



City of New Bedford
HISTORICAL COMMISSION APPLICATION

1. SUBMITTAL CHECKLIST

The following documentation must be submitted:

Have you included...			Planning staff review finds...	
Yes	No		Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A <u>Completed and Signed Application</u>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A <u>Site Plan</u> , drawn to a scale (1/8" = 1' minimum), identifying location of proposed alterations or additions.	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Photographs</u> of existing conditions.	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Description of Work</u> . A brief description must be included on the first page; additional pages of detailed information may be attached.	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Drawings and Specifications</u> as required.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Material and Paint Color Samples</u> , if applicable.	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Owner's Verification</u> including owner's signature.	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Filing Fee</u> in check form made payable to the City of New Bedford.	<input type="checkbox"/>	<input type="checkbox"/>

Official Use Only:

Review of submittal compliance performed by _____ of the city's Division of Planning.

Staff review found the application packet to be ☐ complete on this date: _____. ☐ Incomplete on this date: _____.

Application # _____

Plot: _____ Lot: _____

Hearing Date: _____

Certificate Type: _____

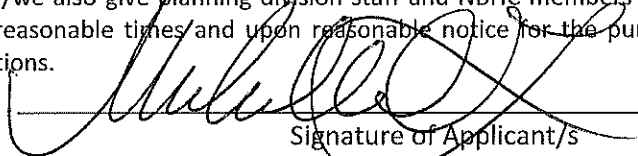
This is page 1 of your Historical Commission Application.

Please remove the instruction pages when submitting your completed application packet but keep this as your first page.

2. APPLICATION SPECIFICS

TYPE OF CERTIFICATE REQUESTED			
APPROPRIATENESS	<input checked="" type="checkbox"/>	NON-APPLICABILITY	<input type="checkbox"/>
		HARDSHIP	<input type="checkbox"/>
SUBJECT PROPERTY			
PROPERTY ADDRESS: 18 Johnny Cake Hill			
OWNER INFORMATION			
NAME: Old Dartmouth Historical Society/New Bedford Whaling Museum			
MAILING ADDRESS: 18 Johnny Cake Hill, New Bedford, MA 02740			
APPLICANT/CONTACT PERSON INFORMATION			
NAME (IF DIFFERENT): Michelle Taylor, Chief Administrative Officer & CFO			
APPLICANT'S RELATIONSHIP TO THE PROPERTY: Check one:	OWNER <input checked="" type="checkbox"/>	CONTRACT VENDEE <input type="checkbox"/>	OTHER Describe <input type="checkbox"/> CAO, CFO
MAILING ADDRESS (IF DIFFERENT):			
TELEPHONE #	508-717-6826		
EMAIL ADDRESS:	mtaylor@whalingmuseum.org		
ARCHITECT			
NAME: Civitects PC		CONTACT: Jane Duff Gleason	
PHONE: 774-357-5353		EMAIL: jgleason@civitects.com	
CONTRACTOR			
NAME: CeMat Contracting Co., Inc.		CONTACT: Eric Britto	
PHONE: 508-999-2660		EMAIL: ebritto@cematcontracting.com	

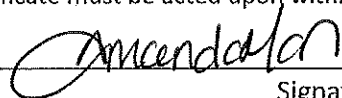
By signing below, I/we acknowledge that all information presented herein is true to the best of my/our knowledge. I/we further understand that any false information intentionally provided or omitted is grounds for the revocation of the approval(s). I/we also give planning division staff and NBHC members the right to access the premises (both interior and exterior) at reasonable times and upon reasonable notice for the purpose of taking photographs and conducting other visual inspections.


Signature of Applicant/s

1/7/2019
Date

If the applicant differs from the owner, this section must be completed/signed by the property owner/s:

I hereby authorize the applicant represented above and throughout this application to apply and to represent my/our interests on my/our behalf for the certificate requested herein for the premises I/we own noted as "property address" above and presented throughout this application. Furthermore, by signing this application I/we acknowledge having read and understood this application and the accompanying instructions and information. If the certificate is granted, I/we understand the approvals are specific to the plans submitted, unless the Commission states otherwise and that if granted, that the certificate must be acted upon within one year.


Signature of Owner/s

1/7/19
Date

SCOPE OF WORK DETAILS

NEW BEDFORD HISTORICAL COMMISSION

WORK INCLUDES: (check all that apply)		
New Construction <input type="checkbox"/>	Reconstruction <input type="checkbox"/>	Alteration <input type="checkbox"/>
Painting <input checked="" type="checkbox"/>	Signage <input type="checkbox"/>	Other <input checked="" type="checkbox"/>

DESCRIPTION OF WORK PROPOSED

The New Bedford Whaling Museum seeks approval to begin a critical restoration project for the exteriors of the historic Bourne Building, including its distinctive Cupola, and the equally significant Wood Building Annex; located on the Museum's campus within the New Bedford Whaling National Historical Park. Both buildings suffer from deteriorating window sealants, exterior paint, and wood work; which, unless immediately addressed, will lead to water damage, mold, and a high risk of compromising the collections housed within the buildings.

The proposed scope of work consists of work on window and door casings, cornices with knee brackets, balustrades, and cupola. The window work will include removal and replacement of the deteriorating glazing compound. The wood trim work will include stabilization and repair of areas of deterioration. The current conditions of the wood trim will be evaluated. Based on the existing conditions the wood trim will be prepped and painted appropriately. All work will be conducted in alignment with the U.S. Secretary of the Interior's Standards for Rehabilitation.

This description provides the basis for the official notice and subsequent decision, and it must clearly represent the entirety of the project. Attach additional sheets as necessary to provide more detailed information.

DOCUMENTATION ATTACHED		
Photographs <input checked="" type="checkbox"/>	Material Samples <input type="checkbox"/>	Manufacturer Literature <input type="checkbox"/>
Drawings <input checked="" type="checkbox"/>	Site Plan <input checked="" type="checkbox"/>	Other <input checked="" type="checkbox"/>

- A **Building Permit** may only be obtained after a Certificate is obtained from the Department of Planning, Housing and Community Development.
- Work commenced must be completed within **one year** from the Certificate date unless otherwise indicated.
- The City of New Bedford reserves the right to inspect the project to determine compliance with the conditions set forth in the Certificate issued.

Find more information, forms and guidelines at:
[www. http://www.newbedford-ma.gov/planning/historical-commission/](http://www.newbedford-ma.gov/planning/historical-commission/)

Questions? Contact the Planning Department at 508-979-1488 or
 at City Hall, Room 303, New Bedford, MA 02740

