



CITY OF NEW BEDFORD
JONATHAN F. MITCHELL, MAYOR

DEPARTMENT OF INSPECTIONAL SERVICES
133 WILLIAM STREET - ROOM 308
NEW BEDFORD, MA 02740

New Bedford Comprehensive Zoning Code Review

Code of Ordinances – Chapter-9

44 Fruit St – PLOT: 28 – LOT: 262 – ZONED DISTRICT: RC

Special Permit Required from the Zoning Board of Appeals

Zoning Code Review as follows:

Special Permit

❖ SECTIONS

- **2400 – NON-CONFORMING USES AND STRUCTURES**
- **2410 - APPLICABILITY**
- **2430- NONCONFORMING STRUCTURES, OTHER THAN SINGLE-AND TWO FAMILY STRUCTURES**
- **2431- RECONSTRUCTED, EXTENDED OR STRUCTURALLY CHANGED**
- **2432- ALTERED TO PROVIDE FOR SUBSTANTIALLY DIFFERENT PURPOSE OR FOR THE SAME PURPOSE IN A SUBSTANTIALLY DIFFERENT MANNER OR TO A SUBSTANTIALLY GREATER EXTENT**

PLANNING DEPT -- SPECIAL PERMIT--- REDUCTION IN PARKING

-
- **3100 PARKING AND LOADING**
 - **3110 APPLICABILITY**
 - **3130 TABLE OF PARKING AND LOADING REQUIREMENTS-APPENDIX C**
 - **APPENDIX C-MULTI-FAMILY 3 OR MORE REQUIRE 2 SPACES PER UNIT**

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 [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: New Bedford Waste Management
(Location of Facility)

Signature of Permit Applicant [Signature]

Date 1-7-15

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. remove/replace sections of walls for ejection and installed kitchen

Type of Work: Finish Floors, installed new Floor over existing, Est. Cost 20,000

Address of Work: Painted, repaired walls, replaced doors needed.

Owner Name: _____ 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 1-7-15 Contractor Signature [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 ZBA
Reason For Rejection: Special Permit Planning Board
Reduction in parking

Fee _____
Permit # _____

Comments and Conditions: SEE ATTACHMENTS

Signed [Signature] Date: _____ 20____

Title Building Commissioner

Not valid unless signed (not stamped) by Building Commissioner



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

FOR BUILDING DEPT. USE
 DATE RECEIVED: JAN 7 2015
 RECEIVED BY:
 ISSUED BY:

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

(AT LOCATION) 44 Fruit St
(NO) (STREET)
 BETWEEN _____ AND _____
(CROSS STREET) (CROSS STREET)
 PLOT 28 LOT 262 DISTRICT RC ACCEPTED STREET Yes
(CROSS 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 units added, if any, in Part D, 14)

3 Alteration (if residential, enter number of new housing units added, if any, in Part B, 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

All floors renovated 3rd floor

D.1 PROPOSED USE — For demolition most recent use

Residential

13 One-family

14 Two or more family — Enter number of units 3

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? 7

YES NO If yes complete the following:

Name & Address of Asbestos Removal Firm:

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

C. COST (Omit cents)

10. Cost of construction\$
 To be installed but not included in the above cost

a. Electrical

b. Plumbing

c. Heating, air conditioning

d. Other (elevator, etc.)

11. TOTAL VALUE OF CONSTRUCTION 22,000

12. TOTAL ASSESSED BLDG. VALUE

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.

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.

K. 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)

J. DIMENSIONS

53 Number of stories

54 Height

55 Total square feet of floor area, all floors based on exterior dimensions

56 Building length

57 Building width

58 Total sq. ft. of bldg. footprint

59 Front lot line width

60 Rear lot line width

61 Depth of lot

62 Total sq. ft. of lot size

63 % of lot occupied by bldg. (55-62)

64 Distance from lot line (front)

65 Distance from lot line (rear)

66 Distance from lot line (left)

67 Distance from lot line (right)

4 w/ basement

L. 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

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

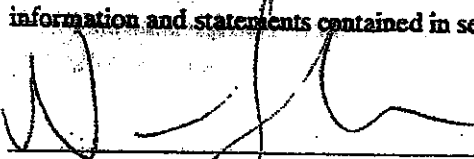
IV. IDENTIFICATION - ALL APPLICANTS - PLEASE PRINT

OWNER OR LESSEE NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
Jormen Shurtliff	16 Scoaticut Neck Rd. Box 227 Fairhaven MA 02719		774-930-1952
CONTRACTOR NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
Jormen Shurtliff	16 Scoaticut Neck Rd. Box 227 Fairhaven	LICENSE # CS 098100	
ARCHITECT NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
NATURE OF OWNER	APPLICANT SIGNATURE	DATE	
		1-7-15	

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 City

1-7-15

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, Norman Shurtliff 8 Burgess Point Rd. Wareham MA
 (licensee/permittee) with a principal place of business/residence at:
Wareham MA 02571

(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 7th day of Jan, 2015

LOCATION

44 Fruit St.

DISTRICT: Res "Q"

PERMIT NO.

USE

PLANS:
PLOT 28 CONST.
LOT 262

2 tenement

400-37

Alter front piazza

230-39

erect a dormer

Spec. Investigation 8/1/60

873-93 Repair or replace front porch

Licensee Details

Demographic Information

Full Name: NORMAN D SHURTLEFF
Gender:
Owner Name:

License Address Information

Address:
Address 2:
City: Wareham
State: MA
Zipcode: 02571
Country: United States

License Information

License No:	CS-098162	License Type:	Construction Supervisor
Profession:	Building Licenses	Date of Last Renewal:	9/25/2013
Issue Date:		Expiration Date:	5/11/2015
License Status:	Active	Today's Date:	1/23/2015
Secondary License:			
Doing Business As:			
Status Change:	License Renewal		

Prerequisite Information

No Prerequisite Information

Discipline

No Discipline Information

Documentum

Close Window



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): Norman Shurtliff

Address: 8 Burgess Point Rd.

City/State/Zip: Wareham MA Phone #: 774-930-1452

Are you an employer? Check the appropriate box:

- | | |
|--|--|
| 1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).* | 4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.† |
| 2. <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] | 5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.] |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] † | |

Type of project (required):

- 6. New construction
- 7. Remodeling
- 8. Demolition
- 9. Building addition
- 10. Electrical repairs or additions
- 11. Plumbing repairs or additions
- 12. Roof repairs
- 13. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Handwritten Signature] Date: 1-7-15

Phone #: 774-930-1452

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Electrical Inspector
- 5. Plumbing Inspector
- 6. Other _____

Contact Person: _____ Phone #: _____

Location: 44 FRUIT ST

Parcel ID: 28 262

Zoning: RC

Fiscal Year: 2016

Current Owner Information:

PAUNOR REALTY LLC

8 BURGESS POINT ROAD

WAREHAM , MA 02571

Current Sales Information:

Sale Date:

04/11/2013

Sale Price:

\$65,000.00

Legal Reference:

10741-39

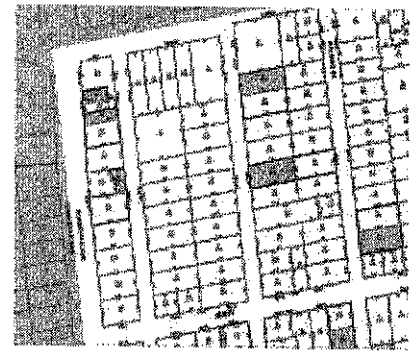
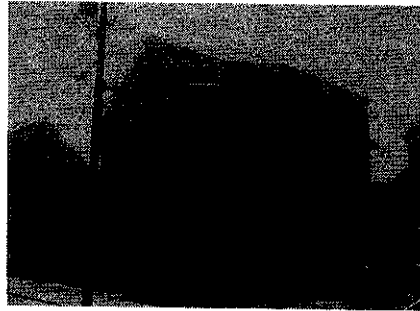
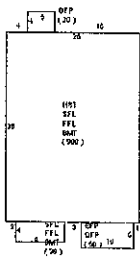
Grantor:

GOMES,ANTONE "TRS"

Card No. 1 of 1

This Parcel contains 0.064 acres of land mainly classified for assessment purposes as Two Fam with a(n) Two Family style building, built about 1902, having Asbestos exterior, Asphalt Shingles roof cover and 1872 Square Feet, with 2 unit(s), 8 total room(s), 4 total bedroom(s) 2 total bath(s), 0 3/4 baths, and 0 total half bath(s).

Building Value:	Land Value:	Yard Items Value:	Total Value:
66300	53400	0	119700



Fiscal Year 2016		Fiscal Year 2015		Fiscal Year 2014	
Tax Rate Res.:	16.49	Tax Rate Res.:	15.73	Tax Rate Res.:	15.16
Tax Rate Com.:	35.83	Tax Rate Com.:	33.56	Tax Rate Com.:	31.08
Property Code:	104	Property Code:	104	Property Code:	104
Total Bldg Value:	66300	Total Bldg Value:	63900	Total Bldg Value:	64300
Total Yard Value:	0	Total Yard Value:	0	Total Yard Value:	0
Total Land Value:	53400	Total Land Value:	55000	Total Land Value:	55000
Total Value:	119700	Total Value:	118900	Total Value:	119300
Tax:	\$1,973.85	Tax:	\$1,870.30	Tax:	\$1,808.59

Disclaimer: Classification is not an indication of uses allowed under city zoning. This information is believed to be correct but is subject to change and is not warranted.