



**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***

269 Maryland Street – PLOT: 127C – LOT: 81 – ZONED DISTRICT: MUB  
*Site Plan Review Required from the Planning Board & Zoning Board of Appeals*

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

### ***Special Permit – Planning Board***

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#### **❖ SECTIONS**

- ***3100 – Parking and Loading***
- ***3110 – Applicability***
- ***3120 – Special Permit***
- ***3130 – Table of Parking and Loading Reqs. Appendix C – Offices***

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

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#### **❖ SECTIONS**

- ***2200 – USE REGULATIONS***
- ***2210 – General***
- ***2230 – Table of Use Regulations Appendix A, #20, Medical offices, center, or clinic***
- ***5300-5330 & 5360-5390 – Special Permit***



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

FOR BUILDING DEPT. USE  
 DATE RECEIVED:  
 RECEIVED BY: 24 2015  
 ISSUED BY:  
 By: [Signature]

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

Permit No.  
 Completion Date

(AT LOCATION) 904 Ashley Blvd / 269 Maryland Street  
 (NO) (STREET)  
 BETWEEN Oregon St. AND Maryland St.  
 (CROSS STREET) (CROSS STREET)  
 PLOT 127C LOT 81 DISTRICT MUB ACCEPTED STREET \_\_\_\_\_  
 PLANS FILED:  YES  NO

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

<p><b>A. TYPE OF IMPROVEMENT</b></p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D. 14)</p> <p>3 <input type="checkbox"/> Alteration (If residential, enter number of new housing units added, if any, in Part D. 14)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> 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)</p> <p>6 <input checked="" type="checkbox"/> Moving (relocation) <u>change of tenant</u></p> <p>7 <input type="checkbox"/> Foundation only <u>C.O.T.</u></p>	<p><b>D. PROPOSED USE — For demolition most recent use</b></p> <table border="0"> <tr> <td> <p><b>Residential</b></p> <p>13 <input type="checkbox"/> One family</p> <p>14 <input type="checkbox"/> Two or more family — Enter number of units _____</p> <p>15 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units _____</p> <p>16 <input type="checkbox"/> Garage</p> <p>17 <input type="checkbox"/> Carport</p> <p>18 <input checked="" type="checkbox"/> Other — Specify <u>psycho-therapy offices</u></p> </td> <td> <p><b>Nonresidential</b></p> <p>19 <input type="checkbox"/> Amusement, recreational</p> <p>20 <input type="checkbox"/> Church, other religious</p> <p>21 <input type="checkbox"/> Industrial</p> <p>22 <input type="checkbox"/> Parking garage</p> <p>23 <input type="checkbox"/> Service station, repair garage</p> <p>24 <input type="checkbox"/> Hospital, institutional</p> <p>25 <input type="checkbox"/> Office, bank, professional</p> <p>26 <input type="checkbox"/> Public utility</p> <p>27 <input type="checkbox"/> School, library, other educational</p> <p>28 <input type="checkbox"/> Stores, mercantile</p> <p>29 <input type="checkbox"/> Tanks, towers</p> <p>30 <input type="checkbox"/> Funeral homes</p> <p>31 <input type="checkbox"/> Food establishments</p> <p>32 <input checked="" type="checkbox"/> Other — Specify <u>psychotherapy office</u></p> </td> </tr> </table> <p><b>D.2. Does this building contain asbestos?</b>  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes complete the following:    Name &amp; Address of Asbestos Removal Firm: _____</p> <p>Submit copy of notification sent to DECIE and the State Dept. of Labor &amp; Industries and results of air sample analysis after asbestos removal is completed.</p> <p><b>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.</b></p>	<p><b>Residential</b></p> <p>13 <input type="checkbox"/> One family</p> <p>14 <input type="checkbox"/> Two or more family — Enter number of units _____</p> <p>15 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units _____</p> <p>16 <input type="checkbox"/> Garage</p> <p>17 <input type="checkbox"/> Carport</p> <p>18 <input checked="" type="checkbox"/> Other — Specify <u>psycho-therapy offices</u></p>	<p><b>Nonresidential</b></p> <p>19 <input type="checkbox"/> Amusement, recreational</p> <p>20 <input type="checkbox"/> Church, other religious</p> <p>21 <input type="checkbox"/> Industrial</p> <p>22 <input type="checkbox"/> Parking garage</p> <p>23 <input type="checkbox"/> Service station, repair garage</p> <p>24 <input type="checkbox"/> Hospital, institutional</p> <p>25 <input type="checkbox"/> Office, bank, professional</p> <p>26 <input type="checkbox"/> Public utility</p> <p>27 <input type="checkbox"/> School, library, other educational</p> <p>28 <input type="checkbox"/> Stores, mercantile</p> <p>29 <input type="checkbox"/> Tanks, towers</p> <p>30 <input type="checkbox"/> Funeral homes</p> <p>31 <input type="checkbox"/> Food establishments</p> <p>32 <input checked="" type="checkbox"/> Other — Specify <u>psychotherapy office</u></p>
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<p><b>B. OWNERSHIP</b></p> <p>8 <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>			
<p><b>C. COST — No construction</b> (Omit cents)</p> <p>10. Cost of construction .....\$ <u>0.00</u>      To be installed but not included in the above cost</p> <p>a. Electrical .....</p> <p>b. Plumbing .....</p> <p>c. Heating, air conditioning .....</p> <p>d. Other (elevator, etc.) .....</p> <p>11. TOTAL VALUE OF CONSTRUCTION .....</p> <p>12. TOTAL ASSESSED BLDG. VALUE .....</p>			

III. SELECTED CHARACTERISTICS OF BUILDING — For new buildings complete part E through I. For demolition, complete only parts G, H & I. For all others, (additions, alterations, repair, moving, foundation), complete E through I.

<p><b>E. PRINCIPAL TYPE OF FRAME</b></p> <p>33 <input type="checkbox"/> Masonry (wall bearing)</p> <p>34 <input checked="" type="checkbox"/> Wood frame</p> <p>35 <input type="checkbox"/> Structural steel</p> <p>36 <input type="checkbox"/> Reinforced concrete</p> <p>37 <input type="checkbox"/> Other — Specify _____</p>	<p><b>G. TYPE OF SEWAGE DISPOSAL</b></p> <p>43 <input checked="" type="checkbox"/> Public or private company</p> <p>44 <input type="checkbox"/> Private (septic tank, etc.)</p>	<p><b>J. DIMENSIONS</b></p> <p>53 Number of stories _____</p> <p>54 Height _____</p> <p>55 Total square feet of floor area, all floors based on exterior dimensions _____</p> <p>56 Building length _____</p> <p>57 Building width _____</p> <p>58 Total sq. ft. of bldg. footprint _____</p> <p>59 Front lot line width _____</p> <p>60 Rear lot line width _____</p> <p>61 Depth of lot _____</p> <p>62 Total sq. ft. of lot size _____</p> <p>63 % of lot occupied by bldg. (58+62) _____</p> <p>64 Distance from lot line (front) _____</p> <p>65 Distance from lot line (rear) _____</p> <p>66 Distance from lot line (left) _____</p> <p>67 Distance from lot line (right) _____</p>
<p><b>F. PRINCIPAL TYPE OF HEATING FUEL</b></p> <p>38 <input checked="" type="checkbox"/> Gas</p> <p>39 <input type="checkbox"/> Oil</p> <p>40 <input type="checkbox"/> Electricity</p> <p>41 <input type="checkbox"/> Coal</p> <p>42 <input type="checkbox"/> Other — Specify _____</p>	<p><b>H. TYPE OF WATER SUPPLY</b></p> <p>45 <input checked="" type="checkbox"/> Public or private company</p> <p>46 <input type="checkbox"/> Private (well, cistern)</p> <p><b>I. TYPE OF MECHANICAL</b></p> <p>Is there a fire sprinkler system?</p> <p>47 <input type="checkbox"/> YES 48 <input type="checkbox"/> NO</p> <p>Will there be central air conditioning?</p> <p>49 <input checked="" type="checkbox"/> Yes 50 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>51 <input type="checkbox"/> Yes 52 <input checked="" type="checkbox"/> No</p>	

**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: NO construction - 904 Ashley Blvd. New Bedford ma.  
(Location of Facility)

Signature of Permit Applicant: Heather Burt Date: 7-23-15 02795

**XI. HOME IMPROVEMENT CONTRACTOR LAW AFFIDAVIT**

(Residential Use Only) Supplement to Permit Application - NO improvements being made - Change of Tenant  
**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: Psycho-Therapy Est. Cost: \_\_\_\_\_  
Address of Work: 904 Ashley Blvd  
Owner Name: Heather Burt Date of Permit Application: 7-23-15

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: 7-23-15 Signature: Heather Burt

**XII. BUILDING COMMISSIONERS REVIEW COMMENTS AND CONDITIONS**

C. Building Permit Rejected  SPECIAL PERMITS FROM ZBA AND Planning Board (Reduction in Parking) Fee: \_\_\_\_\_  
Reason For Rejection: \_\_\_\_\_ Permit #: \_\_\_\_\_  
SEE ATTACHMENTS

Comments and Conditions:

Signed: William D. Romanowicz Date: \_\_\_\_\_ 20\_\_\_\_  
Title: Building Commissioner  
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? \_\_\_\_\_

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.
Heather Buto	47 Charlotte St New Bedford Ma.	02740	508-725-6525 or 508-995-1754
CONTRACTOR NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
		LICENSE #	
		HOME IMP #	
ARCHITECT NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
		LICENSE #	
SIGNATURE OF OWNER	APPLICANT SIGNATURE	DATE	
Heather Buto	Heather Buto	7-23-15	

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.

Heather Buto 47 Charlotte St. New Bedford Ma. 02740  
 Applicant's Signature Address City

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 Michael Butts 23 day of July 2015