

**IX. HOMEOWNER LICENSE EXEMPTION****Supplement #1**

The current exemption for "homeowner" was extended to include owner-occupied dwellings of two units or less and to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor. (State Building Code Section 110.5)

**DEFINITION OF HOMEOWNER:**

Person(s) who own a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one to two family dwelling, attached or detached structures accessory to such use and /or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such "homeowner" shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (Section 110.5)

The undersigned "homeowner" assumes responsibility for compliance with the State Building Code and other applicable codes, ordinance, rules and regulations, and will comply with the City of New Bedford Building Department minimum inspection procedures and requirements.

HOMEOWNERS SIGNATURE \_\_\_\_\_

**X. CONSTRUCTION DEBRIS DISPOSAL****Supplement #2**

In accordance with provisions of Massachusetts General Law C40, S54, debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by Massachusetts General Law C111, S150A

The debris will be disposed of in: \_\_\_\_\_

(Location of Facility)

Signature of Permit Applicant \_\_\_\_\_

Date \_\_\_\_\_

**XI. HOME IMPROVEMENT CONTRACTOR LAW AFFIDAVIT**

(Residential Use Only) Supplement to Permit Application

**Supplement #3**

MGLc. 142 A 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 of building" be conducted by registered contractors, with certain exceptions, along with other requirements.

Type of Work: Change of Use with Interior Alterations Est. Cost 29,000Address of Work: 14 S. Sixth St.Owner Name: Trevor J. Reilly

Date of Permit Application: \_\_\_\_\_

I hereby certify that: Registration is not required for the following reason(s):

\_\_\_\_\_ Work excluded by law

\_\_\_\_\_ Job under \$1,000

\_\_\_\_\_ Building not owner-occupied

\_\_\_\_\_ Owner obtaining own permit

Other (specify) \_\_\_\_\_

Notice is hereby given that:

**OWNERS OBTAINING THEIR OWN PERMIT OR EMPLOYING UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OF GUARANTY FUND UNDER MGLc. 142A.**

signed under penalties of perjury:

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

Date \_\_\_\_\_

Contractor Signature \_\_\_\_\_

Registration No. \_\_\_\_\_

OR:

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

Date \_\_\_\_\_

Owner Signature \_\_\_\_\_

**XII. BUILDING COMMISSIONERS REVIEW COMMENTS AND CONDITIONS**C. Building Permit Rejected ☒Special Permit - Planning reduction of parking

Fee \_\_\_\_\_

Reason For Rejection:

" See Attachments "

Permit # \_\_\_\_\_

Comments and Conditions:

Signed Quincy D. RomanowiczDate: 9/820 17

Title \_\_\_\_\_

Not valid unless signed (not stamped) by Building Commissioner

OTHER APPLICABLE REVIEWS  
K. FLOODPLAIN

Is location within flood hazard area? yes no

If yes, zone : \_\_\_\_\_ and base elevation \_\_\_\_\_

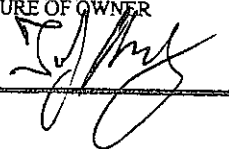
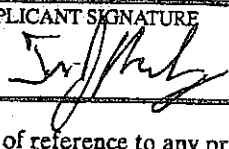
L. WETLANDS PROTECTION

Is location subject to flooding? No

Is location part of a known wetland? No

Has local conservation commission reviewed this site? No

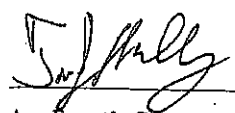
IV. IDENTIFICATION - ALL APPLICANTS - PLEASE PRINT

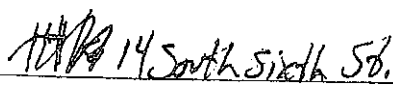
OWNER OR LESSEE NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
Trevor Reilly	<del>14</del> 14 S. 6 <sup>th</sup> St. New Bedford, MA	02740	508-415-4868
Kate Reilly	14 S. 6 <sup>th</sup> St. New Bedford, MA	02740	508-542-5702
E-mail Address: Kateannereilly@gmail.com			
CONTRACTOR NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
(Homeowner doing work ourselves)		LICENSE #	
E-mail Address:			
ARCHITECT NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
Romão Santos Architects	1118 Acushnet Ave. New Bedford, MA	02746	508-996-3673
E-mail Address:			
SIGNATURE OF OWNER		APPLICANT SIGNATURE	DATE
			7/8/16

Omission of reference to any provision shall not nullify any requirement of this code nor exempt any structure from such requirement.

The applicants understands and warrant that they will comply with all pertinent federal and state statutes, local ordinances and all federal, state, and local regulations, including those of the Architectural Barriers board, Department of Environmental Protection Agency and may be forwarded for review to all pertinent local city agencies which may express specific concerns. It is understood that the issuance of a permit shall not serve as an acceptance or acknowledgment of compliance nor exempt any structure from such requirement. The permit shall be a license to proceed with the work and shall not be construed as authority to violate, cancel, or set aside any of the provisions of the State Building Code or local code of ordinances, except as specifically stipulated by modification or legally granted variation in accordance with Section 122.0 of State Building Code or local code of ordinances.

I have read the above and sign under pain and penalty of perjury as to the truth of all of the information and statements contained in sections I through IV of this application.

  
Applicant's Signature

  
Address

New Bedford  
City



City of New Bedford, Massachusetts  
Building Department  
Application for Plan Examination  
and Building Permit

FOR BUILDING DEPT. USE

DATE RECEIVED:

RECEIVED BY: 08/08/2016

ISSUED BY:

Mark Silva

IMPORTANT — COMPLETE ALL ITEMS — MARK BOXES WHERE APPLICABLE — PRINT

(AT LOCATION)

(NO)

(STREET)

BETWEEN

(CROSS STREET)

AND

(CROSS STREET)

PLOT

LOT

DISTRICT

ACCEPTED STREET

PLANS FILED

☐ YES

☐ NO

II. TYPE AND COST OF BUILDING — all applicants complete parts A through D — PRINT

A. TYPE OF IMPROVEMENT

- 1 ☐ New Building
- 2 ☐ Addition (If residential, enter number of new housing units added, if any, in Part D, 14)
- 3 ☐ Alteration (If residential, enter number of new housing units added, if any, in Part D, 14)
- 4 ☐ Repair, replacement
- 5 ☐ Demolition (If multifamily residential, enter number of units in building in Part D, 14, if non-residential, indicate most recent use checking D-18 - D-32)
- 6 ☐ Moving (relocation)
- 7 ☐ Foundation only

In Home Studio

D.1 PROPOSED USE — For demolition most recent use

Residential

- 13 ☐ One family
- 14 ☒ Two or more family — Enter number of units
- 15 ☐ Transient hotel, motel, or dormitory — Enter number of units
- 16 ☐ Garage
- 17 ☐ Carport
- 18 ☐ Other — Specify

Nonresidential

- 19 ☐ Amusement, recreational
- 20 ☐ Church, other religious
- 21 ☐ Industrial
- 22 ☐ Parking garage
- 23 ☐ Service station, repair garage
- 24 ☐ Hospital, institutional
- 25 ☐ Office, bank, professional
- 26 ☐ Public utility
- 27 ☐ School, library, other educational
- 28 ☐ Stores, mercantile
- 29 ☐ Tanks, towers
- 30 ☐ Funeral homes
- 31 ☐ Food establishments
- 32 ☐ Other — Specify

B. OWNERSHIP

- 8 ☒ Private (individual, corporation, nonprofit institution, etc.)
- 9 ☐ Public (Federal, State, or local government)

D.2. Does this building contain asbestos?

☐ YES ☒ NO If yes complete the following:

Name & Address of Asbestos Removal Firm:

Submit copy of notification sent to DECE and the State Dept. of Labor & Industries and results of air sample analysis after asbestos removal is completed.

C. COST

10. Cost of construction (Omit cents) \$ 7,000
- To be installed but not included in the above cost
- a. Electrical 8,000
- b. Plumbing 3,000
- c. Heating, air conditioning
- d. Other (elevator, etc.) 8,000
11. TOTAL VALUE OF CONSTRUCTION 28,000
12. TOTAL ASSESSED BLDG. VALUE 180,000

D.3. Non-residential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING —

For new buildings complete part E through L. For demolition, complete only parts G, H & I. For all others, (additions, alterations, repair, moving, foundation), complete E through L.

E. PRINCIPAL TYPE OF FRAME

- 33 ☒ Masonry (wall bearing)
- 34 ☐ Wood frame
- 35 ☐ Structural steel
- 36 ☐ Reinforced concrete
- 37 ☐ Other — Specify

G. TYPE OF SEWAGE DISPOSAL

- 43 ☒ Public or private company
- 44 ☐ Private (septic tank, etc.)

H. TYPE OF WATER SUPPLY

- 45 ☒ Public or private company
- 46 ☐ Private (well, cistern)

F. PRINCIPAL TYPE OF HEATING FUEL

- 38 ☐ Gas
- 39 ☒ Oil
- 40 ☐ Electricity
- 41 ☐ Coal
- 42 ☐ Other — Specify

I. TYPE OF MECHANICAL

- Is there a fire sprinkler system?
- 47 ☐ YES 48 ☒ NO
- Will there be central air conditioning?
- 49 ☐ Yes 50 ☒ No
- Will there be an elevator?
- 51 ☐ Yes 52 ☒ No

J. DIMENSIONS

- 53 Number of stories 3
- 54 Height
- 55 Total square feet of floor area, all floors based on exterior dimensions
- 56 Building length 64'-4 1/2"
- 57 Building width 32'
- 58 Total sq. ft. of bldg. footprint
- 59 Front lot line width 57.20'
- 60 Rear lot line width
- 61 Depth of lot
- 62 Total sq. ft. of lot size
- 63 % of lot occupied by bldg. (58+62)
- 64 Distance from lot line (front)
- 65 Distance from lot line (rear)
- 66 Distance from lot line (left)
- 67 Distance from lot line (right)

# V. OTHER JURISDICTION APPROVALS AND NOTIFICATION

APPROVAL

CHECK

DATE OBTAINED

BY

Electrical  
Plumbing  
Fire Department  
Water  
Planning  
Conservation  
Public Works  
Health  
Licensing  
Other

## VI. ZONING REVIEW

DISTRICT:

USE:

FRONTAGE:

LOT SIZE:

SETBACKS:

FRONT:

LEFT SIDE:

RIGHT SIDE:

REAR:

PERCENTAGE OF LOT COVERAGE PRIMARY BUILDING

VARIANCE HISTORY

## VII. WORKER'S COMPENSATION INSURANCE AFFIDAVIT

I,

(licensee/permittee) with a principal place of business/residence at:

(City/State/Zip) do hereby certify, under the pains and penalties of perjury, that:

☐ I am an employer providing worker's compensation coverage for my employees working on this job.

Insurance Company

Policy Number

☐ I am a sole proprietor and have no one working for me.

☐ I am a sole proprietor, general contractor, or homeowner and have hired the contractors listed below who have the following worker's compensation insurance policies:

Name of contractor

Insurance Company/policy number

Name of contractor

Insurance Company/policy number

☒ I am a homeowner performing all the work myself.

NOTE: Please be aware that while homeowners who employ persons to do maintenance, construction or repair work on a dwelling of not more than three units in which the homeowner also resides or on the grounds appurtenant thereto are not generally considered to be employers under the Workers' Compensation Act (GL. C. 152, sect. 1(5)), application by a homeowner for a license or permit may evidence the legal status of an employer under the Workers' Compensation Act.

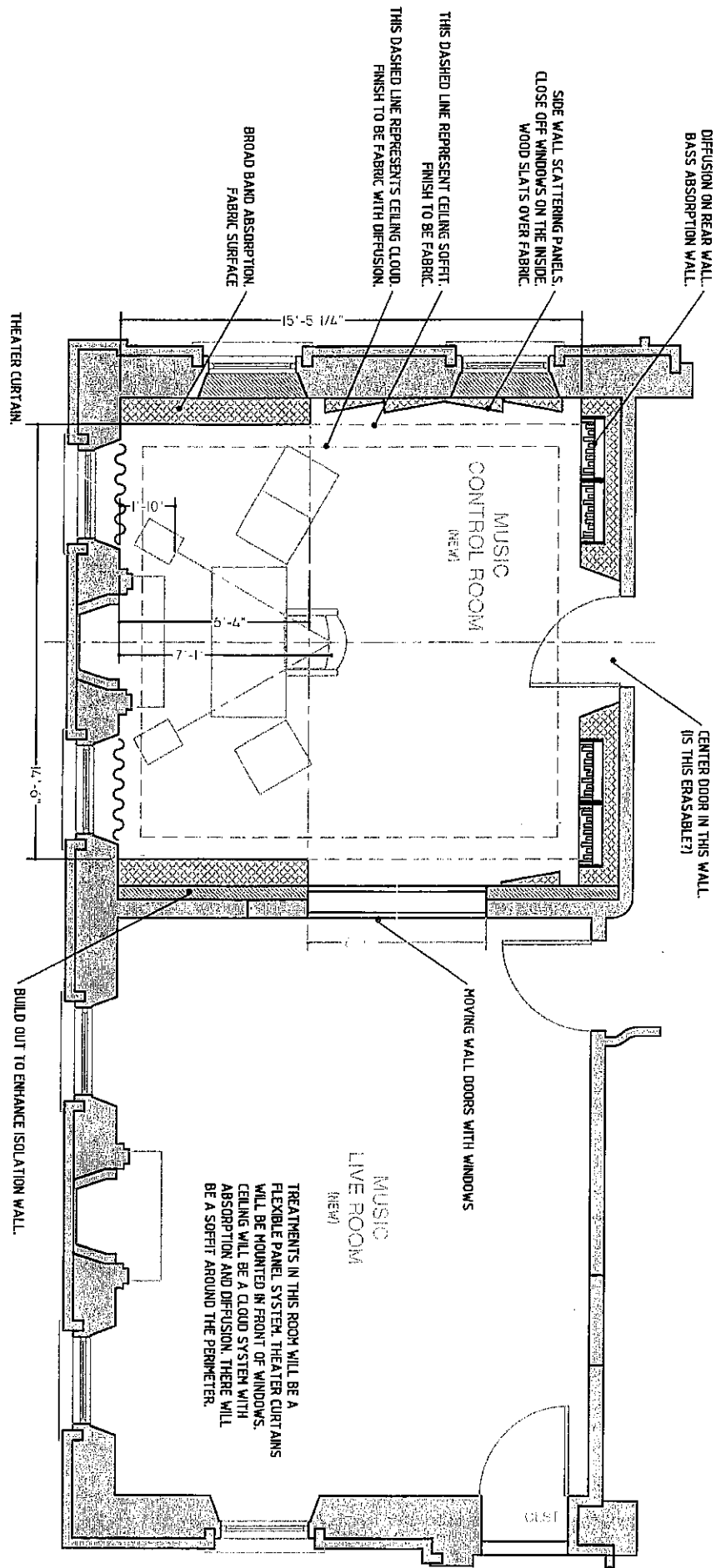
I understand that a copy of this statement will be forwarded to the Department of Industrial Accidents' Office of Insurance for coverage verification and that failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties consisting of a fine of up to \$1500.00 and/or imprisonment of up to one year and civil penalties in the form of a Stop Work Order and a fine of \$100.00 a day against me.

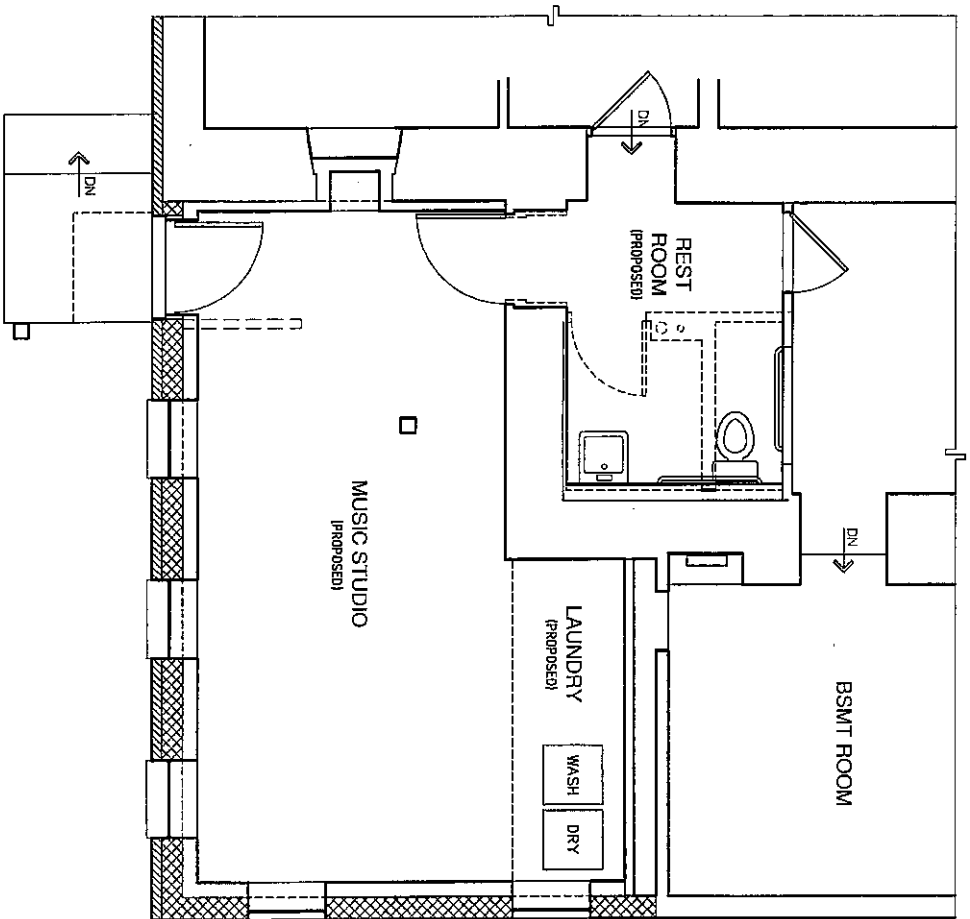
Signed this

day of

July 8th

20 16





LOWER LEVEL FLOOR PLAN - Partial  
1/4" = 1'-0"

Prepared for the Client by the Architect.  
This drawing is the property of the Architect.  
It is to be used only for the project and site  
indicated on the title block and is not to be  
reproduced or used for any other purpose  
without the written consent of the Architect.

DATE: 12/14/2017  
DRAWN BY: [Signature]  
CHECKED BY: [Signature]

Scale: 1/4" = 1'-0"

ROMÃO SANTOS ARCHITECTS  
1118 Acushnet Avenue  
New Bedford, MA 02746  
508.996.3673



**REILEY RESIDENCE**  
**Music Studio**  
14 South Sixth Street  
New Bedford, MA

DATE: 12/14/2017  
DRAWN BY: [Signature]  
CHECKED BY: [Signature]

Scale: 1/4" = 1'-0"

Scale: 1/4" = 1'-0"

**A.1**



