



CITY OF NEW BEDFORD
JONATHAN F. MITCHELL, MAYOR

DEPARTMENT OF INS. & TIONAL SERVICES
133 WILLIAM STREET – ROOM 308
NEW BEDFORD, MA 02740

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

243 Maxfield St. – Plot: 58 – Lot:26 – Zoned District: Res-B

On street parking to serve business

Zoning Review: Variance Required From ZBA

Zoning Code Review as follows:

variance

❖ SECTIONS

- 3100 – Parking and Loading
- 3110 – Applicability
- Table of Parking and Loading Requirements-(Appendix C)
- Businesses engaged in retail sale of goods and services

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: A.B.C. Disposable
(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 or building" be conducted by registered contractors, with certain exceptions, along with other requirements.

Type of Work: C.O.T.E. Q.I.T.S.

Est. Cost: _____

Address of Work: 243 Marlfield

Owner Name: JUAN E + Lourdes Rodriguez

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 VARIANCE ZBA

Reason For Rejection:

SEE ATTACHMENTS

Fee _____

Permit # _____

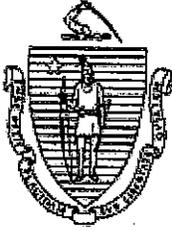
Comments and Conditions:

Signed Jaime N. Romanowicz

Date: _____ 20____

Title Building Commissioner

Not valid unless signed (not stamped) by Building Commissioner



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): La Bodega Barbershop

Address: 245 MAXFIELD ST.

City/State/Zip: NEW BEDFORD, MA 02740 Phone #:

Are you an employer? Check the appropriate box:		Type of project (required):
1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).* 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.] 3. <input checked="" 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 employees and have workers' comp. insurance. ‡ 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 7. <input type="checkbox"/> Remodeling 8. <input type="checkbox"/> Demolition 9. <input type="checkbox"/> Building addition 10. <input type="checkbox"/> Electrical repairs or additions 11. <input type="checkbox"/> Plumbing repairs or additions 12. <input type="checkbox"/> Roof repairs 13. <input type="checkbox"/> 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.

X Signature: [Handwritten Signature] X Date: 10/17/15

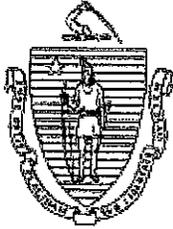
X Phone #: 774-360-7056

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 #: _____



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): Edmund Shannon

Address: 25 Brewster St

City/State/Zip: New Bedford, MA 02746 Phone #: 774-634-8938

Are you an employer? Check the appropriate box:		Type of project (required):
1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).* 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.] 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 employees and have workers' comp. insurance. ‡ 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 7. <input type="checkbox"/> Remodeling 8. <input type="checkbox"/> Demolition 9. <input type="checkbox"/> Building addition 10. <input type="checkbox"/> Electrical repairs or additions 11. <input type="checkbox"/> Plumbing repairs or additions 12. <input type="checkbox"/> Roof repairs 13. <input type="checkbox"/> Other _____

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 ‡ 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. #: 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: Edmund Shannon Date: 9-24-15

Phone #: 774-634-8938

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 #: _____

Permit No. **B-15-2402**
 Completion Date _____



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

FOR BUILDING DEPT. USE
 DATE RECEIVED: **1 9 2015**
 RECEIVED BY: _____
 ISSUED BY: _____

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

(AT LOCATION) 243 Maxfield St
(NO) (STREET)
 BETWEEN _____ AND _____
(CROSS STREET) (CROSS STREET)
 PLOT 58 LOT 26 DISTRICT BB 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 <i>Change the use of the building</i></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 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-19)</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> <th style="text-align: left;">Residential</th> <th style="text-align: left;">Nonresidential</th> </tr> <tr> <td>13 <input type="checkbox"/> One family</td> <td>19 <input type="checkbox"/> Amusement, recreational</td> </tr> <tr> <td>14 <input type="checkbox"/> Two or more family — Enter number of units _____</td> <td>20 <input type="checkbox"/> Church, other religious</td> </tr> <tr> <td>15 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units _____</td> <td>21 <input type="checkbox"/> Industrial</td> </tr> <tr> <td>16 <input type="checkbox"/> Garage</td> <td>22 <input type="checkbox"/> Parking garage</td> </tr> <tr> <td>17 <input type="checkbox"/> Carport</td> <td>23 <input type="checkbox"/> Service station, repair garage</td> </tr> <tr> <td>18 <input type="checkbox"/> Other — Specify _____</td> <td>24 <input type="checkbox"/> Hospital, institutional</td> </tr> <tr> <td></td> <td>25 <input type="checkbox"/> Office, bank, professional</td> </tr> <tr> <td></td> <td>26 <input type="checkbox"/> Public utility</td> </tr> <tr> <td></td> <td>27 <input type="checkbox"/> School, library, other educational</td> </tr> <tr> <td></td> <td>28 <input type="checkbox"/> Stores, mercantile</td> </tr> <tr> <td></td> <td>29 <input type="checkbox"/> Tanks, towers</td> </tr> <tr> <td></td> <td>30 <input type="checkbox"/> Funeral homes</td> </tr> <tr> <td></td> <td>31 <input type="checkbox"/> Food establishments</td> </tr> <tr> <td></td> <td>32 <input checked="" type="checkbox"/> Other — Specify <u>Barber shop</u></td> </tr> </table>	Residential	Nonresidential	13 <input type="checkbox"/> One family	19 <input type="checkbox"/> Amusement, recreational	14 <input type="checkbox"/> Two or more family — Enter number of units _____	20 <input type="checkbox"/> Church, other religious	15 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units _____	21 <input type="checkbox"/> Industrial	16 <input type="checkbox"/> Garage	22 <input type="checkbox"/> Parking garage	17 <input type="checkbox"/> Carport	23 <input type="checkbox"/> Service station, repair garage	18 <input type="checkbox"/> Other — Specify _____	24 <input type="checkbox"/> Hospital, institutional		25 <input type="checkbox"/> Office, bank, professional		26 <input type="checkbox"/> Public utility		27 <input type="checkbox"/> School, library, other educational		28 <input type="checkbox"/> Stores, mercantile		29 <input type="checkbox"/> Tanks, towers		30 <input type="checkbox"/> Funeral homes		31 <input type="checkbox"/> Food establishments		32 <input checked="" type="checkbox"/> Other — Specify <u>Barber shop</u>
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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 DEGE and the State Dept. of Labor & Industries and results of air sample analysis after asbestos removal is completed.</p>																														
<p>C. COST <i>on part</i> <small>(Omit cents)</small></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</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>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 I. For demolition, complete only parts G, H & I. For all others, (additions, alterations, repair, moving, foundation), complete E through I.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>33 <input checked="" 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? _____

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.
Juan E Rodriguez	369 Cottage St	02740	508 993-234
E-mail Address:			
CONTRACTOR NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
Ed Shannon	25 Brewster St	CS-084892	774-634-892
E-mail Address:			
ARCHITECT NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
E-mail Address:			
SIGNATURE OF OWNER	APPLICANT SIGNATURE	DATE	
<i>J Rodriguez</i>	<i>Edmund Shannon</i>	9-24-15	

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.

Edmund Shannon 25 Brewster St NB

Applicant's Signature

Address

City

V. OTHER JURISDICTION APPROVALS AND NOTIFICATION

APPROVAL	CHECK	DATE OBTAINED
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____

Location: 243 MAXFIELD ST

Parcel ID: 58 26

Zoning: RB

Fiscal Year: 2015

Current Sales Information:

Sale Date:

11/03/1998

Sale Price:

\$55,000.00

Card No. 1 of 1

Legal Reference:

4246-172

Grantor:

MT ROYAL REALTY TRUST,

Current Owner Information:

RODRIGUEZ JUAN E
RODRIGUEZ LOURDES
369 COTTAGE STREET

NEW BEDFORD, MA 02740

This Parcel contains 0.057 acres of land mainly classified for assessment purposes as Mix Res-Com with a(n) MIXED USE style building, built about 1873, having Wood Shingle exterior, Asphalt Shingles roof cover and 2552 Square Feet, with 2 unit(s), 10 total room(s), 5 total bedroom(s) 2 total bath(s), 0 3/4 baths, and 1 total half bath(s).

Building Value:

83900

Land Value:

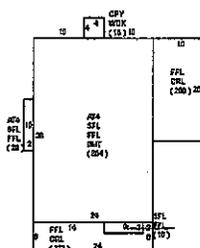
57500

Yard Items Value:

0

Total Value:

141400



Fiscal Year 2015

Tax Rate Res.: 15.73
Tax Rate Com.: 33.56
Property Code: 013
Total Bldg Value: 83900
Total Yard Value: 0
Total Land Value: 57500
Total Value: 141400
Tax: \$3,232.69

Fiscal Year 2014

Tax Rate Res.: 15.16
Tax Rate Com.: 31.08
Property Code: 013
Total Bldg Value: 88300
Total Yard Value: 0
Total Land Value: 57500
Total Value: 145800
Tax: \$3,138.79

Fiscal Year 2013

Tax Rate Res.: 14.33
Tax Rate Com.: 29.54
Property Code: 013
Total Bldg Value: 94800
Total Yard Value: 0
Total Land Value: 57500
Total Value: 152300
Tax: \$3,109.06

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.