

**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: \_\_\_\_\_  
(Location of Facility)

Signature of Permit Applicant \_\_\_\_\_ Date \_\_\_\_\_

**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: \_\_\_\_\_ Est. Cost \_\_\_\_\_

Address of Work \_\_\_\_\_

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"/> <i>Special Permit</i> | Fee      |
| Reason For Rejection:<br><i>See Attachments</i>                                       | Permit # |

Comments and Conditions:

Signed *Danny D. Romanowicz* Date: \_\_\_\_\_ 20\_\_\_\_  
Title *Building Commissioner*

Not valid unless signed (not stamped) by Building Commissioner



**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***

4334 Acushnet Ave – PLOT: 137B – LOT: 76 – ZONED DISTRICT: MUB  
**Special Permit Required from the Zoning Board of Appeals**

***Zoning Code Review as follows:***

#### ***Special Permit – Zoning Board of Appeals***

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##### **❖ SECTIONS**

- **2200 – USE REGULATIONS**
- **2210 – General**
- **2230 – Table of Use Regulations Appendix A, #20, Medical offices, center, or clinic**
- **5300-5330 & 5360-5390 – Special Permit**



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) 4334 Acushnet Ave New Bedford ma - 02745  
(NO) (STREET)

BETWEEN \_\_\_\_\_ AND \_\_\_\_\_  
(CROSS STREET) (CROSS STREET)

PLOT M 0137 LOT B 0076 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 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 checked="" type="checkbox"/> Moving (relocation) <u>Change of Tenant</u></p> <p>7 <input type="checkbox"/> Foundation only</p> | <p>D-1 PROPOSED USE — For demolition most recent use</p> <p>Residential</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 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 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> |
| <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 checked="" type="checkbox"/> NO If yes complete the following.</p> <p>Name &amp; Address of Asbestos Removal Firm: _____</p>   |
| <p>C. COST <small>(Omit cents)</small></p> <p>10. Cost of construction \$ _____<br/> <small>To be installed but not included in the above cost</small></p> <p>a. Electrical _____</p> <p>b. Plumbing _____ <u>N/A</u></p> <p>c. Heating, air conditioning _____ <u>N/A</u></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 &amp; 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> <p><u>out patient counseling offices</u></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 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 <u>1732</u></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 <u>6.4 Acres</u></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 checked="" type="checkbox"/> Yes 50 <input 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? \_\_\_\_\_  
 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. |
|----------------------|---------------------|-------------------------|---------------|
|                      |                     |                         |               |
|                      |                     |                         |               |
|                      |                     |                         |               |
| CONTRACTOR NAME      | MAILING ADDRESS     | ZIP CODE                | TELEPHONE NO. |
|                      |                     | LICENSE #               |               |
|                      |                     |                         |               |
|                      |                     |                         |               |
| ARCHITECT NAME       | MAILING ADDRESS     | ZIP CODE                | TELEPHONE NO. |
|                      |                     | HOME IMP #<br>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.

Applicant's Signature \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

V. OTHER JURISDICTION APPROVALS AND NOTIFICATION

| APPROVAL        | CHECK | DATE OBTAINED | BY |
|-----------------|-------|---------------|----|
| Electrical      | N/A   |               |    |
| 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

N/A

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 Heather Burt day of 12-1, 2015



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): Heather Brito, LMHC, SP  
 Address: 47 Charlotte St  
 City/State/Zip: New Bedford ma. 02740 Phone #: 508-725-6525

|  |   |   |
|--|---|---|
| <b>Are you an employer? Check the appropriate box:</b>   |   | <b>Type of project (required):</b>  |
| 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*<br>2. <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]<br>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] † | 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 workers' comp. insurance.<br>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.] | 6. <input type="checkbox"/> New construction<br>7. <input type="checkbox"/> Remodeling<br>8. <input type="checkbox"/> Demolition<br>9. <input type="checkbox"/> Building addition<br>10. <input type="checkbox"/> Electrical repairs or additions<br>11. <input type="checkbox"/> Plumbing repairs or additions<br>12. <input type="checkbox"/> Roof repairs<br>13. <input checked="" type="checkbox"/> Other <u>Change of Tenant</u> |

\*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 attach an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

*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. #: NA 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: Heather Brito Date: 12-1-15  
 Phone #: 508-725-6525 (cell) 508-995-1754 (office)

**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 #: \_\_\_\_\_

|                   |  |   |  |  |  |
|-------------------|--|---|--|--|--|
| 4334              |  | LOCATION  |  | E/S Acushnet Ave., North of May St.                  |  |
| DISTRICT          |  | Bus.  |  | PLOT 137B LOT 76                                     |  |
| PERMIT NO.        |  | PURPOSE   |  | PLANS FILED  |  |
| <del>571-81</del> |  | <del>erect 4 apt. dwelling (plans filed)</del>  |  | <del>Canc. See Per-</del>                            |  |
| <del>128-85</del> |  | <del>Erect single family dwelling (Plans)</del> |  | <del>mit 128-85</del>                                |  |
| 374-85            |  | Erect Masonry fireplace                         |  |  |  |
| 527-87            |  | Erect a two stall garage                        |  | (Plans)  |  |
| 878-91            |  | Alterations to front porch-change columns,      |  | install decorative archs, & stucco front of dwelling |  |

F94

|   |  |             |  |
|---|--|-------------|--|
| 367-02 pool                               |  |             |  |
| 231-04 STRIP + RE SHINGLE ROOF SOUTH SIDE |  | 1 SIDE ONLY |  |

**Location:** 4334 ACUSHNET AVE

**Parcel ID:** 137B 76

**Zoning:** MUB

**Fiscal Year:** 2015

**Current Owner Information:**  
COELHO MELISSA F

4334 ACUSHNET AVENUE

NEW BEDFORD, MA 02745

**Current Sales Information:**

**Sale Date:**

12/10/2010

**Sale Price:**

\$192,000.00

**Legal Reference:**

22476

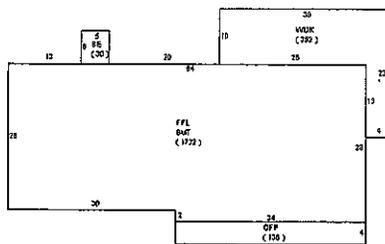
**Grantor:**

FEDERAL NATIONAL MORTGAGE ASSOCIATION

Card No. 1 of 1

This Parcel contains 0.405 acres of land mainly classified for assessment purposes as Single Fam with a(n) RANCH style building, built about 1985, having Wood Shingle exterior, Asphalt Shingles roof cover and 1732 Square Feet, with 1 unit(s), 7 total room(s), 3 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: |
|-----------------|-------------|-------------------|--------------|
| 178400          | 128600      | 12200             | 319200       |



| 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:   | 178400            | Total Bldg Value:   | 179700            | Total Bldg Value:   | 173600            |
| Total Yard Value:   | 12200             | Total Yard Value:   | 12200             | Total Yard Value:   | 12800             |
| Total Land Value:   | 128600            | Total Land Value:   | 125800            | Total Land Value:   | 139500            |
| <b>Total Value:</b> | <b>319200</b>     | <b>Total Value:</b> | <b>317700</b>     | <b>Total Value:</b> | <b>325900</b>     |
| <b>Tax:</b>         | <b>\$5,021.02</b> | <b>Tax:</b>         | <b>\$4,816.33</b> | <b>Tax:</b>         | <b>\$4,670.15</b> |

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.

177

181

185

156.88

156.87

120.16

75  
181222

86.55  
115.39

1  
12548

153.79

152.8

76  
17650

86.54

91  
12912

150.77

120.16  
BUS.

115.39

90  
12661

148.83

86.54

147.86

120.16

77  
17192

115.39

86.54

84  
12416

50

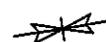
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145

RES. A

145  
BUS. 

**MAY ST**

BUS. 

160

100

55

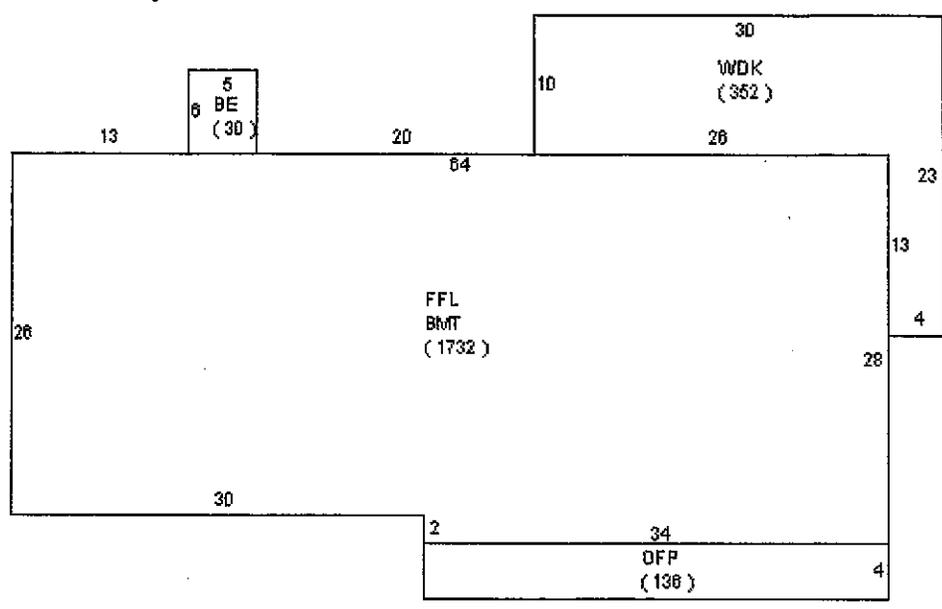
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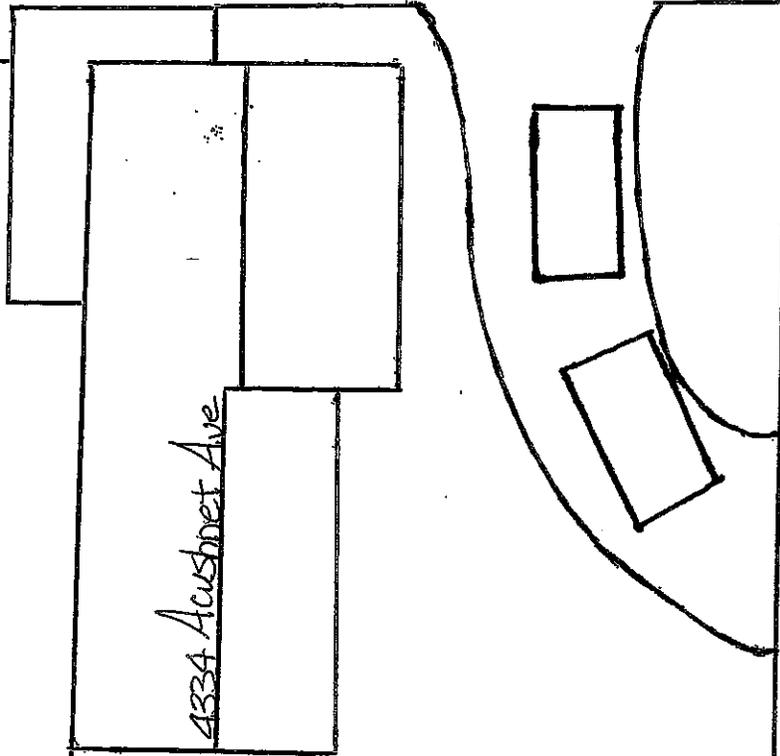
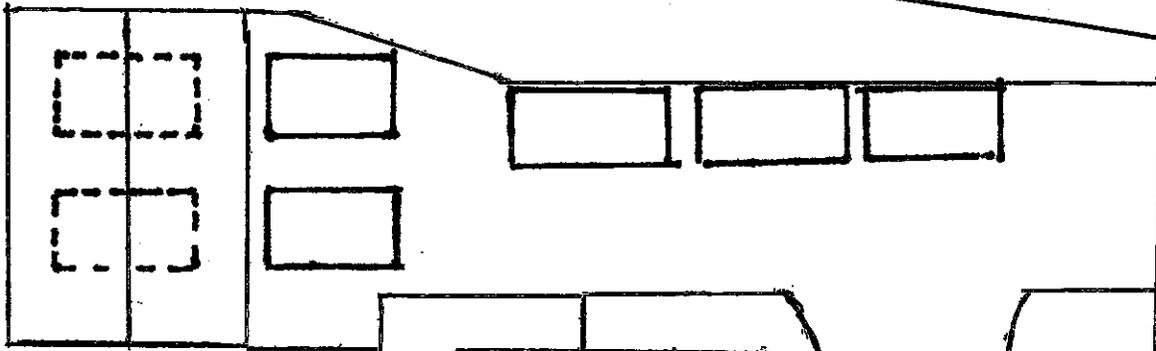
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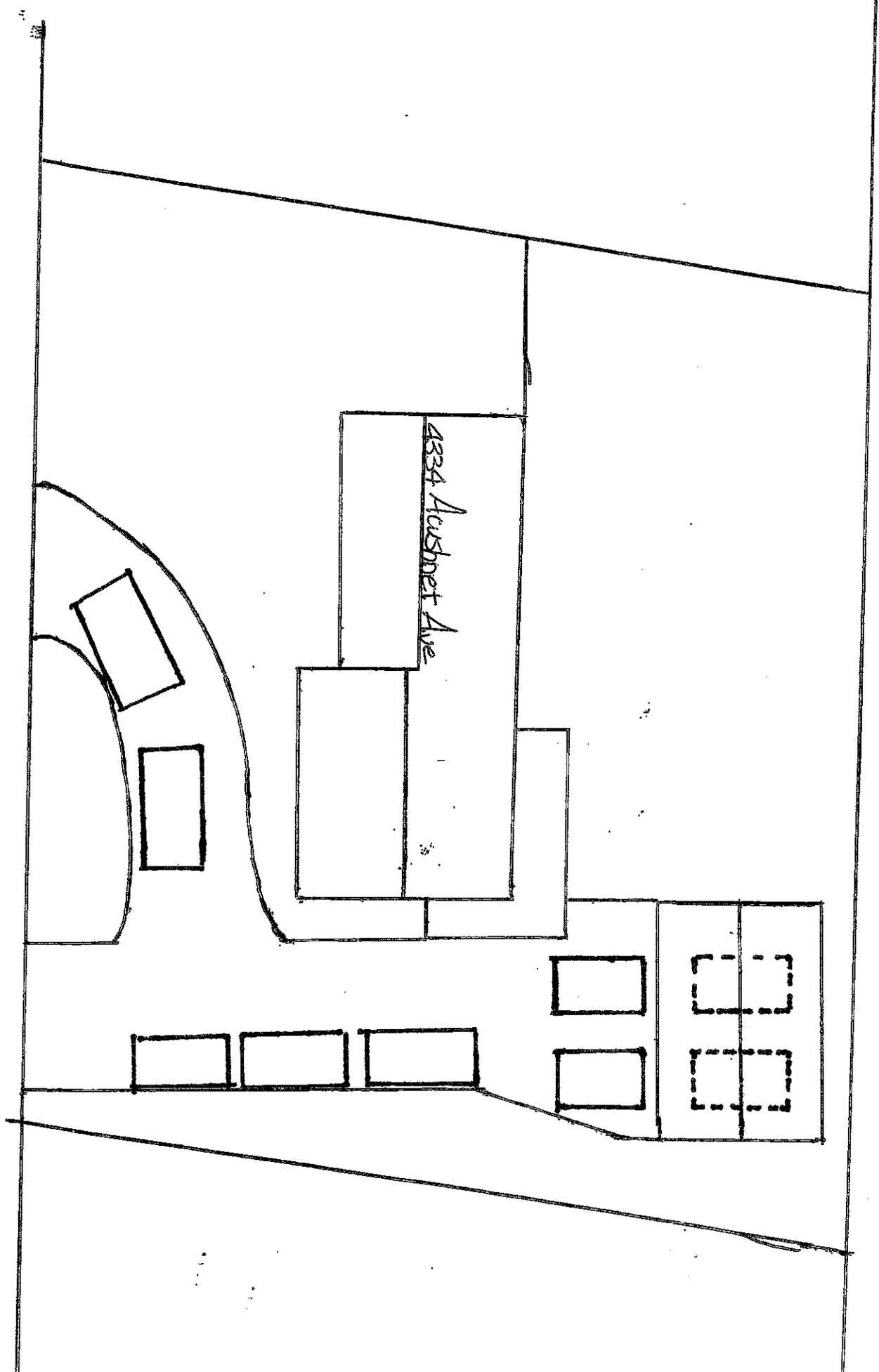
Total Gross Floor Area = 1732 SF

Required # of parking spaces =  $1732 \text{ SF} \div 200 \text{ SF/space} = 8.66$

9 Spaces Required

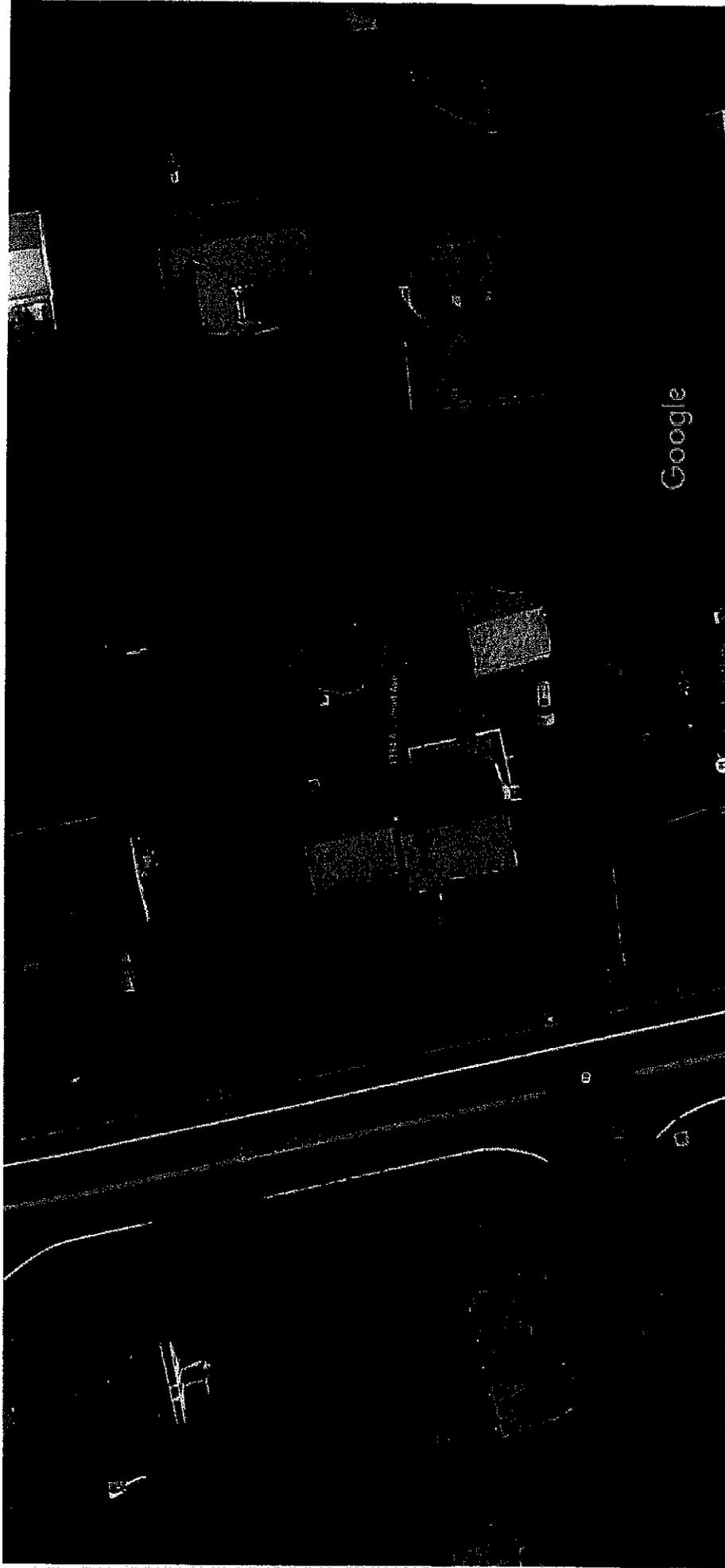


4334 Acushnet Ave



4334 Aushnet Ave

Google Maps 4334 Acushnet Ave



Google

Imagery ©2015 Google, Map data ©2015 Google 20 ft

