



CITY OF NEW BEDFORD
JONATHAN F. MITCHELL, MAYOR

DEPARTMENT OF INSPECTIONAL SERVICES
133 WILLIAM STREET - ROOM 308
NEW BEDFORD, MA 02740

CASE #41-17

New Bedford Comprehensive Zoning Code Review Code of Ordinances – Chapter-9

269-271 Union Street – PLOT: 52 – LOT: 273 – ZONED DISTRICT: MUB

Site Plan Review Required from the Planning Board

Zoning Code Review as follows:

Site Plan Review

Planning Board

❖ SECTIONS

- 5400 – Site Plan Review
- 5410 – Purpose
- 5420 – Applicability
 - 5423 – Any new construction or expansion of existing construction where a drive-thru window for any service including self-service is proposed; and any expansion of a structure presently containing a drive-thru; or any facility currently containing a drive-thru, at which the owner or operator of the drive-thru is altered or changed; or at which the drive-thru is closed for a period of 10 days or more and to be reopened
- 5430-5490B



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) 269-271 Union Street
(NO.) (STREET)

BETWEEN Pleasant St. AND Eighth St.
(CROSS STREET) (CROSS STREET)

PLOT 52 LOT 273 DISTRICT _____ ACCEPTED STREET _____

PLANS FILED YES NO

II. TYPE AND COST OF BUILDING — all applicants complete parts A through D — PRINT

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added; if any, in Part D, 14)</p> <p>3 <input checked="" type="checkbox"/> Alteration (If residential, enter number of new housing units added; if any, in Part D, 14)</p> <p>4 <input checked="" type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> 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)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p>	<p>D1 PROPOSED USE — For demolition most recent use</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><i>Residential</i></p> <p>13 <input type="checkbox"/> One family</p> <p>14 <input type="checkbox"/> Two or more family — Enter number of units _____</p> <p>15 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number _____</p> <p>16 <input type="checkbox"/> Garage</p> <p>17 <input type="checkbox"/> Carport</p> <p>18 <input type="checkbox"/> Other — Specify _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p><i>Nonresidential</i></p> <p>19 <input type="checkbox"/> Amusement, recreational</p> <p>20 <input type="checkbox"/> Church, other religious</p> <p>21 <input type="checkbox"/> Industrial</p> <p>22 <input type="checkbox"/> Parking garage</p> <p>23 <input type="checkbox"/> Service station, repair garage</p> <p>24 <input type="checkbox"/> Hospital, institutional</p> <p>25 <input checked="" type="checkbox"/> Office, bank, professional</p> <p>26 <input type="checkbox"/> Public utility</p> <p>27 <input type="checkbox"/> School, library, other educational</p> <p>28 <input type="checkbox"/> Stores, mercantile</p> <p>29 <input type="checkbox"/> Tanks, towers</p> <p>30 <input type="checkbox"/> Funeral homes</p> <p>31 <input type="checkbox"/> Food establishments</p> <p>32 <input type="checkbox"/> Other — Specify _____</p> </td> </tr> </table>	<p><i>Residential</i></p> <p>13 <input type="checkbox"/> One family</p> <p>14 <input type="checkbox"/> Two or more family — Enter number of units _____</p> <p>15 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number _____</p> <p>16 <input type="checkbox"/> Garage</p> <p>17 <input type="checkbox"/> Carport</p> <p>18 <input type="checkbox"/> Other — Specify _____</p>	<p><i>Nonresidential</i></p> <p>19 <input type="checkbox"/> Amusement, recreational</p> <p>20 <input type="checkbox"/> Church, other religious</p> <p>21 <input type="checkbox"/> Industrial</p> <p>22 <input type="checkbox"/> Parking garage</p> <p>23 <input type="checkbox"/> Service station, repair garage</p> <p>24 <input type="checkbox"/> Hospital, institutional</p> <p>25 <input checked="" type="checkbox"/> Office, bank, professional</p> <p>26 <input type="checkbox"/> Public utility</p> <p>27 <input type="checkbox"/> School, library, other educational</p> <p>28 <input type="checkbox"/> Stores, mercantile</p> <p>29 <input type="checkbox"/> Tanks, towers</p> <p>30 <input type="checkbox"/> Funeral homes</p> <p>31 <input type="checkbox"/> Food establishments</p> <p>32 <input type="checkbox"/> Other — Specify _____</p>
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<p>B OWNERSHIP</p> <p>8 <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>D2: Does this building contain asbestos?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes complete the following</p> <p>Name & Address of Asbestos Removal Firm: _____</p> <p>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</p>		
<p>C COST</p> <p>10 Cost of construction <small>(Omit cents)</small> \$ <u>50,000</u> <small>To be installed but not included in the above cost</small></p> <p>a. Electrical _____</p> <p>b. Plumbing _____</p> <p>c. Heating, air conditioning _____</p> <p>d. Other (elevator, etc.) _____</p> <p>11. TOTAL VALUE OF CONSTRUCTION <u>50,000</u></p> <p>12. TOTAL ASSESSED BLDG. VALUE <u>1,057,700</u></p>	<p>D3 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</p> <p>_____</p> <p>_____</p>		

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>E. PRINCIPAL TYPE OF FRAME</p> <p>33 <input type="checkbox"/> Masonry (wall bearing)</p> <p>34 <input type="checkbox"/> Wood frame</p> <p>35 <input type="checkbox"/> Structural steel</p> <p>36 <input type="checkbox"/> Reinforced concrete</p> <p>37 <input type="checkbox"/> Other — Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>43 <input type="checkbox"/> Public or private company</p> <p>44 <input type="checkbox"/> Private (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>53 Number of stories _____</p> <p>54 Height _____</p> <p>55 Total square feet of floor area, all floors based on exterior dimensions _____</p> <p>56 Building length _____</p> <p>57 Building width _____</p> <p>58 Total sq. ft. of bldg. footprint _____</p> <p>59 Front lot line width _____</p> <p>60 Rear lot line width _____</p> <p>61 Depth of lot _____</p> <p>62 Total sq. ft. of lot size _____</p> <p>63 % of lot occupied by bldg. (58-62) _____</p> <p>64 Distance from lot line (front) _____</p> <p>65 Distance from lot line (rear) _____</p> <p>66 Distance from lot line (left) _____</p> <p>67 Distance from lot line (right) _____</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>38 <input type="checkbox"/> Gas</p> <p>39 <input type="checkbox"/> Oil</p> <p>40 <input type="checkbox"/> Electricity</p> <p>41 <input type="checkbox"/> Coal</p> <p>42 <input type="checkbox"/> Other — Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>45 <input type="checkbox"/> Public or private company</p> <p>46 <input type="checkbox"/> Private (well, cistern)</p>	
	<p>I. TYPE OF MECHANICAL</p> <p>Is there a fire sprinkler system?</p> <p>47 <input type="checkbox"/> YES 48 <input type="checkbox"/> NO</p> <p>Will there be central air conditioning?</p> <p>49 <input type="checkbox"/> Yes 50 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>51 <input type="checkbox"/> Yes 52 <input type="checkbox"/> No</p>	

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

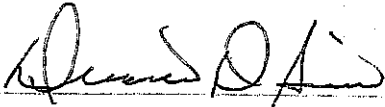
OWNER OR LESSEE NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
SouthCoast Federal Credit Union	PO Box 40429, New Bedford, MA	02744	508-525-4310
CONTRACTOR NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
		LICENSE #	
ARCHITECT NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
		LICENSE #	
SIGNATURE OF OWNER	APPLICANT SIGNATURE	DATE	

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.

 269-271 UNION ST., NEW BEDFORD, MA
 Applicant's Signature Address City

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, S 150A

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 142A 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: Change of Owner/Tenant (South Coast Federal Credit Union) Est. Cost: _____

Address of Work: 269-271 Union Street

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:

Date _____ Owner Signature _____

XII. BUILDING COMMISSIONERS REVIEW COMMENTS AND CONDITIONS

C. Building Permit Rejected <input checked="" type="checkbox"/> <u>SITE PLAN REVIEW</u>	Fee
Reason For Rejection: <u>"See Attachments"</u>	Permit #

Comments and Conditions:

Signed Jenny A. Romanowicz Date: 10/13 2017

Title Building Commissioner
Not valid unless signed (not stamped) by Building Commissioner