

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***

591 County Street – PLOT: 58 – LOT: 149 – ZONED DISTRICT: MUB
Special Permit Required from the Zoning Board of Appeals

Zoning Code Review as follows:

Special Permit

❖ SECTIONS

- 2500 Home Occupation
- 2520 Home Occupation By Special Permit
- 2521-2528
- 5300-5330 Special Permit
- 5360-5390



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

FOR BUILDING DEPT. USE

DATE RECEIVED MAR 02 2015
 RECEIVED BY: _____
 ISSUED BY: J.P.

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

Permit No. _____
 Completion Date _____

(AT LOCATION) 591 County Street
(NO) (STREET)
 BETWEEN Hillman AND Maxfield
(CROSS STREET) (CROSS STREET)
 PLOT 58 LOT 1519 (149) 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 <u>home occupation</u></p> <p>1 <input type="checkbox"/> New Building <u>Dog grooming</u></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 type="checkbox"/> Alteration (If residential, enter number of new housing units added, if any, in Part D, 14)</p> <p>4 <input 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>D.1 PROPOSED USE — For demolition most recent use</p> <p>Residential <input checked="" type="checkbox"/></p> <p>13 <input checked="" 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 of units _____</p> <p>16 <input type="checkbox"/> Garage</p> <p>17 <input type="checkbox"/> Carport</p> <p>18 <input type="checkbox"/> Other — Specify _____</p> <p>Nonresidential</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 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> |
| <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>D.2. Does this building contain asbestos?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes complete the following:</p> <p>Name & Address of Asbestos Removal Firm: _____</p> |
| <p>C. COST (Omit cents)</p> <p>10. Cost of construction\$ _____ <small>To be installed but not included in the above cost</small></p> <p>a. Electrical _____</p> <p>b. Plumbing <u>\$600</u></p> <p>c. Heating, air conditioning _____</p> <p>d. Other (elevator, etc.) _____</p> <p>11. TOTAL VALUE OF CONSTRUCTION _____</p> <p>12. TOTAL ASSESSED BLDG. VALUE..... _____</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>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.</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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> NO</p> <p>Will there be central air conditioning?</p> <p>49 <input type="checkbox"/> Yes 50 <input checked="" type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>51 <input type="checkbox"/> Yes 52 <input checked="" 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? no
 Is location part of a known wetland? no
 Has local conservation commission reviewed this site? _____

| IV. IDENTIFICATION - ALL APPLICANTS - PLEASE PRINT | | | |
|--|----------------------------------|------------|---------------|
| OWNER OR LESSEE NAME | MAILING ADDRESS | ZIP CODE | TELEPHONE NO. |
| Michelle Conkin | 7 Westview Drive Westport, MA | 02790 | 508.728.9986 |
| CONTRACTOR NAME | MAILING ADDRESS | ZIP CODE | TELEPHONE NO. |
| | | LICENSE # | |
| | | HOME IMP # | |
| 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.

Michelle A. Conkin
 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 _____ day of _____, 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): Michelle Conlon (Go Fetch)

Address: _____

City/State/Zip: _____

Phone #: _____

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: Michelle A. Conlon Date: 3.2.15

Phone #: 508-728-9980

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 #: _____

Location: 591 COUNTY ST

Parcel ID: 58 149

Zoning: ~~RB~~ ^{MUB}

Fiscal Year: 2015

Current Owner Information:

ALVES STEVEN

119 ALDEN ROAD

FAIRHAVEN , MA 02719

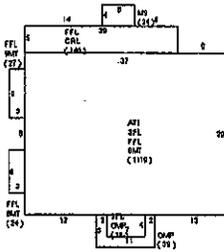
Current Sales Information:

Sale Date:
04/17/1985
Sale Price:
\$65,000.00
Legal Reference:
1919-533
Grantor:
N/A

Card No. 1 of 1

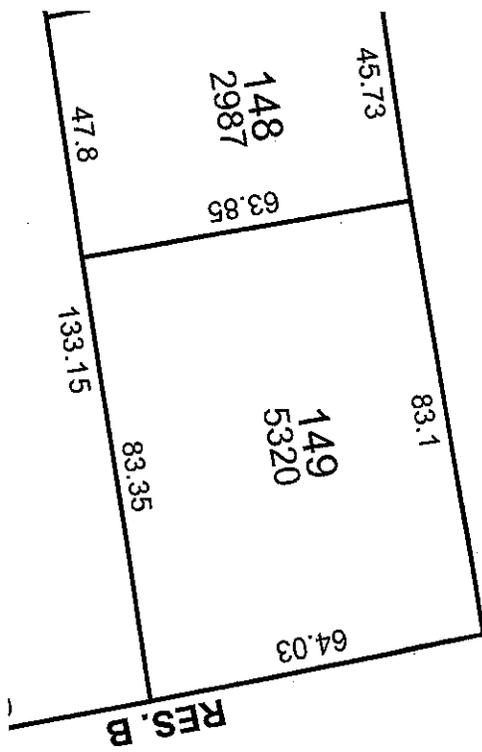
This Parcel contains 0.122 acres of land mainly classified for assessment purposes as Single Fam with a(n) Victorian style building, built about 1869, having Clapboard exterior, Asphalt Shingles roof cover and 2439 Square Feet, with 1 unit(s), 8 total room(s), 4 total bedroom(s) 3 total bath(s), 0 3/4 baths, and 0 total half bath (s).

| Building Value: | Land Value: | Yard Items Value: | Total Value: |
|-----------------|-------------|-------------------|--------------|
| 168500 | 60500 | 0 | 229000 |



| Fiscal Year 2015 | | Fiscal Year 2014 | | Fiscal Year 2013 | |
|---------------------|-------------------|---------------------|-------------------|---------------------|-------------------|
| Tax Rate Res.: | 15.73 | Tax Rate Res.: | 15.16 | Tax Rate Res.: | 14.33 |
| Tax Rate Com.: | 33.56 | Tax Rate Com.: | 31.08 | Tax Rate Com.: | 29.54 |
| Property Code: | 101 | Property Code: | 101 | Property Code: | 101 |
| Total Bldg Value: | 168500 | Total Bldg Value: | 167500 | Total Bldg Value: | 167200 |
| Total Yard Value: | 0 | Total Yard Value: | 0 | Total Yard Value: | 0 |
| Total Land Value: | 60500 | Total Land Value: | 60500 | Total Land Value: | 73200 |
| Total Value: | 229000 | Total Value: | 228000 | Total Value: | 240400 |
| Tax: | \$3,602.18 | Tax: | \$3,456.48 | Tax: | \$3,444.94 |

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.



CITY OF NEW BEDFORD

In the Year Two Thousand and Twelve

AN ORDINANCE

Rezoning of Land on West Side of County Street from Hillman Street to Maxfield Street, Plot 58, Lot 157 from Residence "A" to Mixed-Use Business, Plot 58, Lots 149 and 152 from Residence "B" to Mixed-Use Business.

31- 509

Be it ordained by the City Council of the City of New Bedford as follows:—

SECTION 1.

That all property bounded and described as follows:

Beginning at the point of intersection of the westerly line of County Street with the southerly line of Maxfield Street;

Thence southerly in the westerly line of County Street, a distance of two hundred fifty-eight (258) feet, more or less, to a point in the northerly line of Hillman Street;

Thence westerly in the northerly line of Hillman Street, a distance of fifty (50) feet, more or less, to a point;

Thence northerly in a straight line, a distance of one hundred thirty (130) feet, more or less, to a point;

Thence westerly in a straight line, a distance of eighty-five (85) feet, more or less, to a point;

Thence northerly in a straight line, a distance of sixty-four (64) feet, more or less, to a point;

Thence easterly in a straight line, a distance of fifty (50) feet, more or less, to a point;

Thence northerly in a straight line, a distance of sixty-four (64) feet, more or less, to a point in the southerly line of Maxfield Street;

Thence easterly in the southerly line of Maxfield Street, a distance of eighty-three (83) feet, more or less, to the point of beginning.

Containing approximately twenty thousand, three hundred fifty-nine (20,359) square feet, more or less.

SECTION 2.

This Ordinance shall take effect in accordance with the provisions of Chapter 40A of the General Laws.

IN CITY COUNCIL, May 24, 2012

Passed to a Second Reading.

Rita D. Arruda, City Clerk

IN CITY COUNCIL, June 14, 2012

Passed, to be Ordained – Yeas 10, Nays 0.

Rita D. Arruda, City Clerk

Presented to the Mayor for approval June 18, 2012.

Rita D. Arruda, City Clerk

Approved June 18, 2012.

Jonathan F. Mitchell, Mayor

a true copy, attest:

Rita D. Arruda

City Clerk

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: None (Location of Facility)

Signature of Permit Applicant: Michelle Conlon Date: 3-2-15

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: Home Occ. Est. Cost: \$600

Address of Work: 591 County St

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: 3-2-15 Owner Signature: Michelle Conlon

XII. BUILDING COMMISSIONERS REVIEW COMMENTS AND CONDITIONS

C. Building Permit Rejected Special Permit ZBA

Reason For Rejection:

See ATTACHMENTS

Fee

Permit #

Comments and Conditions:

Signed: [Signature] Date: _____ 20____

Title: Building Commissioner

Not valid unless signed (not stamped) by Building Commissioner