



City of New Bedford
HISTORICAL COMMISSION APPLICATION

1. SUBMITTAL CHECKLIST

The following documentation must be submitted:

Have you included...			Planning staff review finds...	
Yes	No		Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A <u>Completed and Signed Application</u>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A <u>Site Plan</u> , drawn to a scale (1/8" = 1' minimum), identifying location of proposed alterations or additions.	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Photographs</u> of existing conditions.	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Description of Work</u> . A brief description must be included on the first page; additional pages of detailed information may be attached.	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Drawings and Specifications as required</u> .	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Material and Paint Color Samples</u> , if applicable.	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Owner's Verification</u> including owner's signature.	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Filing Fee</u> in check form made payable to the City of New Bedford.	<input type="checkbox"/>	<input type="checkbox"/>

Official Use Only:

Review of submittal compliance performed by _____ of the city's Division of Planning.

Staff review found the application packet to be complete on this date: _____. incomplete on this date: _____.

Application # _____

Plot: _____ Lot: _____

Hearing Date: _____

Certificate Type: _____

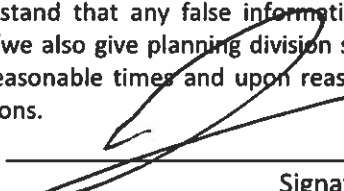
This is page 1 of your Historical Commission Application.

Please remove the instruction pages when submitting your completed application packet but keep this as your first page.

2. APPLICATION SPECIFICS

TYPE OF CERTIFICATE REQUESTED			
APPROPRIATENESS	<input checked="" type="checkbox"/>	NON-APPLICABILITY	<input type="checkbox"/>
		HARDSHIP	<input type="checkbox"/>
SUBJECT PROPERTY			
PROPERTY ADDRESS: 94 Front Street - Rose Alley			
OWNER INFORMATION			
NAME: NB Vision Realty, LLC			
MAILING ADDRESS: 35 A Union Street, New Bedford, MA 02740			
APPLICANT/CONTACT PERSON INFORMATION			
NAME (IF DIFFERENT):			
APPLICANT'S RELATIONSHIP TO THE PROPERTY: <i>Check one:</i>	OWNER <input checked="" type="checkbox"/>	CONTRACT VENDEE <input type="checkbox"/>	OTHER <i>Describe</i> <input type="checkbox"/> _____
MAILING ADDRESS (IF DIFFERENT):			
TELEPHONE #	508-985-8898		
EMAIL ADDRESS:	jpl@lanaganinc.com		
ARCHITECT			
NAME:	CONTACT:		
PHONE:	EMAIL:		
CONTRACTOR			
NAME: Michael Livingstone Jr.	CONTACT: Michael Livingstone Jr.		
PHONE: 508-496-7685	EMAIL: livingstone.michael.jr@gmail.com		

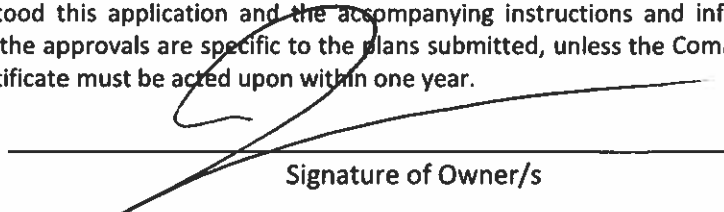
By signing below, I/we acknowledge that all information presented herein is true to the best of my/our knowledge. I/we further understand that any false information intentionally provided or omitted is grounds for the revocation of the approval(s). I/we also give planning division staff and NBHC members the right to access the premises (both interior and exterior) at reasonable times and upon reasonable notice for the purpose of taking photographs and conducting other visual inspections.



 _____ 9/8/2021
 Signature of Applicant/s Date

If the applicant differs from the owner, this section must be completed/signed by the property owner/s:

I hereby authorize the applicant represented above and throughout this application to apply and to represent my/our interests on my/our behalf for the certificate requested herein for the premises I/we own noted as "property address" above and presented throughout this application. Furthermore, by signing this application I/we acknowledge having read and understood this application and the accompanying instructions and information. If the certificate is granted, I/we understand the approvals are specific to the plans submitted, unless the Commission states otherwise and that if granted, that the certificate must be acted upon within one year.



 _____ 9/8/2021
 Signature of Owner/s Date

SCOPE OF WORK DETAILS

WORK INCLUDES: (check all that apply)

New Construction <input checked="" type="checkbox"/>	Reconstruction <input type="checkbox"/>	Alteration <input type="checkbox"/>
Painting <input type="checkbox"/>	Signage <input type="checkbox"/>	Other <input type="checkbox"/>

DESCRIPTION OF WORK PROPOSED

Contruction of screening for dumpsters in Rose Alley.

This description provides the basis for the official notice and subsequent decision, and it must clearly represent the entirety of the project. Attach additional sheets as necessary to provide more detailed information.

DOCUMENTATION ATTACHED

Photographs <input type="checkbox"/>	Material Samples <input type="checkbox"/>	Manufacturer Literature <input type="checkbox"/>
Drawings <input checked="" type="checkbox"/>	Site Plan <input checked="" type="checkbox"/>	Other <input type="checkbox"/>

- A **Building Permit** may only be obtained after a Certificate is obtained from the Department of Planning, Housing and Community Development.
- Work commenced must be completed within **one year** from the Certificate date unless otherwise indicated.
- The City of New Bedford reserves the right to inspect the project to determine compliance with the conditions set forth in the Certificate issued.

Find more information, forms and guidelines at:
[www. http://www.newbedford-ma.gov/planning/historical-commission/](http://www.newbedford-ma.gov/planning/historical-commission/)

Questions? Contact the Planning Department at 508-979-1488 or
 at City Hall, Room 303, New Bedford, MA 02740