project is within estimated habitat pursuant to 310 CMR 10.37 and 10.59.)

2. ☐ Separate MESA review ongoing. a. NHESP Tracking # _____ b. Date submitted to NHESP _____

3. ☐ Separate MESA review completed.
Include copy of NHESP "no Take" determination or valid Conservation & Management Permit with approved plan.

3. For coastal projects only, is any portion of the proposed project located below the mean high water line or in a fish run?

- a. ☐ Not applicable – project is in inland resource area only b. ☐ Yes ☒ No

If yes, include proof of mailing, hand delivery, or electronic delivery of NOI to either:

South Shore - Cohasset to Rhode Island border, and the Cape & Islands:

North Shore - Hull to New Hampshire border:

Division of Marine Fisheries -
Southeast Marine Fisheries Station
Attn: Environmental Reviewer
836 South Rodney French Blvd.
New Bedford, MA 02744
Email: dmf.envreview-south@mass.gov

Division of Marine Fisheries -
North Shore Office
Attn: Environmental Reviewer
30 Emerson Avenue
Gloucester, MA 01930
Email: dmf.envreview-north@mass.gov

Also if yes, the project may require a Chapter 91 license. For coastal towns in the Northeast Region, please contact MassDEP's Boston Office. For coastal towns in the Southeast Region, please contact MassDEP's Southeast Regional Office.

- c. ☐ Is this an aquaculture project? d. ☐ Yes ☒ No

If yes, include a copy of the Division of Marine Fisheries Certification Letter (M.G.L. c. 130, § 57).



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Bureau of Resource Protection - Wetlands

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

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C. Other Applicable Standards and Requirements (cont'd)

Online Users:

Include your document transaction number (provided on your receipt page) with all supplementary information you submit to the Department.

4. Is any portion of the proposed project within an Area of Critical Environmental Concern (ACEC)?
a. ☐ Yes ☒ No If yes, provide name of ACEC (see instructions to WPA Form 3 or MassDEP Website for ACEC locations). **Note:** electronic filers click on Website.
- b. ACEC
5. Is any portion of the proposed project within an area designated as an Outstanding Resource Water (ORW) as designated in the Massachusetts Surface Water Quality Standards, 314 CMR 4.00?
a. ☐ Yes ☒ No
6. Is any portion of the site subject to a Wetlands Restriction Order under the Inland Wetlands Restriction Act (M.G.L. c. 131, § 40A) or the Coastal Wetlands Restriction Act (M.G.L. c. 130, § 105)?
a. ☐ Yes ☒ No
7. Is this project subject to provisions of the MassDEP Stormwater Management Standards?
a. ☐ Yes. Attach a copy of the Stormwater Report as required by the Stormwater Management Standards per 310 CMR 10.05(6)(k)-(q) and check if:
1. ☐ Applying for Low Impact Development (LID) site design credits (as described in Stormwater Management Handbook Vol. 2, Chapter 3)
2. ☐ A portion of the site constitutes redevelopment
3. ☐ Proprietary BMPs are included in the Stormwater Management System.
b. ☒ No. Check why the project is exempt:
1. ☒ Single-family house
2. ☐ Emergency road repair
3. ☐ Small Residential Subdivision (less than or equal to 4 single-family houses or less than or equal to 4 units in multi-family housing project) with no discharge to Critical Areas.

D. Additional Information

- ☐ This is a proposal for an Ecological Restoration Limited Project. Skip Section D and complete Appendix A: Ecological Restoration Notice of Intent – Minimum Required Documents (310 CMR 10.12).

Applicants must include the following with this Notice of Intent (NOI). See instructions for details.

Online Users: Attach the document transaction number (provided on your receipt page) for any of the following information you submit to the Department.

1. ☒ USGS or other map of the area (along with a narrative description, if necessary) containing sufficient information for the Conservation Commission and the Department to locate the site. (Electronic filers may omit this item.)
2. ☒ Plans identifying the location of proposed activities (including activities proposed to serve as a Bordering Vegetated Wetland [BVW] replication area or other mitigating measure) relative to the boundaries of each affected resource area.



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Bureau of Resource Protection - Wetlands

WPA Form 3 – Notice of Intent

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

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D. Additional Information (cont'd)

3. ☐ Identify the method for BVW and other resource area boundary delineations (MassDEP BVW Field Data Form(s), Determination of Applicability, Order of Resource Area Delineation, etc.), and attach documentation of the methodology.

4. ☒ List the titles and dates for all plans and other materials submitted with this NOI.

Building Permit Plan

a. Plan Title

Zenith Consulting Engineers, LLC.

Rene Gagnon, P.E.

b. Prepared By

c. Signed and Stamped by

5/21/2021

1"=20'

d. Final Revision Date

e. Scale

f. Additional Plan or Document Title

g. Date

5. ☐ If there is more than one property owner, please attach a list of these property owners not listed on this form.
6. ☐ Attach proof of mailing for Natural Heritage and Endangered Species Program, if needed.
7. ☐ Attach proof of mailing for Massachusetts Division of Marine Fisheries, if needed.
8. ☒ Attach NOI Wetland Fee Transmittal Form
9. ☐ Attach Stormwater Report, if needed.

E. Fees

1. ☐ Fee Exempt: No filing fee shall be assessed for projects of any city, town, county, or district of the Commonwealth, federally recognized Indian tribe housing authority, municipal housing authority, or the Massachusetts Bay Transportation Authority.

Applicants must submit the following information (in addition to pages 1 and 2 of the NOI Wetland Fee Transmittal Form) to confirm fee payment:

2438

6/1/2021

2. Municipal Check Number

3. Check date

2437

6/1/2021

4. State Check Number

5. Check date

Zenith Consulting Engineers, LLC.

6. Payor name on check: First Name

7. Payor name on check: Last Name



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

MassDEP File Number

Document Transaction Number

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City/Town

F. Signatures and Submittal Requirements

I hereby certify under the penalties of perjury that the foregoing Notice of Intent and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge. I understand that the Conservation Commission will place notification of this Notice in a local newspaper at the expense of the applicant in accordance with the wetlands regulations, 310 CMR 10.05(5)(a).

I further certify under penalties of perjury that all abutters were notified of this application, pursuant to the requirements of M.G.L. c. 131, § 40. Notice must be made by Certificate of Mailing or in writing by hand delivery or certified mail (return receipt requested) to all abutters within 100 feet of the property line of the project location.

1. Signature of Applicant

3. Signature of Property Owner (if different)

5. Signature of Representative (if any)

2. Date

4. Date

6. Date

For Conservation Commission:

Two copies of the completed Notice of Intent (Form 3), including supporting plans and documents, two copies of the NOI Wetland Fee Transmittal Form, and the city/town fee payment, to the Conservation Commission by certified mail or hand delivery.

For MassDEP:

One copy of the completed Notice of Intent (Form 3), including supporting plans and documents, one copy of the NOI Wetland Fee Transmittal Form, and a **copy** of the state fee payment to the MassDEP Regional Office (see Instructions) by certified mail or hand delivery.

Other:

If the applicant has checked the "yes" box in any part of Section C, Item 3, above, refer to that section and the Instructions for additional submittal requirements.

The original and copies must be sent simultaneously. Failure by the applicant to send copies in a timely manner may result in dismissal of the Notice of Intent.



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands
NOI Wetland Fee Transmittal Form
Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

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



A. Applicant Information

1. Location of Project:

Riverview Terrace (Map 6 Lot 54)

a. Street Address

2437

c. Check number

New Bedford

b. City/Town

\$42.50

d. Fee amount

2. Applicant Mailing Address:

Jason Braz

a. First Name

b. Last Name

c. Organization

42 Bush Street

d. Mailing Address

Dartmouth

e. City/Town

MA

f. State

02748

g. Zip Code

774-263-0077

h. Phone Number

i. Fax Number

jbraz45@comcast.net

j. Email Address

3. Property Owner (if different):

a. First Name

b. Last Name

Chuck's Home Properties LLC.

c. Organization

18 Avis Street

d. Mailing Address

South Dartmouth

e. City/Town

MA

f. State

02748

g. Zip Code

508-617-3778

h. Phone Number

i. Fax Number

chuckliquors@verizon.net

j. Email Address

B. Fees

Fee should be calculated using the following process & worksheet. **Please see Instructions before filling out worksheet.**

Step 1/Type of Activity: Describe each type of activity that will occur in wetland resource area and buffer zone.

Step 2/Number of Activities: Identify the number of each type of activity.

Step 3/Individual Activity Fee: Identify each activity fee from the six project categories listed in the instructions.

Step 4/Subtotal Activity Fee: Multiply the number of activities (identified in Step 2) times the fee per category (identified in Step 3) to reach a subtotal fee amount. Note: If any of these activities are in a Riverfront Area in addition to another Resource Area or the Buffer Zone, the fee per activity should be multiplied by 1.5 and then added to the subtotal amount.

Step 5/Total Project Fee: Determine the total project fee by adding the subtotal amounts from Step 4.

Step 6/Fee Payments: To calculate the state share of the fee, divide the total fee in half and subtract \$12.50. To calculate the city/town share of the fee, divide the total fee in half and add \$12.50.

To calculate filing fees, refer to the category fee list and examples in the instructions for filling out WPA Form 3 (Notice of Intent).



Massachusetts Department of Environmental Protection

Bureau of Resource Protection - Wetlands

NOI Wetland Fee Transmittal Form

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

B. Fees (continued)

Step 1/Type of Activity	Step 2/Number of Activities	Step 3/Individual Activity Fee	Step 4/Subtotal Activity Fee
Cat. 1.a	1	\$110.00	\$110.00
Step 5/Total Project Fee:			\$110.00

Step 6/Fee Payments:

Total Project Fee:	<u>\$110.00</u>
	a. Total Fee from Step 5
State share of filing Fee:	<u>\$42.50</u>
	b. 1/2 Total Fee less \$12.50
City/Town share of filling Fee:	<u>\$67.50</u>
	c. 1/2 Total Fee plus \$12.50

C. Submittal Requirements

- a.) Complete pages 1 and 2 and send with a check or money order for the state share of the fee, payable to the Commonwealth of Massachusetts.

Department of Environmental Protection
Box 4062
Boston, MA 02211

- b.) **To the Conservation Commission:** Send the Notice of Intent or Abbreviated Notice of Intent; a **copy** of this form; and the city/town fee payment.

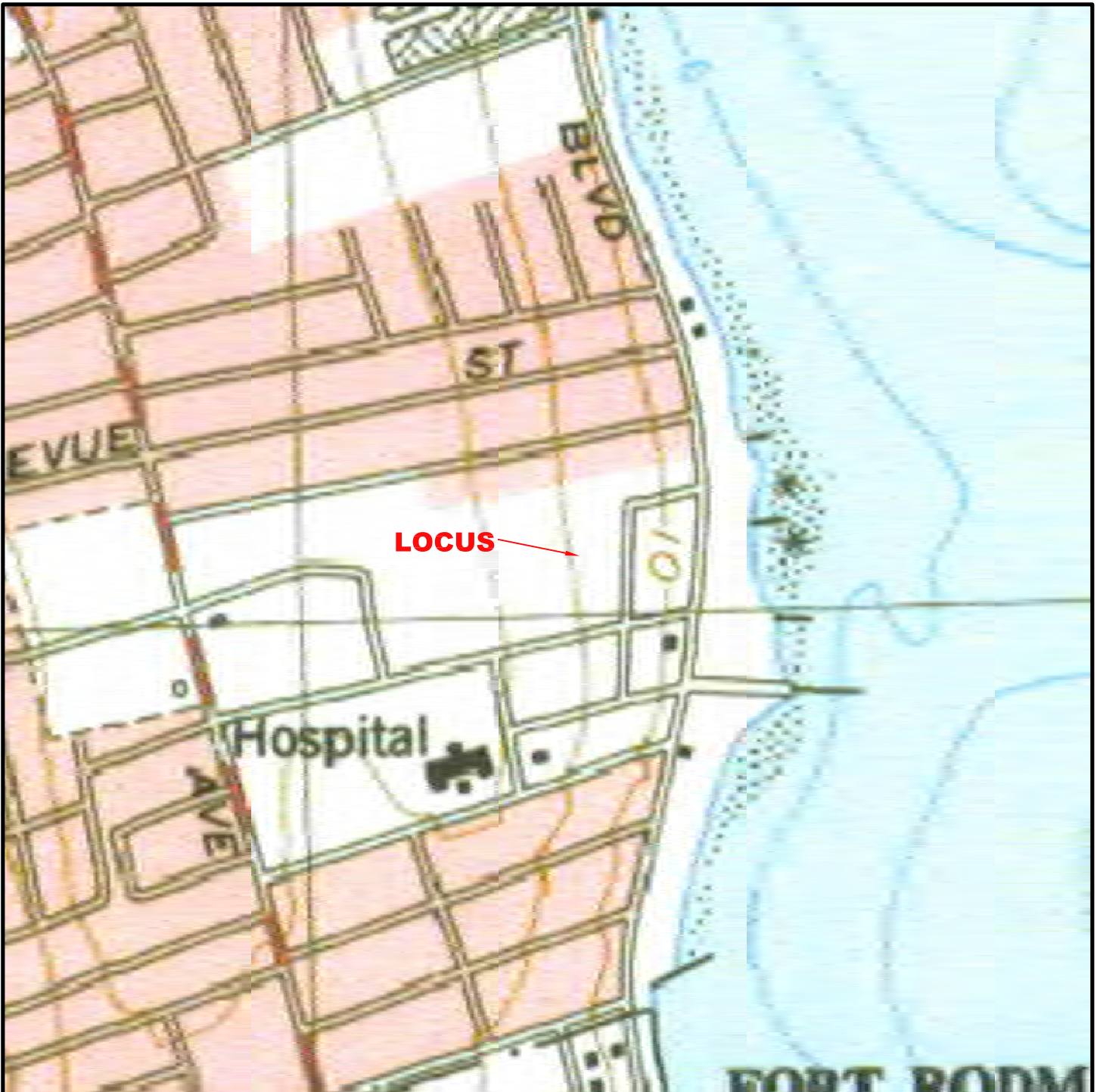
To MassDEP Regional Office (see Instructions): Send a copy of the Notice of Intent or Abbreviated Notice of Intent; a **copy** of this form; and a **copy** of the state fee payment. (E-filers of Notices of Intent may submit these electronically.)

Locus: Riverview Terrace in New Bedford, MA
Assessors Map 6 Lot 54

Notice of Intent Attachments

- **USGS Map**
- **Certified Abutters List**
- **Notification to Abutters**
- **Massachusetts Natural Heritage Map**
- **Firm Map**
- **Deed**
- **Copies of Checks**

USGS Map



SHEET NAME:

USGS MAP

PROJECT SITE:

**ASSESSORS MAP 6 LOT 54
RIVERVIEW TERRACE
NEW BEDFORD, MASSACHUSETTS**

CLIENT INFO:

**JASON BRAZ
DARTMOUTH, MA 02748**



ZENITH CONSULTING ENGINEERS, LLC

3 MAIN STREET LAKEVILLE, MA 02347

PHONE: (508) 947-4208

Certified Abutters List



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 #		LOT(S)#	
ADDRESS:			
OWNER INFORMATION			
NAME:			
MAILING ADDRESS:			
APPLICANT/CONTACT PERSON INFORMATION			
NAME (IF DIFFERENT):			
MAILING ADDRESS (IF DIFFERENT):			
TELEPHONE #			
EMAIL ADDRESS:			
REASON FOR THIS REQUEST: <i>Check appropriate</i>			
<input type="checkbox"/>	ZONING BOARD OF APPEALS APPLICATION		
<input type="checkbox"/>	PLANNING BOARD APPLICATION		
<input type="checkbox"/>	CONSERVATION COMMISSION APPLICATION		
<input type="checkbox"/>	LICENSING BOARD APPLICATION		
<input type="checkbox"/>	OTHER (<i>Please explain</i>):		

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.

Michael J. Motta

Printed Name

Signature

Date

Account Information

Payment Type: Permits

Reference Number: ABUTTERS MAP 6 LOT 54

Phone Number: 5089474208

Payment Information

Payment Date: 5/19/2021

Payment Amount: \$5.00

Convenience Fee: \$1.95

Total Payment: \$6.95

Payment Method: VISA

Card Number: XXXXXXXXXXXXX6548

Expiration Date: 0821

JB STADELMANN

Billing Zip Code: 02346

Your confirmation number is: **5661185**

Your payment will post to the account listed below. It takes approximately two business days to post your payment to the account. Your payment date and time are equal to the time you completed this transaction as indicated by the Digital Time Stamp below.

Digital Time Stamp: 05/19/2021 12:59:15 [EST]

If an email address was provided, your confirmation email will be sent from marketingcloud@valuepaymentsystems.com. Please have payer sign below and retain merchant copy for your records

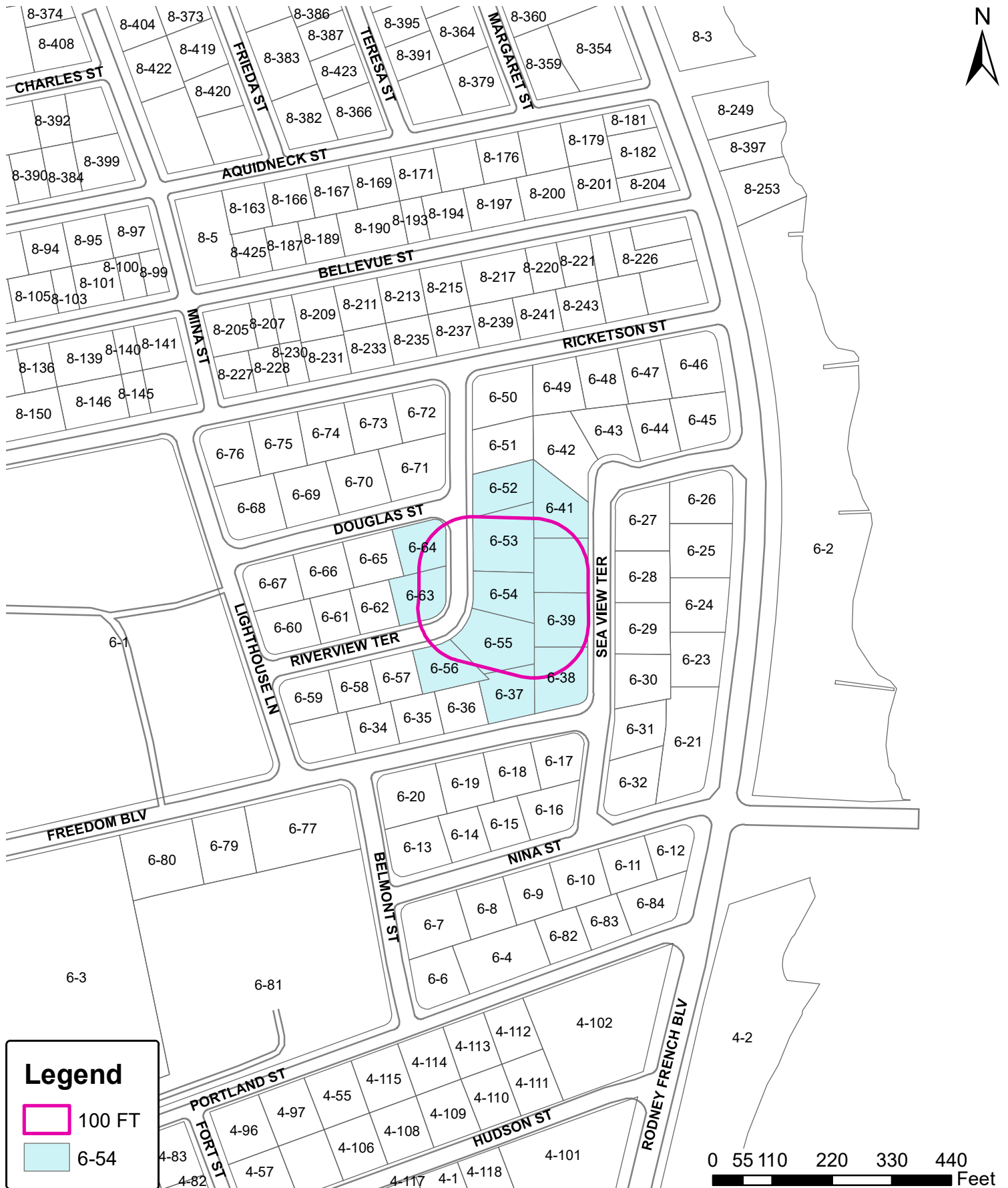
Signature X

May 18, 2021
Dear Applicant,

Please find below the List of Abutters within 100 feet of the property known as 54 Riverview Terrace (Map: 6, Lot: 54). 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.

<u>Parcel</u>	<u>Location</u>	<u>Owner and Mailing Address</u>
6-64	17 RIVERVIEW TER	KIDNEY MICAH, KIDNEY HEATHER 17 RIVERVIEW TERRACE NEW BEDFORD, MA 02744
6-53	16 RIVERVIEW TER	MENDONCA BETTE ANNE, 16 RIVERVIEW TERRACE NEW BEDFORD, MA 02744
6-39	35 SEAVIEW TER	SANTOS JAIME, SANTOS ISABEL 35 SEAVIEW TERRACE NEW BEDFORD, MA 02744
6-54	ES RIVERVIEW TER	MENDONCA BETTE ANNE, 16 RIVERVIEW TERRACE NEW BEDFORD, MA 02744
6-63	41 RIVERVIEW TER	PERRY MARK A "TRUSTEE", PERRY DEBORAH MARIE "TRUSTEE" P O BOX 7166 NEW BEDFORD, MA 02742
6-37	15 FREEDOM BLVD	DACUNHA CARLOS A, DACUNHA CECILIA BARBOSA 15 FREEDOM BLVD NEW BEDFORD, MA 02744
6-38	25 SEAVIEW TER	BETTENCOURT JOAQUIM M, BETTENCOURT DEODETE 25 SEAVIEW TERRACE NEW BEDFORD, MA 02744
6-56	40 RIVERVIEW TER	ANASTACIO JOSE M, ANASTACIO MARIA L 40 RIVERVIEW TER NEW BEDFORD, MA 02744
6-55	30 RIVERVIEW TER	MARTINEZ CARLOS M MENDOZA, MARTINEZ DIGNA G MENDOZA 30 RIVERVIEW TERRACE NEW BEDFORD, MA 02744
6-52	6 RIVERVIEW TER	LAVADINHO MARIA DEFATIMA, 6 RIVERVIEW TERR NEW BEDFORD, MA 02744
6-41	51 SEAVIEW TER	SOARES EDUARDO C, SOARES MARIA N 51 SEA VIEW TERR NEW BEDFORD, MA 02744
6-40	45 SEAVIEW TER	NOGUEIRA ANTONIO DACOSTA MANUELA L 45 SEAVIEW TERRACE NEW BEDFORD, MA 02744





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 #	6	LOT(S)#	54
ADDRESS: Map 6 Lot 54 Riverview Terrace			
OWNER INFORMATION			
NAME: Mendonca, Bette Anne			
MAILING ADDRESS: 16 Riverview Terrace New Bedford, MA 02744			
APPLICANT/CONTACT PERSON INFORMATION			
NAME (IF DIFFERENT): Zenith Consulting Engineers, LLC. Attn : Jen Stadelmann			
MAILING ADDRESS (IF DIFFERENT): 3 Main Street Lakeville, MA 02347			
TELEPHONE #	508-947-4208		
EMAIL ADDRESS:	jstadelmann@zcellc.com		
REASON FOR THIS REQUEST: <i>Check appropriate</i>			
<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 (<i>Please explain</i>):		

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.

Michael J. Motta

Printed Name

Signature

Date