

## DEPARTMENT OF INSPECTIONAL SERVICES

### Record of Notification-Demolition

#### **INSTRUCTIONS**

- Any structure over 75 years old requires an E-1 Form to be submitted to the Preservation Planner for review by the New Bedford Historical Commission to determine its classification.
- The Notification signoffs should be followed in the order in which they are listed.
- The City Plumbing and Wiring Divisions will not sign prior to the NSTAR signoffs.
- Fire Prevention and the Health Department are the last notifications to sign.
- Accessory structures such as garages, which have no hookups, should be photographed in order to demonstrate that no hookups exist. Fax this photograph to EverSource and to Verizon with your signoff; otherwise they may require a technician visit.
- The City Plumbing and Wiring Inspectors are normally in their offices between the hours of 8:00-8:30 AM.
- The Eversource office can be reached by e-mail, phone or fax.
- The Verizon office can be reached by e-mail or phone. Be sure to send all pertinent address and contact information and e-mail or fax numbers. VZ will send the demo letter electronically once verification and removal is complete.
- The City's Public Infrastructure Office and Verizon are located at 1105 and 1166 Shawmut Avenue, respectively. Shawmut Avenue intersects Hathaway Road and is the road that leads to the New Bedford Regional Airport.

DEPARTMENT OF INSPECTIONAL SERVICES  
Record of Notification-Demolition

Address: \_\_\_\_\_

The above structure scheduled for demolition is acknowledged by this office on Date: \_\_\_\_\_

1. **City Office of Planning**                      City Hall, 133 William Street, Rm. 303 (508-979-1488)

By: \_\_\_\_\_                      Title: \_\_\_\_\_                      Date: \_\_\_\_\_
2. **City Office of Environmental Stewardship (Conservation)**                      City Hall, 133 William Street, Rm. 304 (508-991-6188)

By: \_\_\_\_\_                      Title: \_\_\_\_\_                      Date: \_\_\_\_\_
3. **City Public Infrastructure (Water & Sewer)**                      1105 Shawmut Ave. (508-979-1550)

By: \_\_\_\_\_                      Title: \_\_\_\_\_                      Date: \_\_\_\_\_
4. **Eversource Electric**                      617-424-2000, Fax 781-441-8765 Email:  
manewservice@eversource.com

By: \_\_\_\_\_                      Title: \_\_\_\_\_                      Date: \_\_\_\_\_
5. **Eversource Gas**                      617-424-2000, Fax 781-441-8765 Email:  
manewservice@eversource.com

By: \_\_\_\_\_                      Title: \_\_\_\_\_                      Date: \_\_\_\_\_
6. **Verizon**                      [ma-ri.osp.center@verizon.com](mailto:ma-ri.osp.center@verizon.com) or call 1-866-686-1195

By: \_\_\_\_\_                      Title: \_\_\_\_\_                      Date: \_\_\_\_\_
7. **City Wiring Division**                      City Hall, 133 William Street, Rm. 308 (508-979-1470)  
8:00 AM – 8:30 AM

By: \_\_\_\_\_                      Title: \_\_\_\_\_                      Date: \_\_\_\_\_
8. **City Plumbing & Gas Division**                      City Hall, 133 William Street, Rm. 305 (508-979-1518)  
8:00 AM – 8:30 AM

By: \_\_\_\_\_                      Title: \_\_\_\_\_                      Date: \_\_\_\_\_
9. **City Fire Prevention**                      1204 Purchase Street, rear entrance (Maxfield St.) (508-991-6120)

By: \_\_\_\_\_                      Title: \_\_\_\_\_                      Date: \_\_\_\_\_

**FORM E-1**

APPLICATIONS FOR HISTORIC DEMOLITION/REQUEST FOR HISTORICAL COMMISSION DEMOLITION

DELAY REVIEW

BUILDINGS AND STRUCTURES BUILT PRIOR TO 1934

**PROPERTY INFORMATION:**

Map \_\_\_\_\_ Parcel \_\_\_\_\_ Location \_\_\_\_\_

Date received by Inspections: \_\_\_\_\_

Applicant \_\_\_\_\_

Applicant's Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Receive By: \_\_\_\_\_

Applicant's Daytime Phone \_\_\_\_\_

Date received by Planning \_\_\_\_\_

Legal Owner of Property \_\_\_\_\_

Property Owner's Address \_\_\_\_\_

Received By: \_\_\_\_\_

Property Owner's Phone \_\_\_\_\_

Demolition of the entire structure.

Partial Demolition:

- Removal of a roof for the purpose of raising the overall height of a roof; rebuilding the roof to a different pitch; or adding another story to a building.
- Removal of one or more exterior wall(s) or partition(s) of a building.
- Gutting of a building's interior to the point where exterior features (windows, etc.) are impacted.
- Removal of more than 25% of a structure's overall gross square footage as determined by the Department of Inspectional Services.
- The lifting and relocating of a building on its existing site or to another site.
- Altering a building's key-character defining features, making it non-eligible to be listed in the National Register of Historic Places.

**Environmental Health Division**

1213 Purchase Street  
New Bedford, MA 02740

**Form E-2**

**Notice of Rodent Extermination Prior to Demolition**

Regulations Governing Rodent Control: Section 8

Building Permit # \_\_\_\_\_

It is hereby required that all buildings scheduled for demolition be exterminated for rodents at least two weeks, and not to exceed three weeks, prior to the demolition. If demolition cannot be completed within three weeks after extermination the owner, or demolition agent, must contact the Health Department for re-inspection of the property.

If variations in the above procedures are necessary, approval of variations must be received prior to the initiation of the extermination procedures. Approval of extermination procedures, or variation thereof, must be received from the Health Department prior to any extermination and subsequent demolition.

I hereby certify that rodent extermination procedures will commence (unless waived) at the structure located at: \_\_\_\_\_

(address)

on date \_\_\_\_\_ and demolition will be completed by no later than

date \_\_\_\_\_ / \_\_\_\_\_

Signature of demolition agent, owner (Print Name)  
or professional exterminator

Tel # : \_\_\_\_\_ Fax#: \_\_\_\_\_

The extermination procedures were: \_\_\_\_\_  
Approved Not approved Waived

Reason (s) for disapproval \_\_\_\_\_  
\_\_\_\_\_

Approved Variation, if any, included \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Dept of Health, City of New Bedford

\_\_\_\_\_  
Date