

LETTER OF DENIAL

FROM

ZONING ENFORCEMENT OFFICER



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***

20 South Sixth Street – Plot: 46 – Lot: 69
Zoned District: Mixed Use Business

Special Permits from the Zoning Board of Appeals

Zoning Code Review as follows:

Sections:

2400 Nonconforming Uses and Structures
2410 Applicability
2430-2432 Nonconforming Structures, Other Than Single- and Two-Family Structures

Sections:

4500 - 4572f Downtown Business Overlay District (DBOD)

Site Plan Review Required from the Planning Board

Sections:

5400- 5490B Site Plan Review



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) 20 South 6th Street
(NO.) (STREET)

BETWEEN Spring Street AND School Street
(CROSS STREET) (CROSS STREET)

PLOT 46 LOT 69 DISTRICT MUB 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 checked="" 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> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>Residential</p> <p>13 <input type="checkbox"/> One family</p> <p>14 <input checked="" type="checkbox"/> Two or more family — Enter number of units <u>8</u></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> </td> <td style="width:50%; vertical-align: top;"> <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 checked="" 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 <u>After School Care</u></p> </td> </tr> </table>	<p>Residential</p> <p>13 <input type="checkbox"/> One family</p> <p>14 <input checked="" type="checkbox"/> Two or more family — Enter number of units <u>8</u></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 checked="" 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 <u>After School Care</u></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>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 & 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 (estimate)</p> <p>10 Cost of construction to be installed but not included in the above cost</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>2,500,000</u></p> <p>12 TOTAL ASSESSED BLDG. VALUE <u>434,700</u></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>_____</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>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>J. DIMENSIONS</p> <p>53 Number of stories <u>2</u></p> <p>54 Height <u>25 ft.</u></p> <p>55 Total square feet of floor area, all floors based on exterior dimensions <u>6,500</u></p> <p>56 Building length <u>81.5 ft</u></p> <p>57 Building width <u>28 ft</u></p> <p>58 Total sq. ft. of bldg footprint <u>1936 exist, 3250 prop = 5,186</u></p> <p>59 Front lot line width <u>113.75 ft</u></p> <p>60 Rear lot line width <u>112.44 ft</u></p> <p>61 Depth of lot <u>105.65 ft</u></p> <p>62 Total sq. ft. of lot size <u>11,925 sq ft</u></p> <p>63 % of lot occupied by bldg. (58+62) <u>43%</u></p> <p>64 Distance from lot line (front) <u>14.8 exist, 17.5 ft addition</u></p> <p>65 Distance from lot line (rear) <u>4.0 exist, 2.8 ft proposed addition</u></p> <p>66 Distance from lot line (left) <u>6.9 exist, 8.4 ft proposed addition</u></p> <p>67 Distance from lot line (right) <u>6.7 ft exist</u></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>I. TYPE OF MECHANICAL</p> <p>Is there a fire sprinkler system?</p> <p>47 <input checked="" type="checkbox"/> YES 48 <input 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>	

See Attached Sheet

E - Wood frame

F - Gas

G - Public

H - Public

I - yes sprinklers; yes central AC; no elevator

J - Dimensions

53 - Number of stories - 3 stories plus attic in existing; 2 stories in proposed addition

54 - Height - existing unknown; 25 feet for proposed addition

55 - Total square feet of floor area, all floors based on exterior dimensions - existing 3,872 (per assessor); 6,500 in proposed addition

56 - Building length - 44 feet existing; 81.5 feet proposed

57 - Building Width - 44 feet existing; 38.5 feet proposed (not including connector)

58 - Total square feet of building, footprint- 1,936 existing; 3,250 proposed; 5,186 total

59 - Front lot line width - 113.75 feet

60 - Rear lot line width - 112.44 feet

61 - Depth of lot - 105.65 feet

62 - Total square footage of lot size - 11,925 square feet

63 - % of lot occupied by building - 43 percent

64 - Distance from lot line (front) - 14.8 feet existing; 17.5 feet at proposed addition

65 - Distance from lot line (rear) - 46 feet existing; 8 feet at proposed addition

66 - Distance from lot line (left) - 61.9 feet existing; 8 feet at proposed addition

67 - Distance from lot line (right) - 6.7 feet existing

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? No.

IV. IDENTIFICATION - ALL APPLICANTS - PLEASE PRINT			
OWNER OR LESSEE NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
YWCA Southeastern MA	20 South 6 th St.	02740	(508) 999.3255
CONTRACTOR NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
Not yet chosen		LICENSE #	
		HOME IMP #	
ARCHITECT NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
Davis Square Architects	240 A Elm Street	LICENSE # 10697	(617) 764.3607
c/o Cliff Boehmer	Somerville, MA 02144		
SIGNATURE OF OWNER	APPLICANT SIGNATURE	DATE	
<i>Gail Foster</i> Executive Director	<i>Gail Foster</i> Executive Director	12-7-15	

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.

Gail Foster 20 S. Sixth St. New Bedford, MA 02740
 Applicant's Signature Address City
 Executive Director

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 7th day of December, 20 15

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 C 111, 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. 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"/>	Rejection Date <u>Dec 17, 2015</u>	Fee
Reason For Rejection: <u>ZBA- Special Permits</u>		Permit #
<u>PLANNING BOARD - SITE PLAN REVIEW</u>		

Comments and Conditions: "SEE ATTACHMENTS"

Signed Danny M. Romanowicz Date: 12-17 2015
Title _____

Not valid unless signed (not stamped) by Building Commissioner

YWCA Southeastern Massachusetts
Proposed Program Spaces 11/16/15

	Room Name	Qty	SF Each	SF Total	
YW KIDS	Classroom / Activity Space (25 kids @ 35 SF)	3	600	1,800	
	Office	1	150	150	
	Meeting Room	1	120	120	
	Staff Bathroom	1	50	50	
	Vestibule	1	80	80	
	Lobby / Sign-in / Reception	1	200	200	
	Kids' Bathrooms	2	150	300	
	Kitchen	1	150	150	
	Janitor's Closet	1	20	20	
	Stair	1	150	150	
	Mechanical Room	1	120	120	
	Electrical Room	1	80	80	
	Water Service Room	1	100	100	
		SUBTOTAL			3,320
	Circulation Factor	0.25		830	
	TOTAL 1ST FLOOR			4,150	

RESIDENTIAL	SRO	8	150	1,200	
	Residential Bathroom	1	225	225	
	Janitor's Closet	1	20	20	
	Storage Closet	1	20	20	
	Community Room	1	360	360	
	Laundry Room	1	80	80	
	Vestibule	1	80	80	
	Stair	1	150	150	
		SUBTOTAL			2,135
		Circulation Factor	0.25		534
	TOTAL 2ND FLOOR			2,669	

TOTAL BUILDING

6,819

Add for elevator	1	120	120
Add for elevator machine room	1	50	50

	# kids outside at one time	SF per kid	total
Outdoor Activity Space ("at least 75 square feet per child who is outside at any one time") For planning, assume 2 of the 3 groups might be outside together.	35	75	2,625