

119 Acushnet Avenue

Plot 37 Lot 330

Erect a 16'x 20' (feet) covered patio on a concrete slab

This will require a Variance from the Zoning Board of Appeals

2700. DIMENSIONAL REGULATIONS

2710. General

2720. Table of Dimensional Requirements. See Appendix B.

2750. Yards in Residence Districts.

2755. Side Yards Required 10 feet. Provided 1 foot.

Customer Rejection



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

FOR BUILDING DEPT. USE

DATE RECEIVED: _____

RECEIVED BY: FEB 24 2014

ISSUED BY: [Signature]

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

Permit No. _____
 Completion Date _____

(AT LOCATION) 119 ACUSHNET AVE NEW BED FOR MASS
(NO) (STREET)

BETWEEN 37 (CROSS STREET) AND 0240 (CROSS STREET)

PLOT 37 LOT 330 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) *Roof Deck Concrete Patio*
- 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

- | | |
|--|--|
| Residential | Nonresidential |
| 13 <input checked="" type="checkbox"/> One family | 19 <input type="checkbox"/> Amusement, recreational |
| 14 <input type="checkbox"/> Two or more family — Enter number of units _____ | 20 <input type="checkbox"/> Church, other religious |
| 15 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units _____ | 21 <input type="checkbox"/> Industrial |
| 16 <input type="checkbox"/> Garage | 22 <input type="checkbox"/> Parking garage |
| 17 <input type="checkbox"/> Carport | 23 <input type="checkbox"/> Service station, repair garage |
| 18 <input type="checkbox"/> Other — Specify _____ | 24 <input type="checkbox"/> Hospital, institutional |
| | 25 <input type="checkbox"/> Office, bank, professional |
| | 26 <input type="checkbox"/> Public utility |
| | 27 <input type="checkbox"/> School, library, other educational |
| | 28 <input type="checkbox"/> Stores, mercantile |
| | 29 <input type="checkbox"/> Tanks, towers |
| | 30 <input type="checkbox"/> Funeral homes |
| | 31 <input type="checkbox"/> Food establishments |
| | 32 <input type="checkbox"/> 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: _____

C. COST

- 10. Cost of construction \$ 14000 (omit cents)
- 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

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.

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.

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.)

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 (left) _____
- 67 Distance from lot line (right) _____

H. TYPE OF WATER SUPPLY

- 45 Public or private company
- 46 Private (well, cistern)

F. PRINCIPAL TYPE OF HEATING FUEL

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

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

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 Texmond

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: 119 Acad Street Ave New Bedford Mass
(Location of Facility)

Signature of Permit Applicant Texmond Date 02/24/14

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: Wood Roof over cement floor Est. Cost 1000

Address of Work 119 Acad Street Ave

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 Texmond Registration No. _____

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

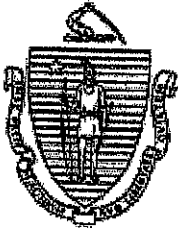
Date 2/24/2014 Owner Signature Texmond

XII. BUILDING COMMISSIONERS REVIEW COMMENTS AND CONDITIONS

C. Building Permit Rejected VARIANCE Reason For Rejection: ZBA Rejection Date: 5/5/2014 Fee _____

Comments and Conditions: SEE ATTACHMENTS

Anthony N. Romanowicz Date: _____ 20 _____



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): Rose Texemal
 Address: 119 ALBURN AVE NEW BEDFORD MASS 02740
 City/State/Zip: NEW BE Phone #: 774 644-4330

Are you an employer? Check the appropriate box:

- | | |
|--|---|
| <p>1. <input type="checkbox"/> I am a employer with _____ 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 checked="" 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 _____

*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: _____
 Policy # or Self-ins. Lic. #: _____ Expiration Date: _____
 Job Site Address: _____ City/State/Zip: _____

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: Rose Texemal Date: 2/24/2014
 Phone #: _____

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 #: _____

OTHER APPLICABLE REVIEW

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.
Jose Texeira	119 ALUSHNET AVE N.B.	02740	774 644 4338
CONTRACTOR NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
		LICENSE #	
ARCHITECT NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
		LICENSE #	
SIGNATURE OF OWNER	APPLICANT SIGNATURE	DATE	
<i>J. Texeira</i>	<i>J. Texeira</i>	2/24/2014	

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.

J. Texeira 119 ALUSHNET AVE N.B. MASS 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 Terrence day of 2/24, 2014

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Fire Department			
Water			
Planning			
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Signed this *James* day of *2/24* , 20 *14*

Location: 119 ACUSHNET AVE		Parcel ID: 37 330		Zoning: RC		Fiscal Year: 2014		
Current Owner Information: TEIXEIRA JOSE TEIXEIRA AULINDA 119 ACUSHNET AVENUE NEW BEDFORD , MA 02740			Current Sales Information: Sale Date: 02/20/2003 Sale Price: \$172,915.00 Legal Reference: 6018-48 Grantor: SANTOS, JOHN `TRS`			Card No. 1 of 1		
This Parcel contains 0.184 acres of land mainly classified for assessment purposes as Single Fam with a(n) Raised Ranch style building, built about 2002, having Vinyl exterior, Asphalt Shingles roof cover and 1144 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: 112300		Land Value: 56100		Yard Items Value: 700		Total Value: 169100		
						X		
Fiscal Year 2014		Fiscal Year 2013		Fiscal Year 2012				
Tax Rate Res.:	15.16	Tax Rate Res.:	14.33	Tax Rate Res.:	13.76			
Tax Rate Com.:	31.08	Tax Rate Com.:	29.54	Tax Rate Com.:	28.44			
Property Code:	101	Property Code:	101	Property Code:	101			
Total Bldg Value:	112300	Total Bldg Value:	112100	Total Bldg Value:	124600			
Total Yard Value:	700	Total Yard Value:	700	Total Yard Value:	700			
Total Land Value:	56100	Total Land Value:	67000	Total Land Value:	68900			
Total Value:	169100	Total Value:	179800	Total Value:	194200			
Tax:	\$2,563.56	Tax:	\$2,576.53	Tax:	\$2,672.19			

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.

<u>3335</u>	<u>3392</u>	42.1	<u>264</u>	36	8.61	24	36
44	44.9	5.74	<u>1563</u>	36	<u>2344</u>	24	36
			38.43		65.16		

197.92
RES. C.

GRINNE

PURCHASE

XX BUS. 80 FT.		BUS.		XX BUS. 80 FT.	
47.24	162	66.77		77.25	
10.33	<u>2811</u>	163		164	
47.24		26.12		29.91	
324		<u>7111</u>		<u>8140</u>	
8.07					
<u>2196</u>					
47.24		66.27		77	
47.24		38.76		105.28	
	165			331	
	37.36			29.49	
	<u>10171</u>			<u>8029</u>	
				104.50	
				330	
				29.47	
				<u>8024</u>	
				94.90	
				169	
				27.50	
				<u>7486</u>	
				170	
				13.79	
				<u>3754</u>	
				172	
				10.20	
				<u>2777</u>	
				173	
				9.58	
				<u>2622</u>	
				75	

ACUSHNET

BUS.		BUS.	
121.17		174	
174		22.51	
<u>6155</u>		<u>6155</u>	
122.17		139.93	
		177	
		24.84	
		<u>6763</u>	
		140.62	
		178	
		25.78	
		<u>7020</u>	
		144.17	
		<u>138.32</u>	
		180	
		25.48	
		<u>6937</u>	
		138.35	
		107.97	
		182	
		19.51	
		<u>5312</u>	
		107.41	
		125.5	
		183	
		22.81	
		<u>6210</u>	
		125.17	
		74.61	
		185	
		27.87	
		<u>7588</u>	
		98.83	
		44.	
		<u>120</u>	
		123.	

SOUTH