



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 of Ordinances – Chapter-9

1018 Shelburne St.

Plot: 127-E Lot: 436 Res.A

REAR ADDITION-SUNROOM

Zoning Board of Appeals

Variance required

Sections:

2700. DIMENSIONAL REGULATIONS

2710. GENERAL.

2720. TABLE OF DIMENSIONAL REQUIREMENTS.

APPENDIX B. – REAR YARD

2750. YARDS IN RESIDENCE DISTRICTS

2753. REAR YARDS

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 110.3)

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 Thaddeus Haggerty

X. CONSTRUCTION DEBRIS DISPOSAL

Supplement #2

In accordance with provisions of Massachusetts General Law C40, S64, 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: Fredes Dumpster
(Location of Facility)

Signature of Permit Applicant Thaddeus Haggerty Date 7/6/15

XI. HOME IMPROVEMENT CONTRACTOR LAW AFFIDAVIT

(Residential Use Only) Supplement to Permit Application

Supplement #3

MGLc. 142A 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: Add three season room Est. Cost: _____

Address of Work: 1018 Shelburne St

Owner Name: Thaddeus Haggerty 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 7/6/2015 Owner Signature Thaddeus Haggerty

XII. BUILDING COMMISSIONERS REVIEW COMMENTS AND CONDITIONS

C. Building Permit Rejected Variance Rejection Date 7-7 20 15
Reason For Rejection: ZBA

Fee _____
Permit # _____

Comments and Conditions: See Attachments

Signed Danny D. Romanowicz Date: _____ 20 _____
Title _____



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

FOR BUILDING DEPT USE

DATE RECEIVED: _____
 RECEIVED BY: _____
 ISSUED BY: _____

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

Permit No. _____
 Completion Date _____

LOCATION 1015 Skullbin Street
 BETWEEN Arden Street AND Alvin Street Avenue
 LOT 127 E OF 430 DISTRICT R4 ACCEPTED STREET YES
 PLANNING YES NO

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

<p>A. TYPE OR IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input checked="" type="checkbox"/> Addition (if residential, enter number of bedrooms and added sq ft in Part C, 11)</p> <p>3 <input checked="" type="checkbox"/> Alteration (if residential, enter number of new rooms added; if non-residential, indicate most recent use - breaking down 18-1D-12)</p> <p>4 <input type="checkbox"/> Repair/replacement</p> <p>5 <input type="checkbox"/> Demolition (if residential, describe number of units in building and part of lot; if non-residential, indicate most recent use - breaking down 18-1D-12)</p> <p>6 <input type="checkbox"/> Moving/relocating</p> <p>7 <input type="checkbox"/> Foundation only</p>	<p>PROPOSED USE - (if non-residential, most recent use)</p> <p>Residential</p> <p>8 <input checked="" type="checkbox"/> One-family</p> <p>9 <input type="checkbox"/> Two or more family units, including units</p> <p>10 <input type="checkbox"/> Transient hotel/motel/rooming - enter number of units</p> <p>11 <input type="checkbox"/> Garage</p> <p>12 <input type="checkbox"/> Other - Specify _____</p>	<p>Non-residential</p> <p>13 <input type="checkbox"/> Amusement/recreational</p> <p>14 <input type="checkbox"/> Church/other religious</p> <p>15 <input type="checkbox"/> Industrial</p> <p>16 <input type="checkbox"/> Parking garage</p> <p>17 <input type="checkbox"/> Service station/repair garage</p> <p>18 <input type="checkbox"/> Hospital/institutional</p> <p>19 <input type="checkbox"/> Office/bank/professional</p> <p>20 <input type="checkbox"/> Public utility</p> <p>21 <input type="checkbox"/> School/library/other educational</p> <p>22 <input type="checkbox"/> Store/mercantile</p> <p>23 <input type="checkbox"/> Tanks/towers</p> <p>24 <input type="checkbox"/> Funeral homes</p> <p>25 <input type="checkbox"/> Food establishments</p> <p>26 <input type="checkbox"/> Other - Specify _____</p>
<p>B. OWNERSHIP</p> <p>8 <input type="checkbox"/> Private (individual/corporation/non-profit/institution/etc)</p> <p>9 <input type="checkbox"/> Public (federal/state/local government)</p>	<p>B2 Does this building contain asbestos?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if yes, complete the following)</p> <p>Name & Address of Asbestos Removal Firm _____</p>	
<p>C. COST</p> <p>10 Cost of construction to be installed with materials (include labor)</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>	<p>B3 (non-residential) Describe in detail proposed use of building (e.g., food processing plant, machine shop, laundry building, hospital, elementary school, secondary school, college, parochial school, parking garage, department store, retail office building, office building, industrial plant). If use of existing building is being changed, enter proposed use _____</p>	

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings, complete Part III through I; for demolition, complete only parts C, H & I; for all others (additions, alterations, repair, moving/foundation), complete E through I.

<p>E. PRINCIPAL TYPE OF FRAME</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>G. TYPE OF SEWAGE DISPOSAL</p> <p>43 <input checked="" type="checkbox"/> Public or private common</p> <p>44 <input type="checkbox"/> Private (septic tank/etc)</p> <p>H. TYPE OF WATER SUPPLY</p> <p>45 <input checked="" type="checkbox"/> Public or private common</p> <p>46 <input type="checkbox"/> Private (well/cistern)</p>	<p>J. DIMENSIONS</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 above rooftop _____</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 area _____</p> <p>63 % of lot occupied by bldg (55-62) _____</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>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>38 <input checked="" type="checkbox"/> Gas</p> <p>39 <input type="checkbox"/> Oil</p> <p>40 <input type="checkbox"/> Electrically</p> <p>41 <input type="checkbox"/> Coal</p> <p>42 <input type="checkbox"/> Other - Specify _____</p>	<p>I. TYPE OF MECHANICAL</p> <p>47 Is there a fire sprinkler system?</p> <p>48 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>49 Will there be central air conditioning?</p> <p>50 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>51 Will there be an elevator?</p> <p>52 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>Handwritten notes:</p> <p>10-11'</p> <p>229'62"</p> <p>14'</p> <p>15'416'62"</p> <p>60' FT</p> <p>60' FT</p> <p>36.5'6"</p> <p>51916'6"</p> <p>240'</p> <p>15'</p> <p>14'</p> <p>11'</p>

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.
Thaddeus Haggerty	1018 Shelburne Street	02745	508 951 1372 508 995 3693
CONTRACTOR NAME	MAILING ADDRESS	ZIP CODE LICENSE #	TELEPHONE NO.
ARCHITECT NAME	MAILING ADDRESS	ZIP CODE HOME IMP # LICENSE #	TELEPHONE NO.
SIGNATURE OF OWNER	APPLICANT SIGNATURE	DATE	
<i>Thaddeus Haggerty</i>	<i>Thaddeus Haggerty</i>	7/16/15	

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.

Thaddeus Haggerty 1018 Shelburne St. New Bedford, MA 02745
 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 sixth day of July, 20 15
Thomas W. Duggan

Location: 1018 SHELBURNE ST

Parcel ID: 127E 436

Zoning: RA

Fiscal Year: 2015

Current Owner Information:

HAGGERTY THADDEUS
HAGGERTY HEATHER
1018 SHELBURNE ST

NEW BEDFORD , MA 02745

Current Sales Information:

Sale Date:

09/28/1989

Sale Price:

\$30,000.00

Legal Reference:

2390-16

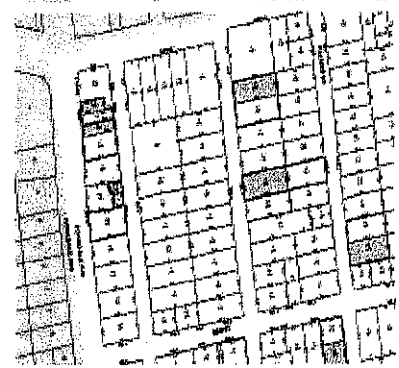
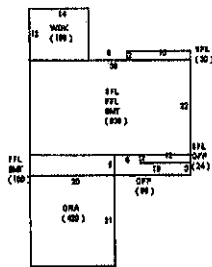
Grantor:

SMITH GEORGE E

Card No. 1 of 1

This Parcel contains 0.135 acres of land mainly classified for assessment purposes as Single Fam with a(n) Colonial style building, built about 1990, having Clapboard exterior, Asphalt Shingles roof cover and 1826 Square Feet, with 1 unit(s), 7 total room(s), 3 total bedroom(s) 2 total bath(s), 0 3/4 baths, and 1 total half bath (s).

Building Value:	Land Value:	Yard Items Value:	Total Value:
167600	83900	0	251500



	Fiscal Year 2015	Fiscal Year 2014	Fiscal Year 2013
Tax Rate Res.:	15.73	15.16	14.33
Tax Rate Com.:	33.56	31.08	29.54
Property Code:	101	101	101
Total Bldg Value:	167600	166800	166300
Total Yard Value:	0	0	0
Total Land Value:	83900	83900	98300
Total Value:	251500	250700	264600
Tax:	\$3,956.10	\$3,800.61	\$3,791.72

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.