



CITY OF NEW BEDFORD  
JONATHAN F. MITCHELL, MAYOR

## ***New Bedford Comprehensive Zoning Code Review Code of Ordinances – Chapter-9***

87 LAWRENCE ST. – PLOT: 127A – LOT: 179 – ZONED DISTRICT: RA

***Change of Use – Add 2<sup>nd</sup> story addition to existing garage for single family use***

***Zoning Code Review as follows:***

***Special Permit – Zoning Board of Appeals***

### **❖ SECTIONS**

- ***2400 – Nonconforming Uses and Structures***
- ***2410 – Applicability***
- ***2430 -2432 Nonconforming Structures, Other Than Single- and Two-Family Structures***
- ***5300-5330 &5360-5390 – Special Permit***

**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 *Frank Rocha*

**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, GARAGE TO SWEET FAMILY Est. Cost: \$ 70,000.00

Address of Work: 87 LAWRENCE ST N.B.

Owner Name: FRANCISCO ROCHA

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 - ZBA.**

Reason For Rejection:

**"SEE ATTACHMENTS"**

**B-16-1962**

Fee \_\_\_\_\_

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

Comments and Conditions:

Signed *Danny N. Romanowicz*

Date: 8/25

20 16

Title *Building Commissioner*

Not valid unless signed (not stamped) by Building Commissioner

170  
 13-16-1962  
 Permit No.  
 Completion Date



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

FOR BUILDING DEPT. USE  
 DATE RECEIVED: AUG 18 2016  
 RECEIVED BY:  
 ISSUED BY:

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

(AT LOCATION) 87 LAWRENCE STREET  
 (NO) (STREET)  
 BETWEEN BROXTON ST. AND TARKLIN HILL RD  
 (CROSS STREET) (CROSS STREET)  
 PLOT 127A LOT 179 DISTRICT RES A ACCEPTED STREET YES  
 PLANS FILED.  YES  NO

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

A. TYPE OF IMPROVEMENT CHANGE FROM GARAGE TO SINGLE FAMILY

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) RAISE ROOF ADDITION  
 7  Foundation only FOR SINGLE FAMILY

D1. 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 DEQE 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 ..... \$ 50,000.00  
 To be installed but not included in the above cost  
 a. Electrical ..... 1,000.00  
 b. Plumbing ..... 12,000.00  
 c. Heating, air conditioning .....  
 d. Other (elevator, etc.) .....  
 11. TOTAL VALUE OF CONSTRUCTION ..... \$ 70,000.00  
 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.  
EXISTING 2 CAR GARAGE WITH OFFICE + BATHROOM  
ADDITION WILL BE ABOVE EXISTING

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.)

J. DIMENSIONS

53 Number of stories .....  
 54 Height ..... 28'  
 55 Total square feet of floor area, all floors based on exterior dimensions ..... 2288  
 56 Building length ..... 44'  
 57 Building width ..... 26'  
 58 Total sq. ft. of bldg. footprint ..... 1144  
 59 Front lot line width ..... 47.54  
 60 Rear lot line width ..... 54.56  
 61 Depth of lot ..... 86.30  
 62 Total sq. ft. of lot size ..... 7033  
 63 % of lot occupied by bldg. (56-62) ..... 16%  
 64 Distance from lot line (front) ..... 27.3'  
 65 Distance from lot line (rear) ..... 32'  
 66 Distance from lot line (left) ..... 7'  
 67 Distance from lot line (right) ..... 11'

F. PRINCIPAL TYPE OF HEATING FUEL

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

H. TYPE OF WATER SUPPLY

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

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

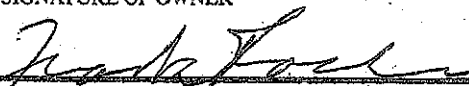
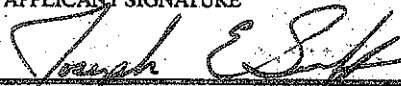
K. FLOODPLAIN

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

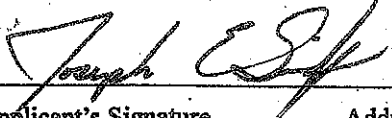
IV. IDENTIFICATION - ALL APPLICANTS - PLEASE PRINT

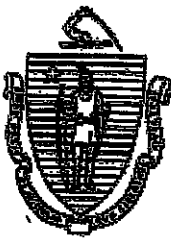
OWNER OR LESSEE NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
FRANCISCO ROCHA	4441 EDINBRIDGE ROAD	SARASOTA FL. 34235	508489-9978
JOSEPH SWIFT	25 NELSON AVE FAIRHAVEN MA	02719	508-327-3853
E-mail Address: JSWIFT.317@gmail.com			
CONTRACTOR NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
		LICENSE #	
E-mail Address:			
		HOME IMP #	
ARCHITECT NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
		LICENSE #	
E-mail Address:			
SIGNATURE OF OWNER		APPLICANT SIGNATURE	DATE
			8-18-2016

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

The applicant 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.

 25 Nelson Ave FAIRHAVEN MA 02719  
 Applicant's Signature Address City



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): JOSEPH E SWIFT

Address: 25 NELSON AVE

City/State/Zip: FAIRHAVEN MA 01719 Phone #: 508-328-3853

Are you an employer? Check the appropriate box:

- |   |  |
|---|--|
| 1. <input type="checkbox"/> I am an 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 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 checked="" 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: Joseph E Swift AGENT Date: 8-18-2016

Phone #: \_\_\_\_\_

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:** 87 LAWRENCE ST      **Parcel ID:** 127A 179      **Zoning:** RA      **Fiscal Year:** 2016

**Current Owner Information:**

ROCHA FRANCISCO M O  
93 LAWRENCE STREET  
NEW BEDFORD , MA 02745

**Current Sales Information:**

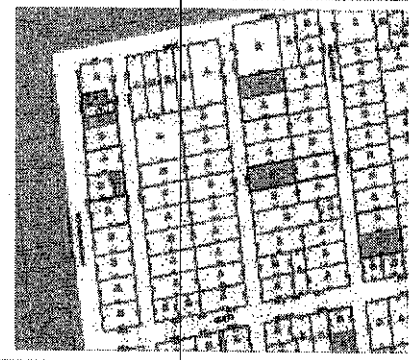
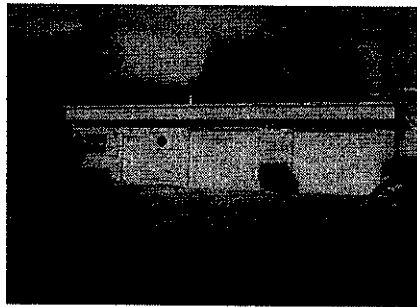
**Sale Date:**  
01/04/1993  
**Sale Price:**  
\$42,500.00  
**Legal Reference:**  
2978-204  
**Grantor:**  
DUFF PETER J

Card No. 1 of 1

This Property contains 0.161 acres of land mainly classified for assessment purposes as Out Bldg

Building Value:	Land Value:	Yard Items Value:	Total Value:
0	92200	23100	115300

**No  
Sketch  
Available**



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:	106	Property Code:	106	Property Code:	106
Total Bldg Value:	0	Total Bldg Value:	0	Total Bldg Value:	0
Total Yard Value:	23100	Total Yard Value:	23100	Total Yard Value:	23100
Total Land Value:	92200	Total Land Value:	92200	Total Land Value:	88300
<b>Total Value:</b>	<b>115300</b>	<b>Total Value:</b>	<b>115300</b>	<b>Total Value:</b>	<b>111400</b>
<b>Tax:</b>	<b>\$1,901.30</b>	<b>Tax:</b>	<b>\$1,813.67</b>	<b>Tax:</b>	<b>\$1,688.83</b>

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.