

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

273 CLEVELAND ST – PLOT: 12 – LOT: 110 – ZONED DISTRICT: RB

VARIANCE Required from the Zoning Board of Appeals

SPECIAL PERMIT Required from the Zoning Board of Appeals

Zoning Code Review as follows:

DIMENSIONAL VARIANCE-SPECIAL PERMIT

❖ SECTIONS

- 2700 – DIMENSIONAL REGULATIONS
- 2710 – GENERAL
- 2720 – TABLE OF DIMENSIONAL REQUIREMENTS APPENDIX B
- APPENDIX B GREEN SPACE- 35%
- 2730 – DIMENSIONAL VARIANCE

- 3100 PARKING AND LOADING
- 3110 APPLICABILTY
- 3149 SPECIAL PERMIT – ZONING BOARD OF APPEALS. VEHICLE ACCESS ALLOWABLE FROM A PUBLIC WAY THAT DOES NOT CONSTITUTE THE LEGAL FRONTAGE OF THE SUBJECT LOT IF SAID LOT IS RESIDENTIALLY ZONED

- 5300-5330 & 5360-5390 – SPECIAL PERMITS

variance

special permit

Location: 273 CLEVELAND ST

Parcel ID: 12 110

Zoning: RB

Fiscal Year: 2015

Current Owner Information:

JOHNSON DANNY
C/O FEDERAL HOME LOAN MRTG
5000 PLANO PARKWAY

CARROLLTON, TX 75010

Current Sales Information:

Sale Date:

02/24/2014

Sale Price:

\$98,734.00

Card No. 1 of 1

Legal Reference:

11018-66

Grantor:

JOHNSON,DANNY

This Parcel contains 0.090 acres of land mainly classified for assessment purposes as Single Fam with a(n) Colonial style building, built about 1925, having Wood Shingle exterior, Asphalt Shingles roof cover and 1593 Square Feet, with 1 unit(s), 6 total room(s), 3 total bedroom(s) 2 total bath(s), 0 3/4 baths, and 0 total half bath(s).

Building Value:

75900

Land Value:

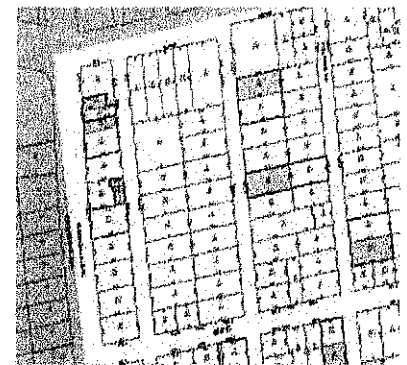
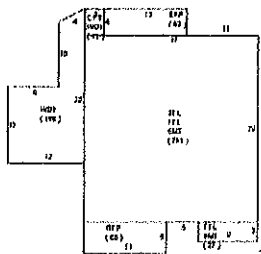
71600

Yard Items Value:

300

Total Value:

147800



Fiscal Year 2015

Fiscal Year 2014

Fiscal Year 2013

Tax Rate Res.:	15.73	Tax Rate Res.:	15.16	Tax Rate Res.:	14.33
Tax Rate Com.:	33.56	Tax Rate Com.:	31.08	Tax Rate Com.:	29.54
Property Code:	101	Property Code:	101	Property Code:	101
Total Bldg Value:	75900	Total Bldg Value:	86900	Total Bldg Value:	82400
Total Yard Value:	300	Total Yard Value:	0	Total Yard Value:	0
Total Land Value:	71600	Total Land Value:	73200	Total Land Value:	86600
Total Value:	147800	Total Value:	160100	Total Value:	169000
Tax:	\$2,324.90	Tax:	\$2,427.11	Tax:	\$2,421.77

CUSTOMER REJECTION

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

Cherlene L. Soer

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:

ABC

(Location of Facility)

Cherlene L. Soer

Signature of Permit Applicant

June 1st 2015

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:

Est. Cost

Address of Work

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

Contractor Signature

Registration No.

OR:

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

June 1st 2015

Date

Owner Signature

XII. BUILDING COMMISSIONERS REVIEW COMMENTS AND CONDITIONS

C. Building Permit Rejected

VARIANCE / Special Permit ZBA

Fee

Reason For Rejection:

Permit #

See Attachments

Comments and Conditions:

Signed

W. Romanowicz

Date:

20

Title

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: _____
 RECEIVED BY: _____
 ISSUED BY: _____

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

Permit No. _____
 Completion Date _____

(AT LOCATION) 273 Cleveland St.
(NO) (STREET)

BETWEEN UORUW AND CIARA
(CROSS STREET) (CROSS STREET)

PLOT 12 LOT 110 DISTRICT RB 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

- 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

D.1 PROPOSED USE — For demolition most recent use

- 10x10 sited*
ISSUED Delivery
CIARA ACCESS
- Residential**
- 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 OF WORK DONE (Omit cents)

- 10 Cost of construction \$ 3,000
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
- 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.

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.

<p>PRINCIPAL TYPE OF FRAME</p> <ul style="list-style-type: none"> 33 <input type="checkbox"/> Masonry (wall bearing) 34 <input checked="" type="checkbox"/> Wood frame 35 <input type="checkbox"/> Structural steel 36 <input type="checkbox"/> Reinforced concrete 37 <input type="checkbox"/> Other — Specify _____ 	<p>G. TYPE OF SEWAGE DISPOSAL</p> <ul style="list-style-type: none"> 43 <input checked="" type="checkbox"/> Public or private company 44 <input type="checkbox"/> Private (septic tank, etc.) <p>H. TYPE OF WATER SUPPLY</p> <ul style="list-style-type: none"> 45 <input checked="" type="checkbox"/> Public or private company 46 <input type="checkbox"/> Private (well, cistern) 	<p>J. DIMENSIONS</p> <ul style="list-style-type: none"> 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. (56-62) 64 Distance from lot line (front) 65 Distance from lot line (rear) 66 Distance from lot line (left) 67 Distance from lot line (right)
<p>PRINCIPAL TYPE OF HEATING FUEL</p> <ul style="list-style-type: none"> 38 <input checked="" type="checkbox"/> Gas 39 <input type="checkbox"/> Oil 40 <input type="checkbox"/> Electricity 41 <input type="checkbox"/> Coal 42 <input type="checkbox"/> Other — Specify _____ 	<p>I. TYPE OF MECHANICAL</p> <p>Is there a fire sprinkler system?</p> <ul style="list-style-type: none"> 47 <input type="checkbox"/> YES 48 <input checked="" type="checkbox"/> NO <p>Will there be central air conditioning?</p> <ul style="list-style-type: none"> 49 <input type="checkbox"/> Yes 50 <input checked="" type="checkbox"/> No <p>Will there be an elevator?</p> <ul style="list-style-type: none"> 51 <input type="checkbox"/> Yes 52 <input checked="" type="checkbox"/> 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? _____
 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.
Hermelinda Sober (Em: L:O - TELEFONE) Hosbald	273 Cleveland St. N.B. Ma	02744	508-525-3971
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	
Hermelinda Sober	Hermelinda Sober	June 1 st 2015	

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.

Hermelinda Sober 273 Cleveland St. New Bedford Ma. 02744
 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 June day of 1st, 20 15

