

**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

*Cheryl Giovenanni*

**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, S150A

The debris will be disposed of in:

*NA*  
(Location of Facility)

*Cheryl Giovenanni*  
Signature of Permit Applicant

*1/22/2016*  
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: *Renovate Family Room and Closet* Est. Cost: *Indeterminate*

Address of Work: *22 TOPHAN ST*

Owner Name: *CHERYL GIOVENANNI* 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 *1/22/2016* Owner Signature *Cheryl Giovenanni*

**XII. BUILDING COMMISSIONERS REVIEW COMMENTS AND CONDITIONS**

C. Building Permit Rejected  *Variance - ZBA*  
Reason For Rejection: *SEE ATTACHMENTS*  
Fee \_\_\_\_\_  
Permit # \_\_\_\_\_

Comments and Conditions: \_\_\_\_\_  
Signed *Laurel M. Romanowski* Date: *1-5* 20*16*  
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***  
**Variance Required**

**72 TOPHAM STREET – PLOT: 89 – LOT: 150 – ZONED DISTRICT: RB**

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

**❖ SECTIONS**

- 2700 - DIMENSIONAL REGULATIONS
- 2710 - GENERAL
- 2720 – TABLE OF DIMENSIONAL REQUIREMENTS APPENDIX B
- HEIGHT OF BUILDINGS (STORIES) RESIDENTIAL







Location: 72 TOPHAM ST

Parcel ID: 89 150

Zoning: RB

Fiscal Year: 2016

**Current Owner Information:**  
GIOVANNINI CHERYL

**Current Sales Information:**

**Sale Date:**

01/02/1991

**Sale Price:**

\$100.00

**Legal Reference:**

2587-51

**Grantor:**

GIOVANNINI VICTOR T

*Mon 9 Am.*

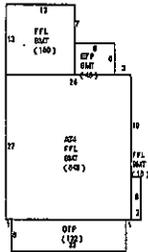
Card No. 1 of 1

72 TOPHAM ST

NEW BEDFORD, MA 02740

This Parcel contains 0.079 acres of land mainly classified for assessment purposes as Single Fam with a(n) California -Style(Rectangle & Hip Roof) style building, built about 1921, having Vinyl exterior, Asphalt Shingles roof cover and 1144 Square Feet, with 1 unit(s), 5 total room(s), 2 total bedroom(s) 2 total bath(s), 0 3/4 baths, and 0 total half bath(s).

<b>Building Value:</b>	<b>Land Value:</b>	<b>Yard Items Value:</b>	<b>Total Value:</b>
81100	65000	500	146600



**Fiscal Year 2016**

Tax Rate Res.: 16.49  
 Tax Rate Com.: 35.83  
 Property Code: 101  
 Total Bldg Value: 81100  
 Total Yard Value: 500  
 Total Land Value: 65000  
**Total Value:** 146600  
**Tax:** \$2,417.43

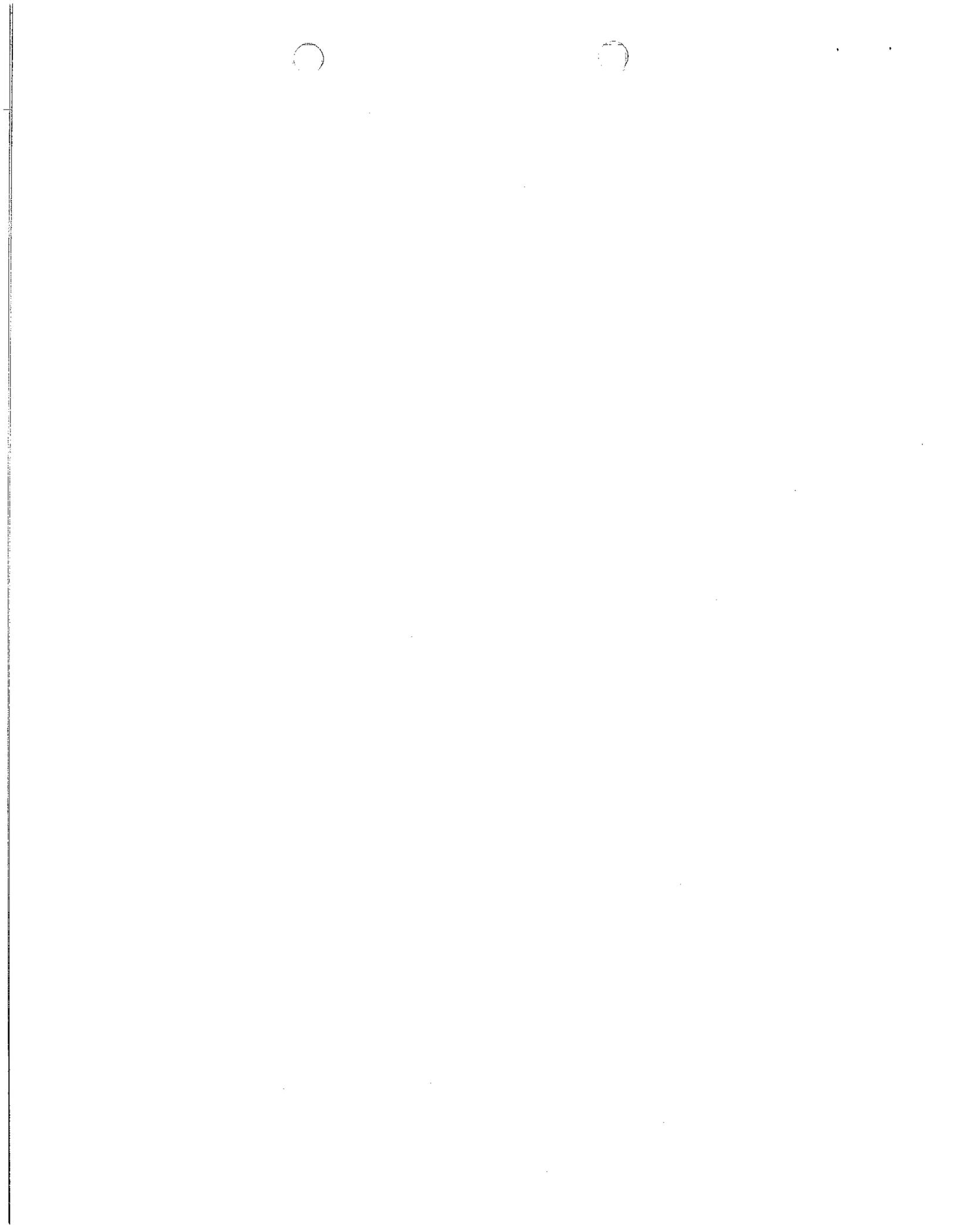
**Fiscal Year 2015**

Tax Rate Res.: 15.73  
 Tax Rate Com.: 33.56  
 Property Code: 101  
 Total Bldg Value: 74100  
 Total Yard Value: 400  
 Total Land Value: 65000  
**Total Value:** 139500  
**Tax:** \$2,194.33

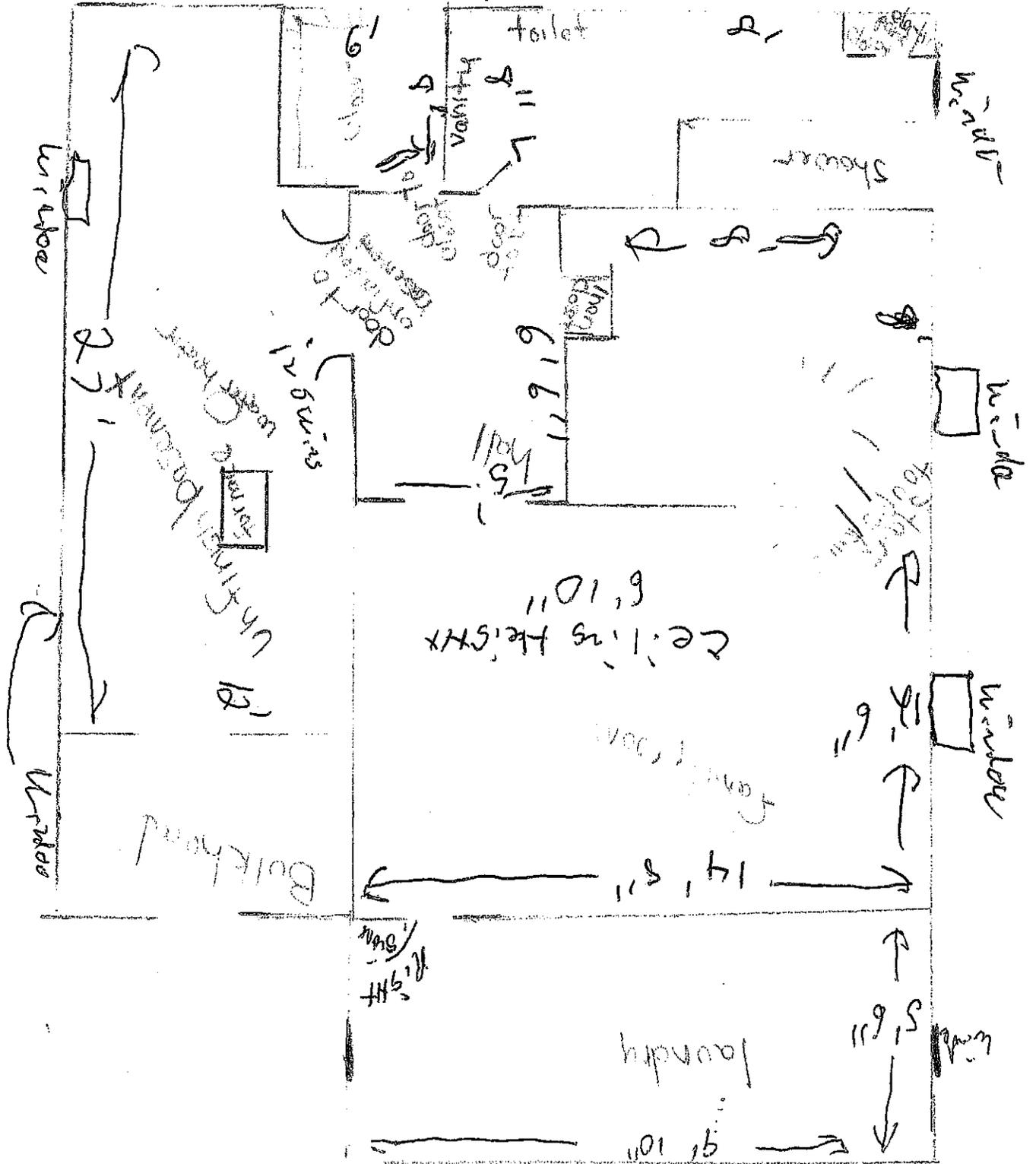
**Fiscal Year 2014**

Tax Rate Res.: 15.16  
 Tax Rate Com.: 31.08  
 Property Code: 101  
 Total Bldg Value: 65500  
 Total Yard Value: 400  
 Total Land Value: 66600  
**Total Value:** 132500  
**Tax:** \$2,008.70

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.



BATHROOM  
 6'6" x 6'6"







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

FOR BUILDING DEPT. USE

DATE RECEIVED: 25 2016

RECEIVED BY: [Signature]

ISSUED BY: [Signature]

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

Permit No. \_\_\_\_\_  
 Completion Date \_\_\_\_\_

(AT LOCATION) 72 TOPHAM ST  
 (NO) (STREET)  
 BETWEEN HIGHLAND AND SHAWMUT  
 (CROSS STREET) (CROSS STREET)  
 PLOT 89 LOT 150 DISTRICT \_\_\_\_\_ ACCEPTED STREET \_\_\_\_\_  
 PLANS FILED.  YES  NO

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

A. TYPE OF IMPROVEMENT

- 1  New Building *Finish Basement Laundry Room*  
 2  Addition (If residential, enter number of new housing units added, if any, in Part D, 14)  
 3  Alteration (If residential, enter number of new housing units added, if any, in Part D, 14)  
 4  Repair, replacement  
 5  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)  
 6  Moving (relocation)  
 7  Foundation only

D.1 PROPOSED USE — For demolition most recent use

- Residential  
 13  One family  
 14  Two or more family — Enter number of units \_\_\_\_\_  
 15  Transient hotel, motel, or dormitory — Enter number of units \_\_\_\_\_  
 16  Garage  
 17  Carport  
 18  Other — Specify \_\_\_\_\_
- Nonresidential  
 19  Amusement, recreational  
 20  Church, other religious  
 21  Industrial  
 22  Parking garage  
 23  Service station, repair garage  
 24  Hospital, institutional  
 25  Office, bank, professional  
 26  Public utility  
 27  School, library, other educational  
 28  Stores, mercantile  
 29  Tanks, towers  
 30  Funeral homes  
 31  Food establishments  
 32  Other — Specify \_\_\_\_\_

B. OWNERSHIP

- 8  Private (individual, corporation, nonprofit institution, etc.)  
 9  Public (Federal, State, or local government)

D.2. Does this building contain asbestos?

YES  NO If yes complete the following:

Name & Address of Asbestos Removal Firm:  
 \_\_\_\_\_

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.

C. COST (Omit cents)

10. Cost of construction .....\$ \_\_\_\_\_  
 To be installed but not included in the above cost  
 a. Electrical .....  
 b. Plumbing .....  
 c. Heating, air conditioning .....  
 d. Other (elevator, etc.) .....  
 11. TOTAL VALUE OF CONSTRUCTION .....  
 12. TOTAL ASSESSED BLDG. VALUE.....

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.  
 \_\_\_\_\_  
 \_\_\_\_\_

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.

E. PRINCIPAL TYPE OF FRAME

- 33  Masonry (wall bearing)  
 34  Wood frame  
 35  Structural steel  
 36  Reinforced concrete  
 37  Other — Specify \_\_\_\_\_

G. TYPE OF SEWAGE DISPOSAL

- 43  Public or private company  
 44  Private (septic tank, etc.)

H. TYPE OF WATER SUPPLY

- 45  Public or private company  
 46  Private (well, cistern)

F. PRINCIPAL TYPE OF HEATING FUEL

- 38  Gas  
 39  Oil  
 40  Electricity  
 41  Coal  
 42  Other — Specify \_\_\_\_\_

I. TYPE OF MECHANICAL

- Is there a fire sprinkler system?  
 47  YES 48  NO  
 Will there be central air conditioning?  
 49  Yes 50  No  
 Will there be an elevator?  
 51  Yes 52  No

J. DIMENSIONS

- 53 Number of stories \_\_\_\_\_  
 54 Height \_\_\_\_\_  
 55 Total square feet of floor area, all floors based on exterior dimensions \_\_\_\_\_  
 56 Building length \_\_\_\_\_  
 57 Building width \_\_\_\_\_  
 58 Total sq. ft. of bldg. footprint \_\_\_\_\_  
 59 Front lot line width \_\_\_\_\_  
 60 Rear lot line width \_\_\_\_\_  
 61 Depth of lot \_\_\_\_\_  
 62 Total sq. ft. of lot size \_\_\_\_\_  
 63 % of lot occupied by bldg. (58-62) \_\_\_\_\_  
 64 Distance from lot line (front) \_\_\_\_\_  
 65 Distance from lot line (rear) \_\_\_\_\_  
 66 Distance from lot line (left) \_\_\_\_\_  
 67 Distance from lot line (right) \_\_\_\_\_



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? \_\_\_\_\_

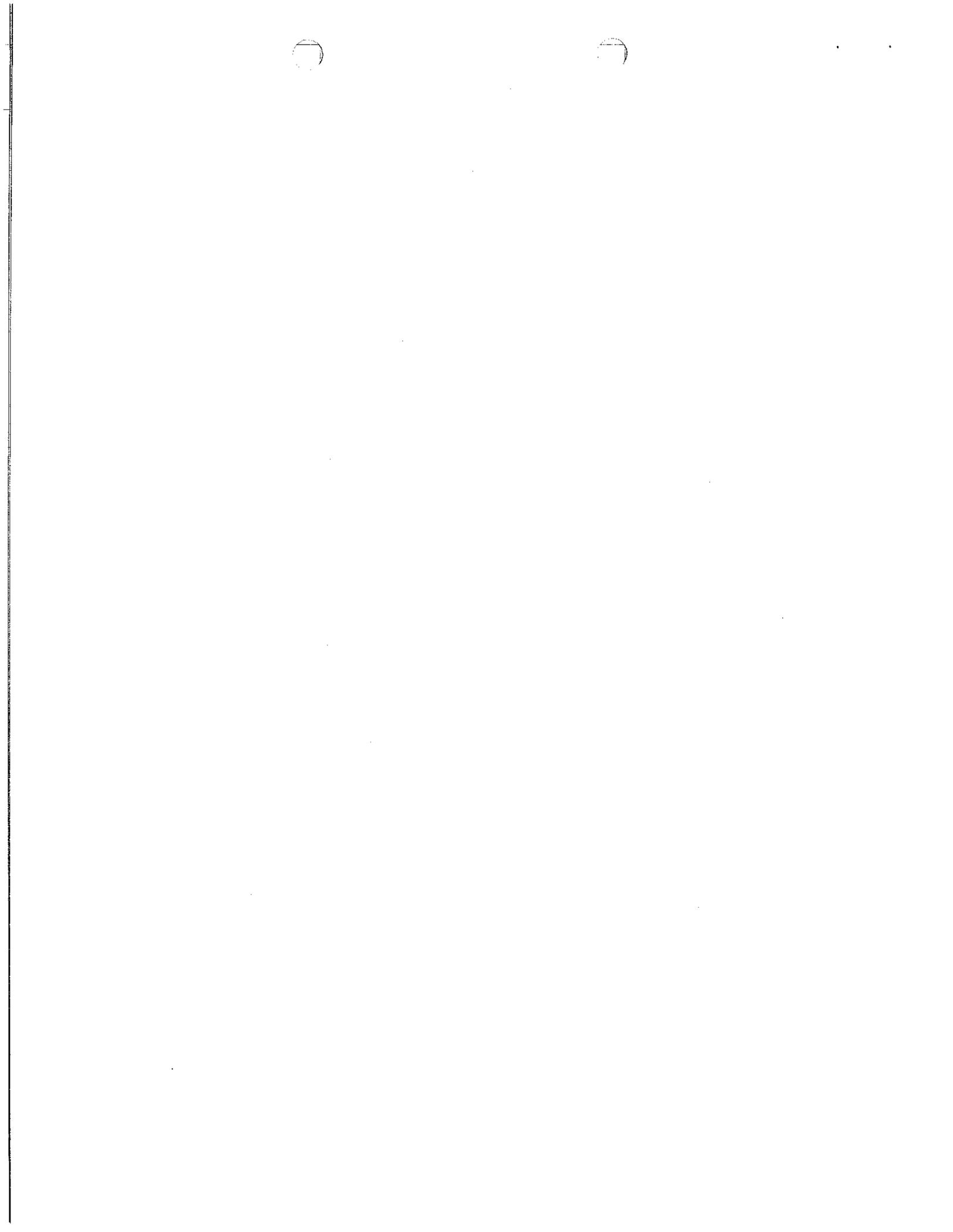
IV. IDENTIFICATION - ALL APPLICANTS - PLEASE PRINT			
OWNER OR LESSEE NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
Cheryl Giovannini	72 Topham St	02746	9941047
E-mail Address:			
CONTRACTOR NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
		LICENSE #	
E-mail Address:			
ARCHITECT NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
		LICENSE #	
E-mail Address:			
SIGNATURE OF OWNER		APPLICANT SIGNATURE	DATE
Cheryl Giovannini		Cheryl Giovannini	1/22/2016

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.

Cheryl Giovannini 72 Topham St New Bedford, MA 02746  
 Applicant's Signature Address City





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): CHERYL GIOVANNINI

Address: 72 TOPHAM ST

City/State/Zip: New Bedford Phone #: 508-9941047

Are you an employer? Check the appropriate box:

- |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. <input type="checkbox"/> I am an 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 Basement Repair, FINISHED BASEMENT

\*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 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: \_\_\_\_\_ 02746

Job Site Address: 72 TOPHAM ST City/State/Zip: New Bedford, MA

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: Cheryl Giovanni Date: 1/22/2016

Phone #: \_\_\_\_\_

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



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 22 day of January, 2016  
Cherif Gouvanem



LOCATION

cpc 2m-7-28-38

72 Topham St.

DISTRICT: Res. E

Lot 150

PERMIT NO.

USE 1 Family

PLOT

PLANS

CONST.

Dwelling

546-41

Erect one car garage

547-41

Relocate 2 partitions in attic

644-48

Rebuild rear steps

801-50

Replace boiler - steam

57-81

Erect Carport

1601-08

Front Porch Repairs (Decking Posts, Rails, Allow, etc.)



(Ord. of 12-23-03, § 1)

**2700. - DIMENSIONAL REGULATIONS.**

**2710. General.** No structure shall be erected or used, premises used, or lot changed in size or shape except in conformity with the requirements of this Section, unless exempted by this Ordinance or by statute.

2711. Lot change. No existing conforming or nonconforming lot shall be changed in size or shape except through a public land taking or donation for road widening, drainage, utility improvements or except where otherwise permitted herein, so as to violate the provisions of this Ordinance with respect to the size of lots or yards or to create a nonconformity or increase the degree of nonconformity that presently exists.

2712. Merger of lots. Adjacent lots held in common ownership on or after the effective date of this Section shall be treated as a single lot for zoning purposes so as to minimize nonconformities with the dimensional requirements of this Ordinance. Notwithstanding the previous sentence, adjacent lots in common ownership may be treated as separate lots for zoning purposes upon a finding by the zoning enforcement officer that the owner of said lots has expressly exhibited the intent to maintain the lots as separate. In making said finding the zoning enforcement officer shall rely on the following factors:

2712.a. The existence and maintenance of walls or fences along the original lot lines;

2712.b. The fact that the lots are separately assessed for tax purposes;

2712.c. The placement of structures on the various lots.

The manner in which said lots were acquired or the fact that said lots were separately described on a deed shall not be considered by the zoning enforcement officer in making said finding.

2713. Recorded Lots. A lot or parcel of land having an area or frontage of lesser amounts than required in the following schedule of dimensional requirements may be considered as satisfying the area and frontage requirements of this Section provided such lot or parcel of land was shown on a plan or described in a duly recorded deed or registered at the time of adoption of this Ordinance and did not at the time of adoptions of adjoin other land of the same owner available for use in connection with such lot or parcel.

(Ord. of 12-23-03, § 1)

**2720. Table of Dimensional Requirements.** See Appendix B.

(Ord. of 12-23-03, § 1)

**2730. Dimensional Variation.** The Board of Appeals may vary otherwise applicable dimensional requirements pertaining to frontage, lot area, building height and sidelines upon finding that owing to circumstances relating to the soil conditions, shape, or topography of such land or structures and especially affecting such land or structures but not affecting generally the zoning district in which it is located, a literal enforcement of the provisions of the ordinance or by-law would involve substantial hardship, financial or otherwise, to the petitioner or appellant, and that desirable relief may be granted without substantial detriment to the public good and without nullifying or substantially derogating from the intent or purpose of such ordinance or by-law.



**APPENDIX B - TABLE OF DIMENSIONAL REGULATIONS  
DISTRICTS**

REQUIREMENT	RA	RB	RC	RAA	MUB	PB
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New Bedford, MA Code of Ordinances

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Lot Frontage (ft.)	75	75 for uses allowed in RA; 100 for two family	75 for uses allowed in RA; 100 for two family; 150 for 3 or more family	150	75 for uses allowed in RA; 100 for two family; 150 for 3 or more family; 0 for other allowed uses	0
Height of Buildings (ft.)	45; 60 for religious, educational, or institutional buildings	45; 60 for religious, educational, or institutional buildings	60	35; 60 for religious, educational, or institutional buildings	45 for single or two family; 60 for three family, 100' for other allowed uses	25
Height of Buildings (# stories)	2.5; 3 for religious, educational, or institutional	2.5; 3 for religious, educational, or institutional	4	2.5; 3 for religious, educational, or institutional	2.5 for uses allowed in residence A or B; 4	2

