



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

244 Union Street – PLOT: 46 – LOT: 28 – ZONED DISTRICT: MUB

Special Permit Required from the Zoning Board of Appeals for Change of Use to One Residential Dwelling Unit on the Second Floor of Pre-Existing Building in the Downtown Overlay District

Zoning Code Review as follows:

Special Permit

❖ SECTION

- 4500 – General Regulations
- 4550 – Special Permit
- 4551 – Residential dwelling units on the upper level floors of new and pre-existing buildings
- 5300-5330 & 5360-5390 Special Permits



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

FOR BUILDING DEPT. USE

DATE RECEIVED:

RECEIVED BY: JUL 09 2015

ISSUED BY:

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

Permit No. _____
 Completion Date _____

(AT LOCATION) 3 50 SIXTH ST.

(NO) (STREET)

BETWEEN 244 UNION

(CROSS STREET)

AND 50 SIXTH

(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

Change of use 2nd floor

Down town overlay District

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 DEGE and the State Dept. of Labor & Industries and results of air sample analysis after asbestos removal is completed

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.

C. COST

- 10. Cost of construction (Omit cents) To be installed but not included in the above cost \$ 24,000
- a. Electrical _____
- b. Plumbing _____
- c. Heating, air conditioning _____
- d. Other (elevator, etc.) _____

11. TOTAL VALUE OF CONSTRUCTION _____

12. TOTAL ASSESSED BLDG. VALUE _____

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)

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?

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. (58-62) _____
- 64 Distance from lot line (front) _____
- 65 Distance from lot line (rear) _____
- 66 Distance from lot line (side) _____

F. PRINCIPAL TYPE OF HEATING FUEL

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

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 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 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 regulation 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: NEW BEDFORD WASTE (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: PAINTING - REMODEL BATH ROOMS NEW SMALL CLOSETS NEW KITCHENETTE Est. Cost 26,000

Address of Work 350 SIXTH ST (SMOK & FRY OIL TO COOK & ELECT. TO COOK)

Owner Name: Steve Romsey

I hereby certify that: Registration is not required for the following reason(s): _____ Date of Permit Application: _____

Work excluded by law _____ Job under \$1,000 _____ Building not owner-occupied _____ Owner obtaining own permit _____

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: June 15 Contractor Signature: [Signature] Registration No. 131245

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

Fee
Permit #

Comments and Conditions: _____
Signed: [Signature] Title: Building Commissioner Date: _____ 20____

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? _____

Is location part of a known wetland? _____

Has local conservation commission reviewed this site? _____

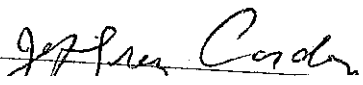
IV. IDENTIFICATION - ALL APPLICANTS - PLEASE PRINT

OWNER OR LESSEE NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
STEVEN D Romy	9 Green St Fairhaven, MA	03119	508 353 334
CONTRACTOR NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
SEFF CARDOZA	18 Anthony St	LICENSE # 08400Y	774 451 1204
ARCHITECT NAME	MAILING ADDRESS	HOME IMP #	ZIP CODE
		LICENSE #	TELEPHONE NO.
SIGNATURE OF OWNER	APPLICANT SIGNATURE	DATE	
		6-30-14	

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.

 18 Anthony St

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, JEFF CARDOZA
 (licensee/permittee) with a principal place of business/residence at:
18 ANTHONY ST. ACUSHNET
 (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.

TRACON Insurance Company UB 06220628 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:

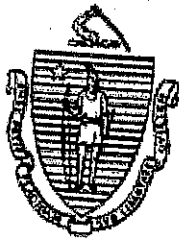
_____ Name of contractor	_____ Insurance Company/policy number
_____ Name of contractor	_____ Insurance Company/policy number

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 30 day of JUNE, 2015
Jeffery Cardoza



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): JEFFREY C CARDONA
 Address: 18 ANTHONY ST.
 City/State/Zip: ACUSHNET Phone #: 7744511204

Are you an employer? Check the appropriate box:

- 1. I am an employer with _____ employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
- 3. I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
- 4. 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. ‡
- 5. 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.]

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: TRAVLERS Expiration Date: 8/8/16
 Policy # or Self-ins. Lic. #: UB 06220 628 City/State/Zip: NPA R. MA 0
 Job Site Address: 244 UNION ST

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: Jeffrey Cardona Date: JUNE 15
 Phone #: 7744511204

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 #: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE
08-12-2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AP INSURANCE GROUP AGENCY INC 135 ALDEN RD FAIRHAVEN, MA 02719		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No):	
INSURED CARDOZA JEFFREY DBA FYNAL TOU 18 ANTHONY ST ACUSHNET, MA 02743		INSURER(S) AFFORDING COVERAGE			
		INSURER A: TRAVELERS INDEMNITY CO OF AMERICA		NAIC #	
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

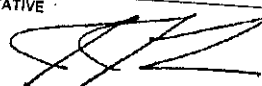
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						BODILY INJURY (Per person)	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			UB 0G220628	08-06-2015	08-06-2016	E.L. EACH ACCIDENT	\$100,000
							E.L. DISEASE - EA EMPLOYEE	\$100,000
							E.L. DISEASE - POLICY LIMIT	\$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
THE WORKERS' COMPENSATION POLICY DOES NOT PROVIDE COVERAGE FOR CARDOZA, JEFFREY

CERTIFICATE HOLDER
CITY OF NEW BEDFORD
133 WILLIAM ST
NEW BEDFORD, MA 02740

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

JOHN J. LUPICA, President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

8/1

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORITY REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER

ALEXION-PEREIRA INS AGENCY INC
135 ALDEN ROAD
FAIRHAVEN, MA 02719

CONTACT NAME:

PHONE (A/C No Ext): (508) 992-3130 FAX (A/C No): (508) 991-61
E-MAIL ADDRESS: cathy@apinsgroup.com

INSURER(S) AFFORDING COVERAGE

INSURER A: Travelers	NAIC
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

Jeff Cardoso dba
Fynal Touch Home Improvement
18 Anthony Street
Acushnet, MA 02743

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		6809E513291	8/13/15	8/13/16	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY ANY AUTO ALLOWED AUTOS HIRED AUTOS					\$ \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE					\$ \$
	DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ - \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory In NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUTORY LIMITS OTH-FR E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Workers Compensation Certificate to Follow
Remodel Apt for Steve Romsey, 244 Union Street, New Bedford MA

CERTIFICATE HOLDER

City of New Bedford
133 William Street
New Bedford, MA 02740

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Cathy Bentley

CORD 25 (2010/05)
one:

Fax:

The ACORD name and logo are registered marks of ACORD

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F-Mail:

Location: 244 UNION ST

Parcel ID: 46 28

Zoning: MUB

Fiscal Year: 2015

Current Owner Information:
244 UNION STREET LLC

9 GREEN STREET

FAIRHAVEN, MA 02719

Current Sales Information:

Sale Date:
10/17/2003

Sale Price:
\$625,000.00

Legal Reference:
6603-91

Grantor:
MCCLAIN REALTY, INC.,

Card No. 1 of 1

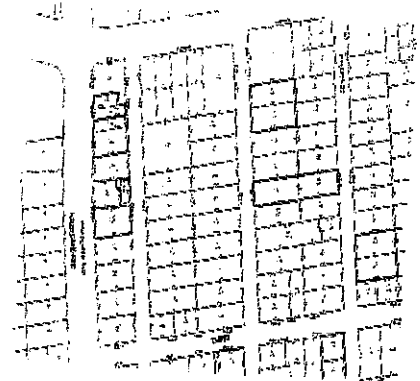
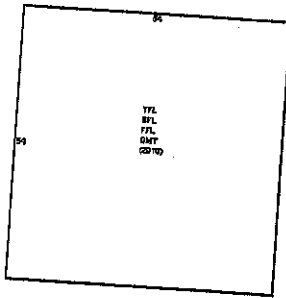
This Parcel contains 0.073 acres of land mainly classified for assessment purposes as Mix Com-Res with a(n) MIXED USE style building, built about 1910, having Brick exterior, Tar&Gravel roof cover and 8748 Square Feet, with 1 unit(s), 4 total room(s), 1 total bedroom(s) 1 total bath(s), 0 3/4 baths, and 4 total half bath(s).

Building Value:
355400

Land Value:
107100

Yard Items Value:
0

Total Value:
462500



Fiscal Year 2015	
Tax Rate Res.:	15.73
Tax Rate Com.:	33.56
Property Code:	031
Total Bldg Value:	355400
Total Yard Value:	0
Total Land Value:	107100
Total Value:	462500
Tax:	\$12,800.20

Fiscal Year 2014	
Tax Rate Res.:	15.16
Tax Rate Com.:	31.08
Property Code:	031
Total Bldg Value:	374300
Total Yard Value:	0
Total Land Value:	110700
Total Value:	485000
Tax:	\$12,525.80

Fiscal Year 2013	
Tax Rate Res.:	14.33
Tax Rate Com.:	29.54
Property Code:	031
Total Bldg Value:	391900
Total Yard Value:	0
Total Land Value:	110700
Total Value:	502600
Tax:	\$12,324.11

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.

52-178

52-197 52-198 52-204 52-206

LIAM ST

52-248 52-249

52-251 52-252

13

52-255

EIGHTH ST

52-256 52-257

52-230 52-258 52-259 52-260 52-261

52-262 52-263 52-264

52-265

52-266 52-267

52-268 52-269

52-270 52-271

52-272 52-273

52-274 52-275

52-276 52-277

52-278 52-279

52-280 52-281

52-282 52-283

52-284 52-285 52-286

52-279

MARKET ST

52-280 52-281

52-282 52-283

52-284 52-285 52-286

SEVENTH ST

46-17 46-18

46-19 46-20

46-21 46-22

46-23 46-24

46-25 46-26

46-27 46-28

46-29 46-30

46-31 46-32

46-33 46-34

SOUTH SIXTH ST

46-63 46-64

46-65 46-66

46-67 46-68

46-69 46-70

46-71 46-72

46-73 46-74

46-75 46-76

46-77 46-78

46-79 46-80

46-81 46-82

46-83 46-84

46-85 46-86

46-87 46-88

46-89 46-90

46-91 46-92

46-93 46-94

46-95 46-96

46-97 46-98

46-99 46-100

46-101 46-102

PLEASANT ST

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SPRING ST

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PURCHASE ST

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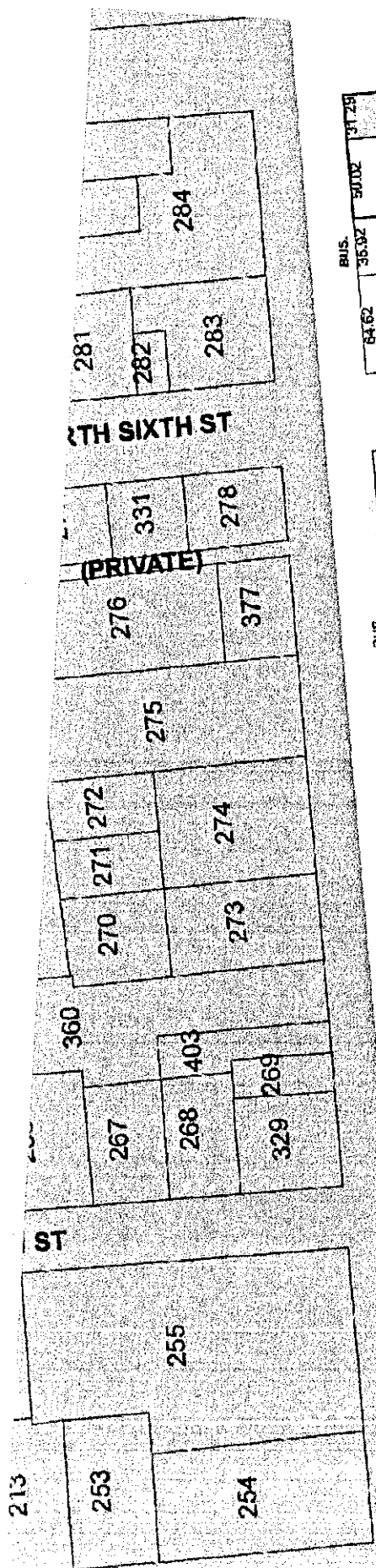
53-146

PURCHASE ST

SOHO

46-102

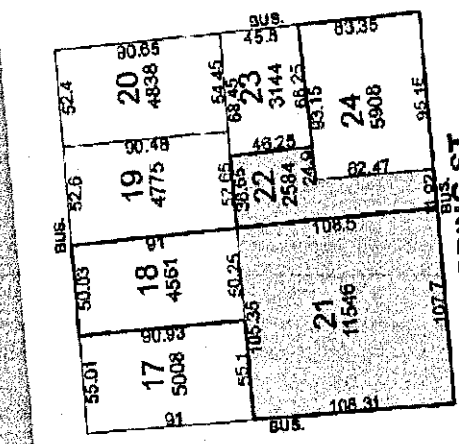
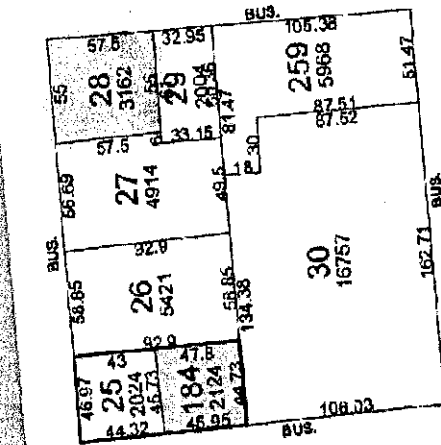
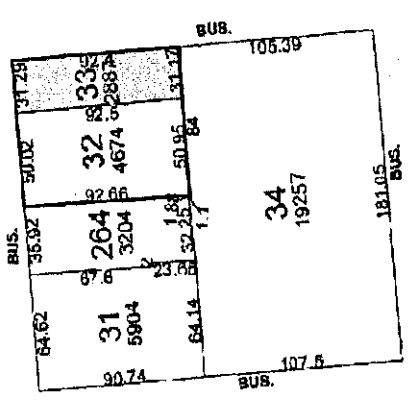
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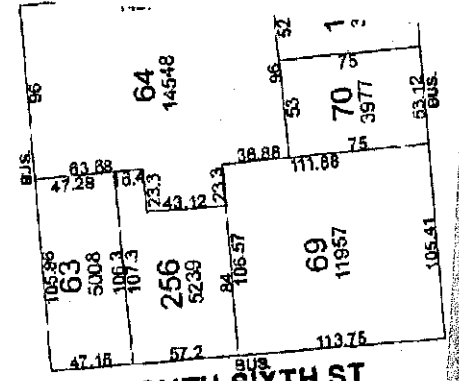
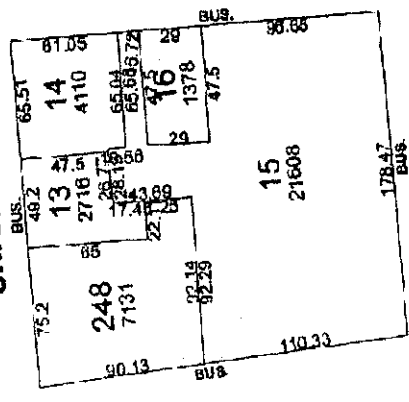
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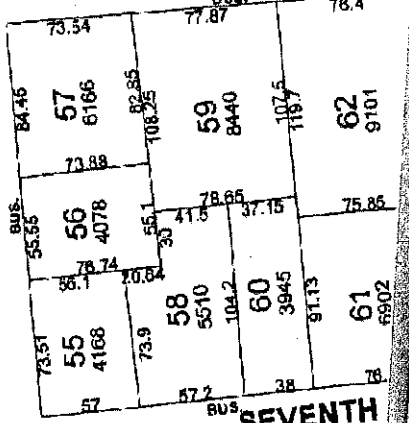


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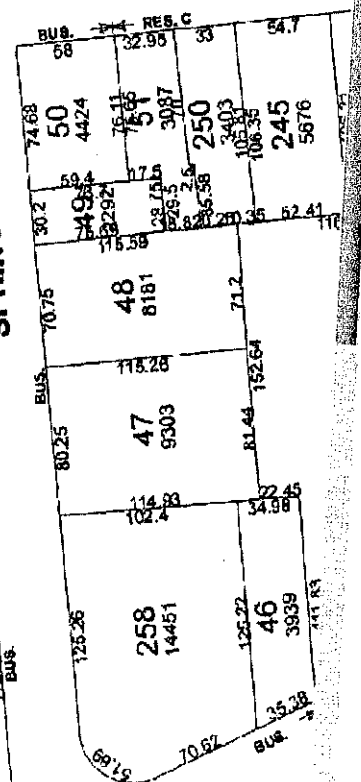
SPRING ST



SOUTH SIXTH ST



SEVENTH



RES A
19677