

**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***

**105 Rockdale Avenue – PLOT: 18 – LOT: 69 – ZONED DISTRICT: IB**

### ***Description:***

***The Proposed has installed a billboard without a permit at the above referenced location, calling the installed a Sign/Banner.***

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

#### ***Denial***

---

#### **❖ SECTION**

- **5220 – Power:** The Board of Appeals shall have and exercise all the powers granted to it by M.G.L.A. c. 40A, c. 40B, and c. 41 and by this Ordinance. The Board's powers are as follows:
  - **5223 –** To hear and decide appeals taken by any person aggrieved by reason of his inability to obtain a permit or enforcement action from any administrative officer under the provisions of M.G.L.A. c. 40A, §§ 7, 8 and 15.
- **1200 – Definition – Billboard**
- **6-86 – Sign Regulation – (2)**

**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: \_\_\_\_\_  
(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: \_\_\_\_\_ 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. \_\_\_\_\_

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  5223 To Hear and Decide Appeals | Fee \_\_\_\_\_

Reason For Rejection:

SEE Attachments

Comments and Conditions:

Signed \_\_\_\_\_ Date: \_\_\_\_\_ 20 \_\_\_\_\_

Title \_\_\_\_\_

Not valid unless signed (not stamped) by Building Commissioner

## 5200. - ZONING BOARD OF APPEALS.

5210. **Establishment.** The Zoning Board of Appeals (sometimes referred to as the Board of Appeals herein) shall consist of five (5) persons who shall be appointed by the mayor and confirmed by the City Council. One member shall be appointed annually in the month of January to serve for a term of five (5) years or until a successor is duly appointed, confirmed and qualified. Vacancies shall be filled in the manner as provided for original appointments. All members of the Board shall be residents of the City. Each member shall be paid at the rate of twenty dollars (\$20.00) per meeting attended, but in no event shall any member receive in excess of five hundred dollars (\$500.00) in any fiscal year.

5211. In case of a vacancy, inability to act, or interest on the part of a member of the Board of Appeals, such member's place shall be taken by an associate member designated by the presiding member of the Board. There shall be five (5) associate members of the Board of Appeals, who shall be appointed by the mayor and confirmed by the City Council. Annually in the month of January, one member shall be appointed for a term of five (5) years. Vacancies shall be filled in the manner as provided for original appointments. All associate members of the Board of Appeals shall be residents of the City. Each associate member shall be paid at the rate of twenty dollars (\$20.00) per meeting attended, as a member replacing an absent member, and only when acting in that capacity according to the first sentence of this subsection; but in no event shall any associate member receive in excess of five hundred dollars (\$500.00) in any fiscal year.

(Ord. of 12-23-03, § 1)

██████████ The Board of Appeals shall have and exercise all the powers granted to it by M.G.L.A. c. 40A, c. 40B, and c. 41 and by this Ordinance. The Board's powers are as follows:

5221. To hear and decide applications for special permits. Where specified herein, the Board of Appeals shall serve as the special permit granting authority, to act in all matters in accordance with the provisions of Section 5300, or as otherwise specified.

5222. To hear and decide appeals or petitions for variances from the terms of this Ordinance, with respect to particular land or structures, as set forth in M.G.L.A. c. 40A, § 10. The Board of Appeals may not grant use variances.

██████████ To hear and decide appeals taken by any person aggrieved by reason of his inability to obtain a permit or enforcement action from any administrative officer under the provisions of M.G.L.A. c. 40A, §§ 7, 8 and 15.

5224. To hear and decide comprehensive permits for construction of low or moderate income housing by a public agency or limited dividend or nonprofit corporation, as set forth in M.G.L.A. c. 40B, §§ 20—23.

(Ord. of 12-23-03, § 1)

5230. **Regulations.** The Board of Appeals may adopt rules and regulations for the administration of its powers.

(Ord. of 12-23-03, § 1)

**Antenna:** Any exterior transmitting or receiving device mounted on a wireless telecommunications facility, building or structure and used in communications that radiate or capture electromagnetic waves, digital signals, analog signals, radio frequencies (excluding radar signals), wireless telecommunications signals or other communication signals. This definition includes repeaters as defined herein.

**Aquaculture:** The cultivation of fish or shellfish for food.

**Aquarium:** A building where collections of fish, live water plants, and marine animals are exhibited for public display.

**Aquifer:** Geologic formation composed of rock or sand and gravel that contains significant amounts of potentially recoverable potable water.

**Assisted living community:** A structure or structures used for the multifamily residence of persons that: (i) Provides room and board; and (ii) Provides, directly by employees of the entity or through arrangements with another organization which the entity may or may not control or own, assistance with activities of daily living (defined as physical support, aid or assistance with bathing, dressing/grooming, ambulation, eating, toileting, or other similar tasks) for three (3) or more adult residents not related by consanguinity or affinity to their care provider; and (iii) Collects payments or third party reimbursement from or on behalf of residents to pay for the provision of assistance with the activities of daily living or arranges from the same, or as otherwise defined in M.G.L.A. c. 19D, § 1, as amended from time to time.

**Attic:** The space between the ceiling beams of the top story and the roof rafters.

**Awning:** A detachable or permanent shade of cloth, canvas or a light-weight metal, such as aluminum, which is so constructed that it may be readily rolled up or retracted while still attached to a building.

**Bank:** A financial institution regulated by the Commissioner of Banking for the Commonwealth of Massachusetts.

**Batch asphalt plant:** A facility for the manufacture of asphalt products.

**Bed and breakfast:** A private owner-occupied residence in which lodging and breakfast are offered to transients for a fee. Such a facility shall not contain more than three (3) rooms for rent. Only breakfast shall be served and only guests residing in the structure may be served.

**Billboard:** An accessory or nonaccessory, changeable copy sign erected for the purpose of advertising a product, event, person or subject not entirely related to the premises on which the sign is located, and upon which the advertising message is painted or posted with printed art panels.

**On-ground billboard:** A billboard which is supported by one or more columns, poles, uprights or braces, in or upon the ground which is not a direct part of a building.

**On-structure billboard:** A billboard which is attached to and is therefore a direct part of a building.

**Boarding house:** A dwelling or part thereof in which lodging is provided by the owner or operator to three (3) or more boarders.

**Body art establishment:** Any building or structure where the practices of body piercing and/or tattooing, whether or not for profit, are performed.

[REDACTED]

The building inspector shall administer this article in accordance with the following regulations:

- (1) All signs must be stationary. With the exception of time and/or temperature messages, and the appropriate lights during the holiday seasons, all signs may be lighted only with continuous light.
- (2) [REDACTED]
- (3) No sign shall be attached to roofs, chimneys or smokestacks. No support for any sign may extend above the cornice line of the building to which it is attached. A non-functional (decorative) mansard shall not be considered part of the roof.
- (4) The registered trademark of a specific product shall occupy no more than twenty-five (25) percent of the area of a sign face. If the sale of the trademark product is the major business conducted on the premises, however, the trademark is not restricted to size.
- (5) No sign shall be erected in any manner that will cover any windows or doors or otherwise obscure significant architectural elements on a building's facade, for example: Decorated terra cotta, decorated moldings, medallions, pilasters, balusters or other ornaments.
- (6) A sign attached at right angles to a building shall project no more than six (6) feet from the building. No more than one projecting sign is allowed for each entrance to a business establishment. The bottom of the sign shall be at least ten (10) feet above ground level. Notwithstanding regulation number (7) below, a right-angle sign may extend higher than the top of the sills of the first level of windows above the first story, if in the opinion of the building inspector, such right-angle sign cannot otherwise be attached to the building. The area of a projecting sign shall not exceed twenty-four (24) square feet on either side.
- (7) No sign for a street or sub-street level establishment shall extend higher than whichever of the following is lowest: Twenty-five (25) feet above grade, the top of the sills of the first level of windows above the first story, or the lowest point of the roof.
- (8) Establishments in which the sole place of business is above the street level may locate a sign higher than twenty-five (25) feet above grade. However, all other regulations contained herein regarding sign design, size and location shall apply.
- (9) A wall sign attached parallel to a building shall project no more than fifteen (15) inches from the building surface.
- (10) Vacant lots that are used for parking may have one freestanding sign at each entrance. The maximum square footage of each freestanding sign shall be thirty-two (32).

(Code 1963, § 17-104; Ord. of 12-11-80, § 1)



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

FOR BUILDING DEPT. USE

DATE RECEIVED: \_\_\_\_\_  
 RECEIVED BY: PRD 3 2015  
 ISSUED BY: \_\_\_\_\_

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

Permit No. \_\_\_\_\_ Completion Date \_\_\_\_\_

(AT LOCATION) 105 Rockdale Avenue  
 (NO) (STREET)

BETWEEN Dartmouth Street AND Hemlock Street  
 (CROSS STREET) (CROSS STREET)

PLOT 18 LOT 69 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** HANG BANNERS

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

**B. OWNERSHIP**

8  Private (individual, corporation, nonprofit institution, etc.)  
 9  Public (Federal, State, or local government)

**C. COST** (Omit cents)

10. Cost of construction ..... \$ \_\_\_\_\_  
 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 ..... 10,000  
 12. TOTAL ASSESSED BLDG. VALUE .....

**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 STORAGE

**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 DECE 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.**  
STORAGE / ENCAULITY /  
HANGING BANNERS ON BUILDING FOR  
IMAGING AND DECORATIVE ENHANCEMENT

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 \_\_\_\_\_

**F. PRINCIPAL TYPE OF HEATING FUEL**

38  Gas  
 39  Oil  
 40  Electricity  
 41  Coal  
 42  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?  
 51  Yes 52  No

**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. (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) \_\_\_\_\_

**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? \_\_\_\_\_

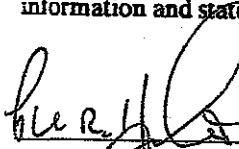
**IV. IDENTIFICATION - ALL APPLICANTS - PLEASE PRINT**

OWNER OR LESSEE NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
AREC 21 LLC	2727 N Central Ave Phoenix AZ	85004	339 987 1029
CONTRACTOR NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
Roland Hebert Inc.	595 Gifford Road Westport MA <small>LICENSE # CS-049671</small>	02790	508 626 6284
ARCHITECT NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
<small>SIGNATURE OF OWNER</small> 	<small>APPLICANT SIGNATURE</small> 	<small>DATE</small> 3 April 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.

  
 Applicant's Signature      595 Gifford Road      Westport MA  
 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, Roland Hebert Inc. / Paul Hebert

(licensee/permittee) with a principal place of business/residence at:

595 Gifford Road, Westport MA 02790

(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.

A.I.M. Mutual Insurance Co.

VWC-100-6017959-2014A

AWC-400-70264DL-2014A

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

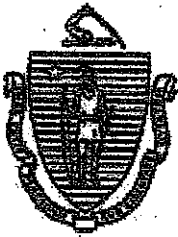
[Signature]

day of

3 April

, 20 15





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): Roland Hebert, Inc.

Address: 595 Gifford Road

City/State/Zip: Westport MA 02790 Phone #: 508 636 6284

Are you an employer? Check the appropriate box:

- |  |   |
|--|---|
| <p>1. <input checked="" type="checkbox"/> I am an employer with <u>4</u> employees (full and/or part-time).*</p> <p>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.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>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. ‡</p> <p>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.]</p> |
|--|---|

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 ELECTRICAL

\*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 attach 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: A.I.M. Mutual Insurance Company

Policy # or Self-ins. Lic. #: WVC-100-6017459-2014A Expiration Date: 11/8/2015

Job Site Address: 105 Rockdale Avenue City/State/Zip: New Bedford MA 02740

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: [Signature] Date: 3 April 2015

Phone #: 508 636 6284

*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 #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

---

## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

---

## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in \_\_\_\_\_ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

---

The Department's address, telephone and fax number:

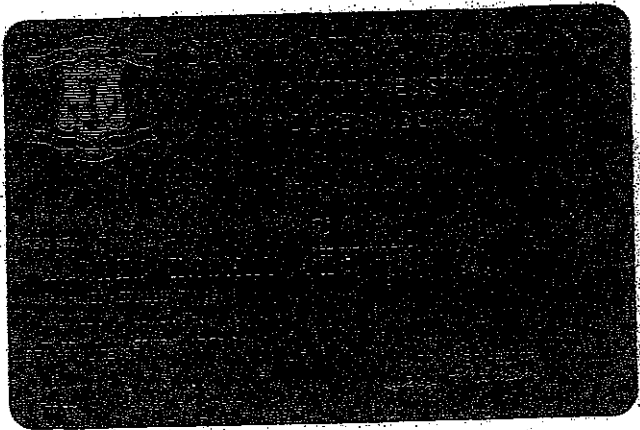
The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, MA 02111

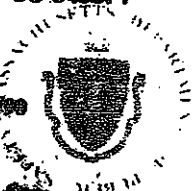
Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)

Commonwealth of Massachusetts  
Consumer Affairs & Business Regulation  
**HOME IMPROVEMENT CONTRACTOR**  
Registration: 170987      Type:  
Expiration: 9/29/2016      Corporation  
HERBERT, INC.  
HERBERT  
RD RD  
HERBERT, MA 02790  
*Robert D. [Signature]*  
Undersecretary



Massachusetts - Department of Public Safety  
Board of Building Regulations and Standards  
Construction Supervisor  
License: CS-049571  
Paul R. Hebert  
595 Gifford Road  
Westport MA 02790  
  
Commissioner  
Expiration: 02/01/2016



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/04/2014

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).

<b>PRODUCER 00520 - 001</b> <b>N W Lapointe Jr Ins Agency Inc</b> P. O. Box 4098 Fall River, MA 02723	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): (508) 678-9341      FAX (A/C No.): (508) 678-0438	
	<b>EMAIL ADDRESS:</b> INSURER(S) AFFORDING COVERAGE:      NAIC #	
<b>INSURED</b> <b>Roland Sebort Inc</b>  8595 Gifford Road Westport, MA 02790	<b>INSURER A:</b> A.I.M. Mutual Insurance Company      33758	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**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.

PROD YR	TYPE OF INSURANCE	AGREEMENT NO. / ENDORSEMENT	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <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"/> PROJECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> <b>ANY OCCASIONAL PART-TIME EXECUTIVE OFFICER/EMBER EXCLUDED?</b> (Mandatory in MA) Y/N    N/A N If yes, describe under DESCRIPTION OF OPERATIONS below		VWC-100-6017959-2014A	11/8/2014	11/8/2015	<input checked="" type="checkbox"/> WC STAFF/TOBY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000.00 EL DISEASE - EA EMPLOYEE \$ 1,000,000.00 EL DISEASE - POLICY LIMIT \$ 1,000,000.00

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

### CERTIFICATE HOLDER

### 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



# CERTIFICATE OF LIABILITY INSURANCE

BRIST-5

OP ID: KW

DATE (MMDDYYT)

11/04/14

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).

<b>PRODUCER</b> Darfee Buffinton Ins. Agcy, Inc 377 Second Street Fall River, MA 02721		<b>508-679-6466</b>	<b>CONTACT NAME:</b> PHONE (INC. No. Ext.): FAX (INC. No.): E-MAIL: ADDRESS:
<b>INSURED</b> Bristol County Delecting Inc & Roland Hebert Inc P O Box 339 Westport, MA 02790		<b>INSURER A:</b> A I M Insurance Co	<b>INSURER B:</b> Harleyville Worcester Ins Co
		<b>INSURER C:</b>	<b>INSURER D:</b>
		<b>INSURER E:</b>	<b>INSURER F:</b>

**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.

TYPE OF INSURANCE	INSURER	POLICY NUMBER	POLICY EFF. DATE (YYT)	POLICY EXP. DATE (YYT)	LIMITS
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. EST. <input type="checkbox"/> LOC		SPP000009631214L	01/10/14	01/10/15	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
<b>AUTOMOBILE LIABILITY</b> <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 (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in MA) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	AWC-400-7026406-2014A	04/21/14	04/21/15	INC STATUTORY LIMITS OTHER EL EACH ACCIDENT \$ 500,000 EL DISEASE - EA EMPLOYEE \$ 500,000 EL DISEASE - POLICY LIMIT \$ 500,000

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

<b>CERTIFICATE HOLDER</b> NEWBED1	<b>CANCELLATION</b> 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 
--------------------------------------	--

© 1988-2010 ACORD CORPORATION. All rights reserved.