



DEPARTMENT OF INSPECTIONAL SERVICES
133 WILLIAM STREET - ROOM 308
NEW BEDFORD, MA 02740

CITY OF NEW BEDFORD
JONATHAN F. MITCHELL, MAYOR

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

133 Chestnut St. – PLOT: 65 – LOT: 316 – ZONED DISTRICT: RB

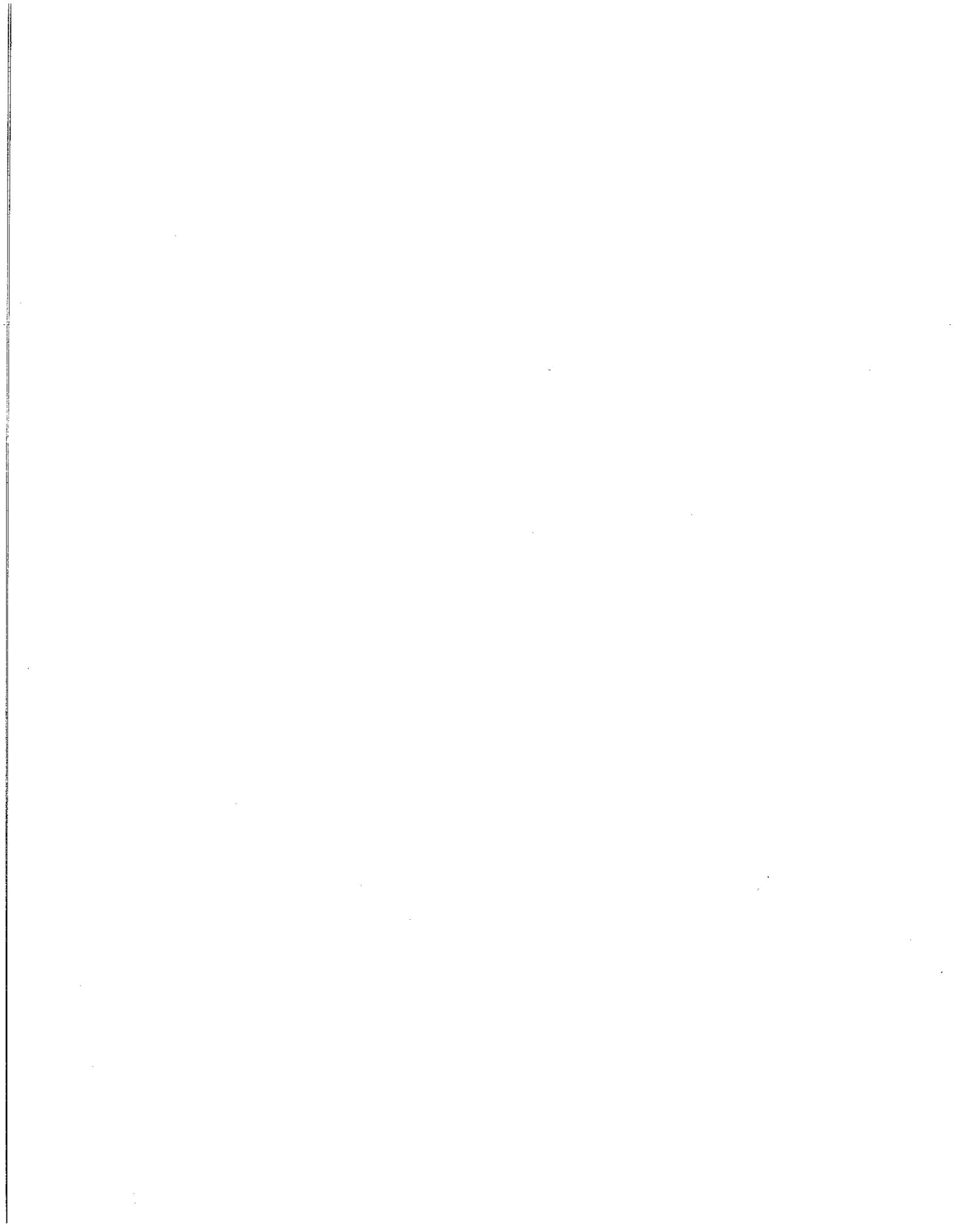
Variance Required from the Zoning Board of Appeals

Zoning Code Review as follows:

Variance

SECTION

- 2700 Dimensional Regulations
- 2710 General
- 2720 Appendix-B - Table Of Dimensional Regulations - Height of buildings # of stories





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) 183 CHERNOY
 (NO) (STREET)

BETWEEN _____ AND _____
 (CROSS STREET) (CROSS STREET)

PLOT 65 LOT 316 DISTRICT ResB 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
- 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 DEQE and the State Dept. of Labor & Industries and results of air sample analysis after asbestos removal is completed.

C. COST

- 10. Cost of construction \$ 18,500 (Omit cents)
- To be installed but not included in the above cost
- a. Electrical 3,000
- b. Plumbing 3,000
- 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 L.

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.)

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) _____

H. TYPE OF WATER SUPPLY

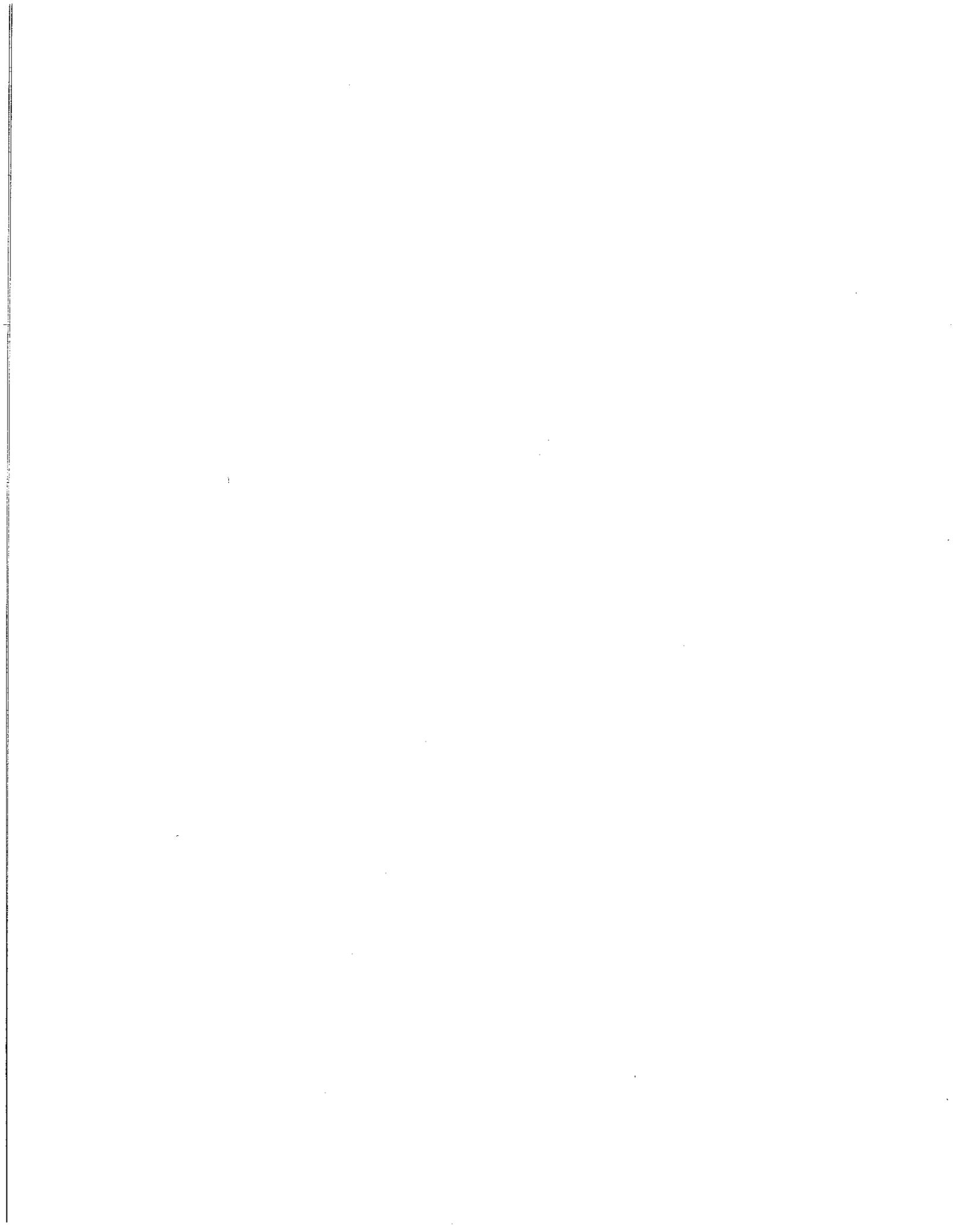
- 45 Public or private company
- 46 Private (well, cistern)

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



Location: 133 CHESTNUT ST

Parcel ID: 65 316

Zoning: RB

Fiscal Year: 2016

Current Owner Information:

BARROS MARIA S

133 CHESTNUT STREET

NEW BEDFORD , MA 02740

Current Sales Information:

Sale Date:

02/13/2004

Sale Price:

\$100.00

Legal Reference:

6786-190

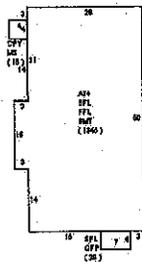
Grantor:

BARROS ,MARIA S

Card No. 1 of 1

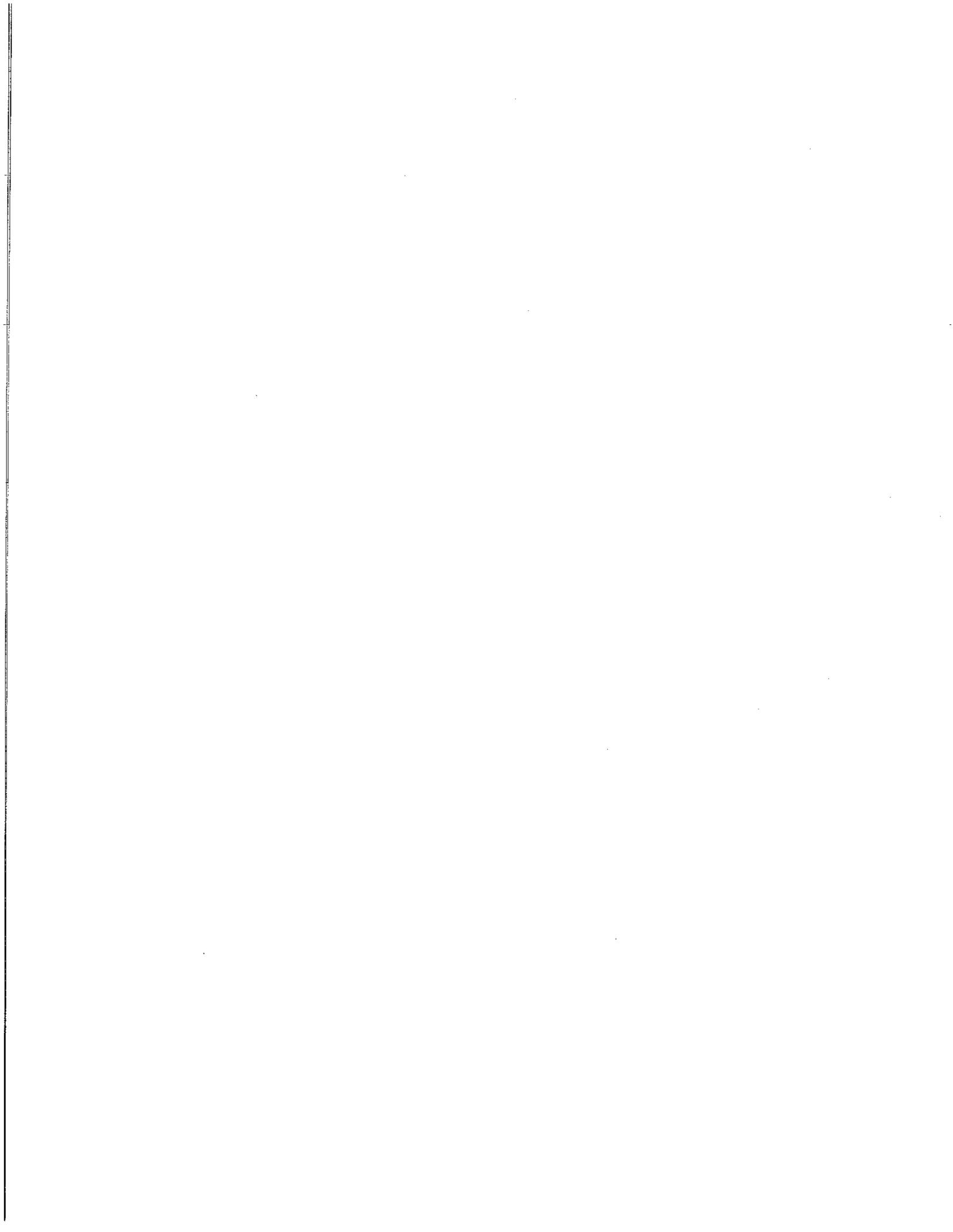
This Parcel contains 0.080 acres of land mainly classified for assessment purposes as Two Fam with a(n) Two Family style building, built about 1885, having Vinyl exterior, Asphalt Shingles roof cover and 3364 Square Feet, with 3 unit(s), 12 total room(s), 6 total bedroom(s) 3 total bath(s), 0 3/4 baths, and 0 total half bath(s).

Building Value:	Land Value:	Yard Items Value:	Total Value:
130600	55400	0	186000



Fiscal Year 2016		Fiscal Year 2015		Fiscal Year 2014	
Tax Rate Res.:	16.49	Tax Rate Res.:	15.73	Tax Rate Res.:	15.16
Tax Rate Com.:	35.83	Tax Rate Com.:	33.56	Tax Rate Com.:	31.08
Property Code:	104	Property Code:	104	Property Code:	105
Total Bldg Value:	130600	Total Bldg Value:	126100	Total Bldg Value:	122400
Total Yard Value:	0	Total Yard Value:	0	Total Yard Value:	0
Total Land Value:	55400	Total Land Value:	55400	Total Land Value:	55400
Total Value:	186000	Total Value:	181500	Total Value:	177800
Tax:	\$3,067.14	Tax:	\$2,854.99	Tax:	\$2,695.44

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.



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, S150A

The debris will be disposed of in: Graham Waste Services
(Location of Facility)

Signature of Permit Applicant _____

Date 1-28-2016

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: Kitchen + Bath Room Renovation Est. Cost 24,500.00

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 VARIANCE - ZBA

Reason For Rejection:

Fee

Permit #

Comments and Conditions:

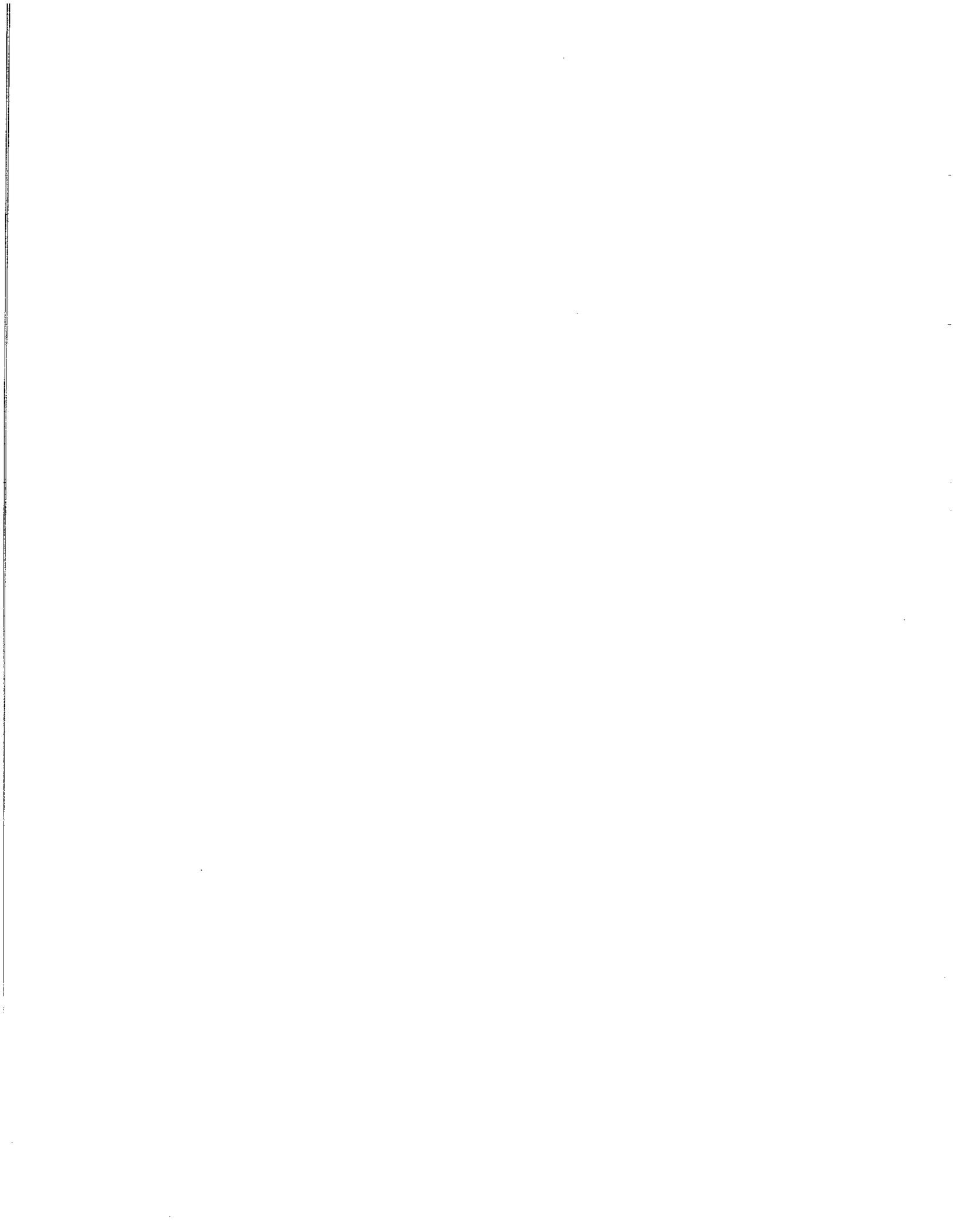
Signed _____

Date: 2/8

20 15

Title Building Commissioner

Not valid unless signed (not stamped) by Building Commissioner



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

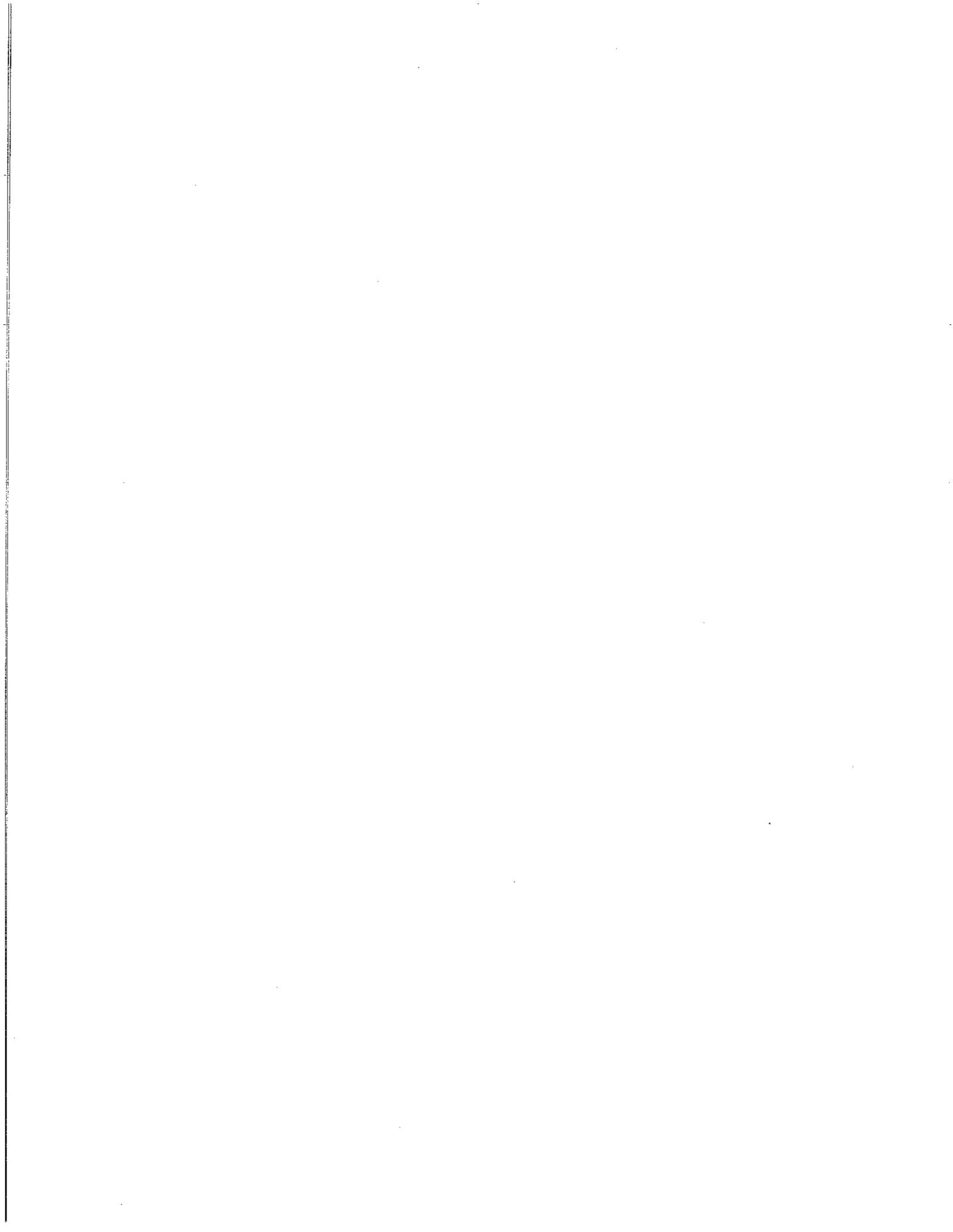
OWNER OR LESSEE NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
MARIA BARRAS	133 BUCKINGHAM NEW BEDFORD		
E-mail Address:			
CONTRACTOR NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
SMITH REMODELING WATSWORTH A PLACER	45 NORMAN ST MILTON 581 OAK ST WESTWOOD	LICENSE # 148131 CS75058	
E-mail Address:			
ARCHITECT NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
		HOME IMP # LICENSE #	
E-mail Address:			
SIGNATURE OF OWNER	APPLICANT SIGNATURE	DATE	
X Maria Barras	Wadsworth	1-28-2016	

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.

Wadsworth 581 Oak st Westwood MA 02090
 Applicant's Signature Address City



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? _____

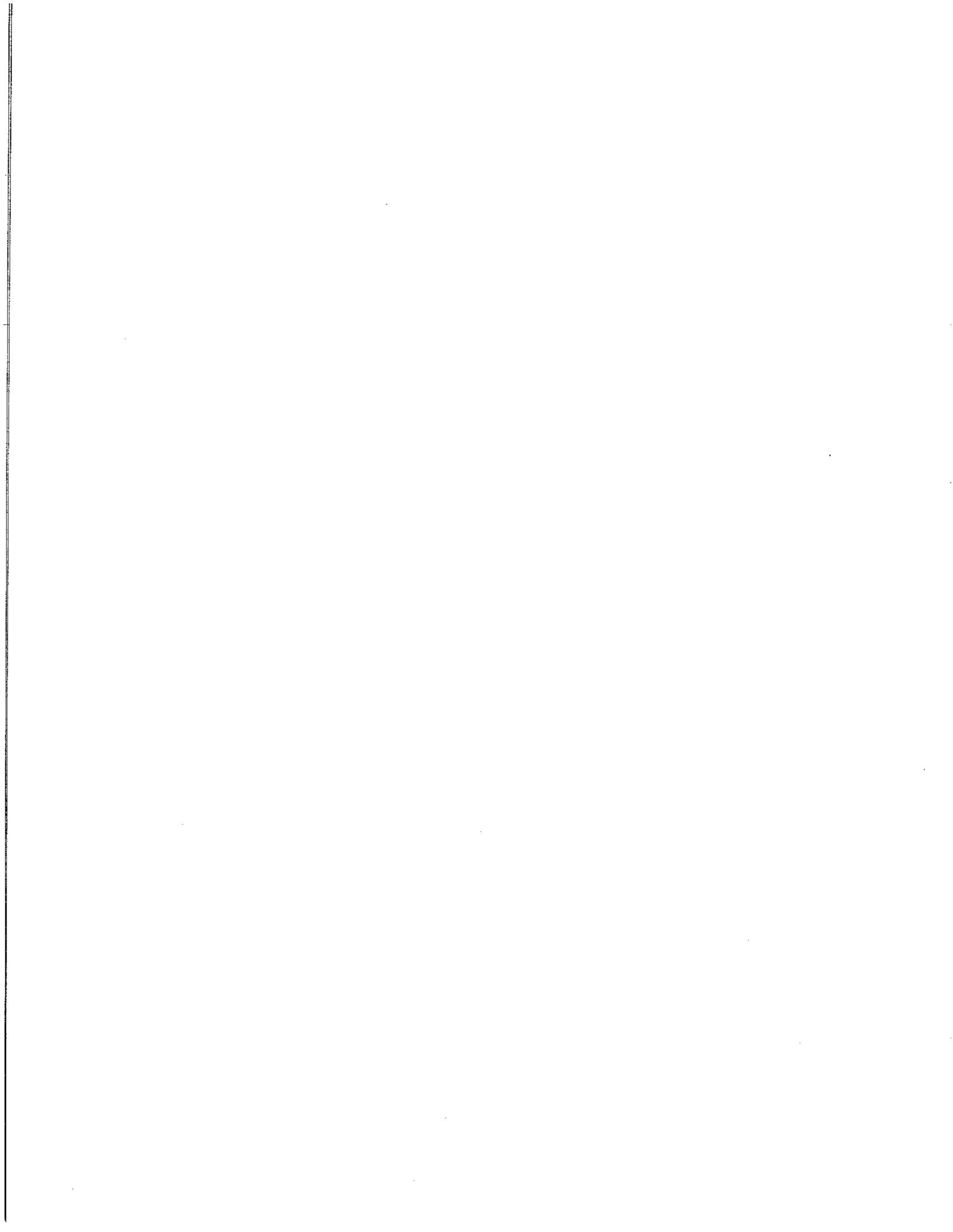
IV. IDENTIFICATION - ALL APPLICANTS - PLEASE PRINT			
OWNER OR LESSEE NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
MALIA BARTOS	133 BACON ST NEW OXFORD		
E-mail Address:			
CONTRACTOR NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
SMITH REMODELING WATSWORTH A PLACE	45 NOLAN ST MILTON 581 OAK ST WESTWOOD	LICENSE # 148131 CS75058	
E-mail Address:			
ARCHITECT NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
		HOME IMP # LICENSE #	
E-mail Address:			
SIGNATURE OF OWNER	APPLICANT SIGNATURE	DATE	
X. Maras BS	Wadsworth	1-28-2016	

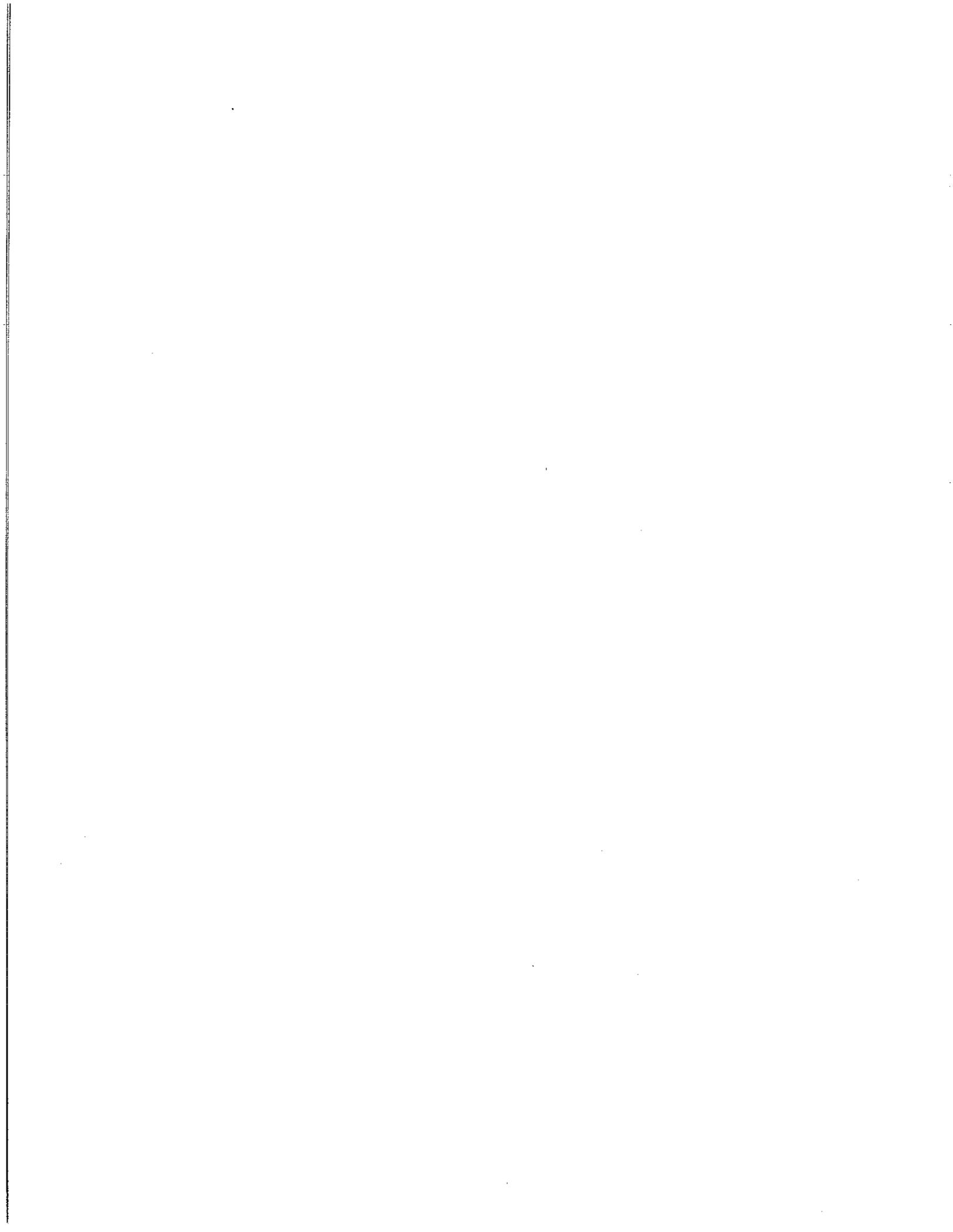
Omission of reference to any provision shall not nullify any requirement of this code nor exempt any structure from such requirement.

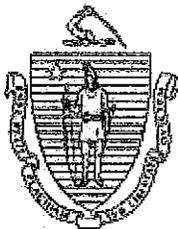
The applicants understands and warrant that they will comply with all pertinent federal and state statutes, local ordinances and all federal, state, and local regulations, including those of the Architectural Barriers board, Department of Environmental Protection Agency and may be forwarded for review 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.

Wadsworth 581 Oak St Westwood MA 02090
 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): SMITH REMODELING

Address: 48 NORMAN ST

City/State/Zip: MILTON MA 02186 Phone #: 617 293 5163

Are you an employer? Check the appropriate box:

- | | |
|--|--|
| 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).* | 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.† |
| 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.] | 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.] |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] † | |

Type of project (required):

- 6. New construction
- 7. Remodeling
- 8. Demolition
- 9. Building addition
- 10. Electrical repairs or additions
- 11. Plumbing repairs or additions
- 12. Roof repairs
- 13. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
 † Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
 ‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: A.I.L INSURANCE

Policy # or Self-ins. Lic. #: L117002112 Expiration Date: 3/31/2016

Job Site Address: 183 C/BUSINESS ST NEW BEDFORD City/State/Zip: NEW BEDFORD

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: [Signature] Date: 1-25-2016

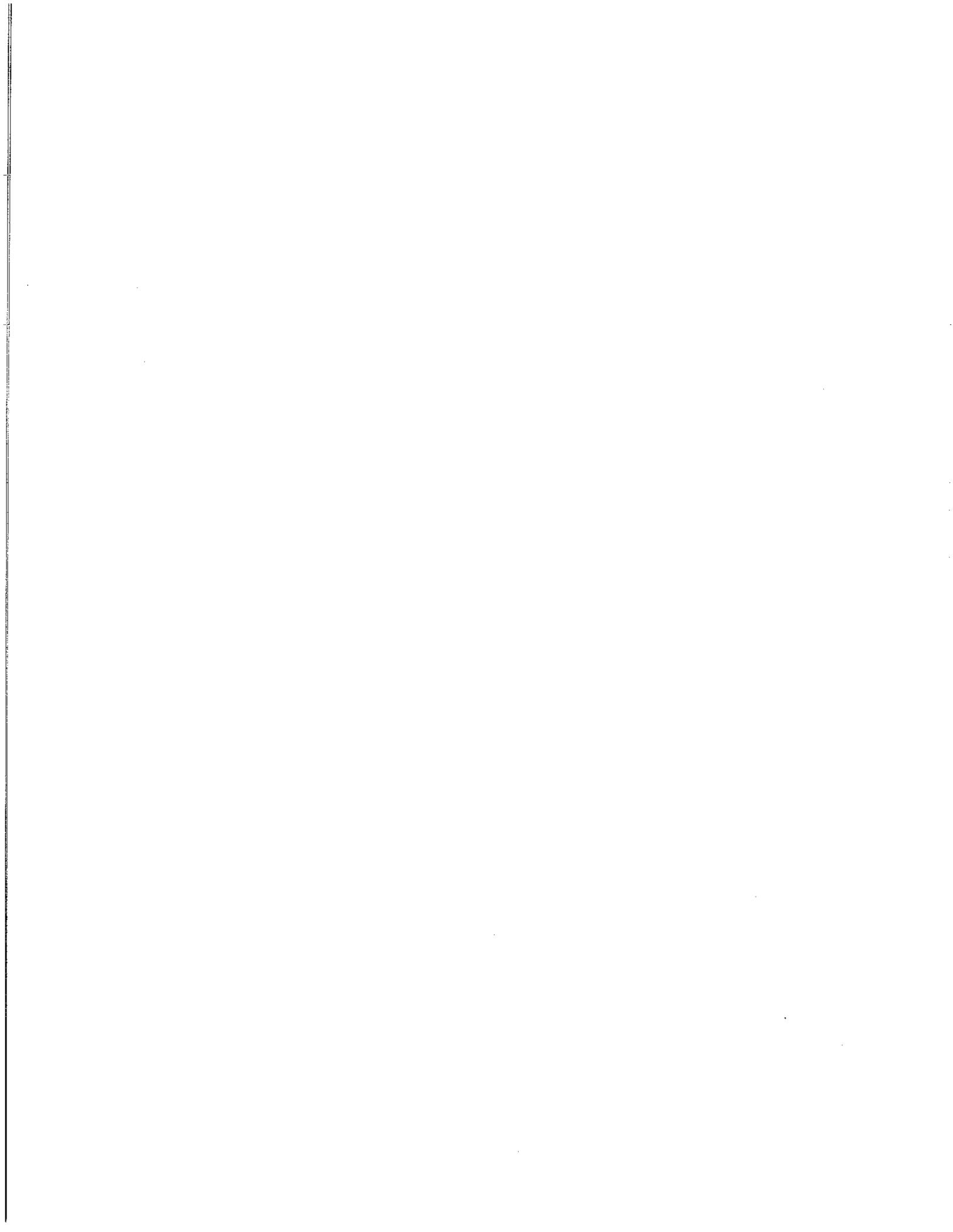
Phone #: _____

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 #: _____



No. 32052 - 34084 - 570-1

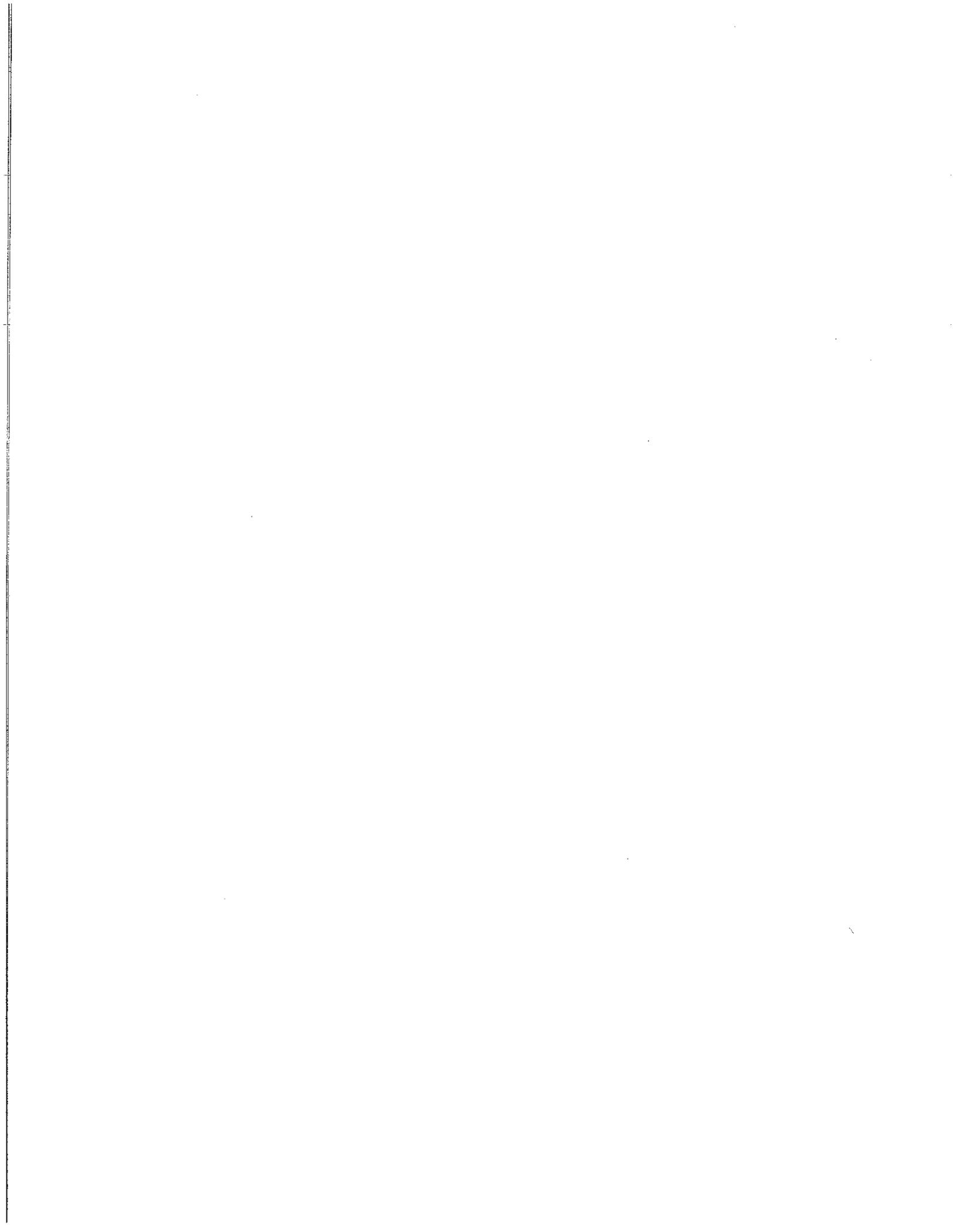
Name Brightman, E.T. No. 133 Chestnut Street
Geo. J. Allen Co. Plumber

PLAN FILED	INSPECTED	WORK		APPROVED	NATURE OF FIXTURES
		Old	New		
5/12/31	5/12	0		5/12/31	1 Sink
11/22/35	11/25	0		12/24/35	2 w.c., 2 lav., 2 th
					2 stack 3-way Relief Valve
					owner - D. J. Wilson Pl. Lawton & Dillon
					Franklin Route

NO. _____

NAME _____ STREET 133 Chestnut
 PLUMBER _____

PLAN FILED	INSPECTED	WORK		APPROVED	NATURE OF FIXTURES
		OLD	NEW		
G-125-86				6-20-86	fuel line 1000
G-47-90				1-11-90	plumb comb. htr
G-59-90				1-16-90	htr range
G856-96	Fontaine			12/2/96	lhtb



LOCATION 133 Unastnut St

DISTRICT Res. 1B1

PERMIT NO.

USE

PLANS P107 65 CONST

LOT 3/4

Dwelling - 2 family

REPLACE heating unit

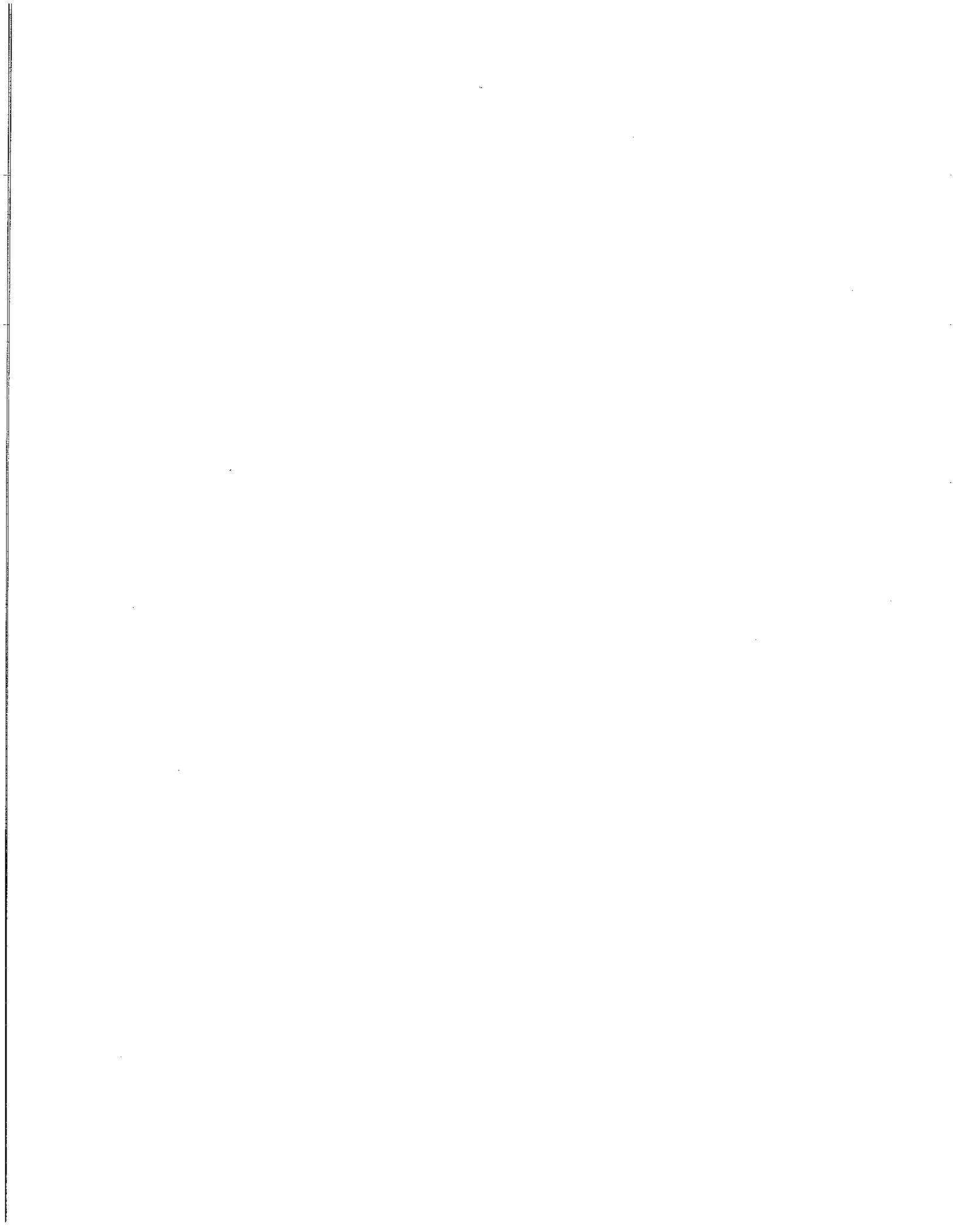
Case # 2956 Proposes to install a drive-

way in vic. of Off St - Parking

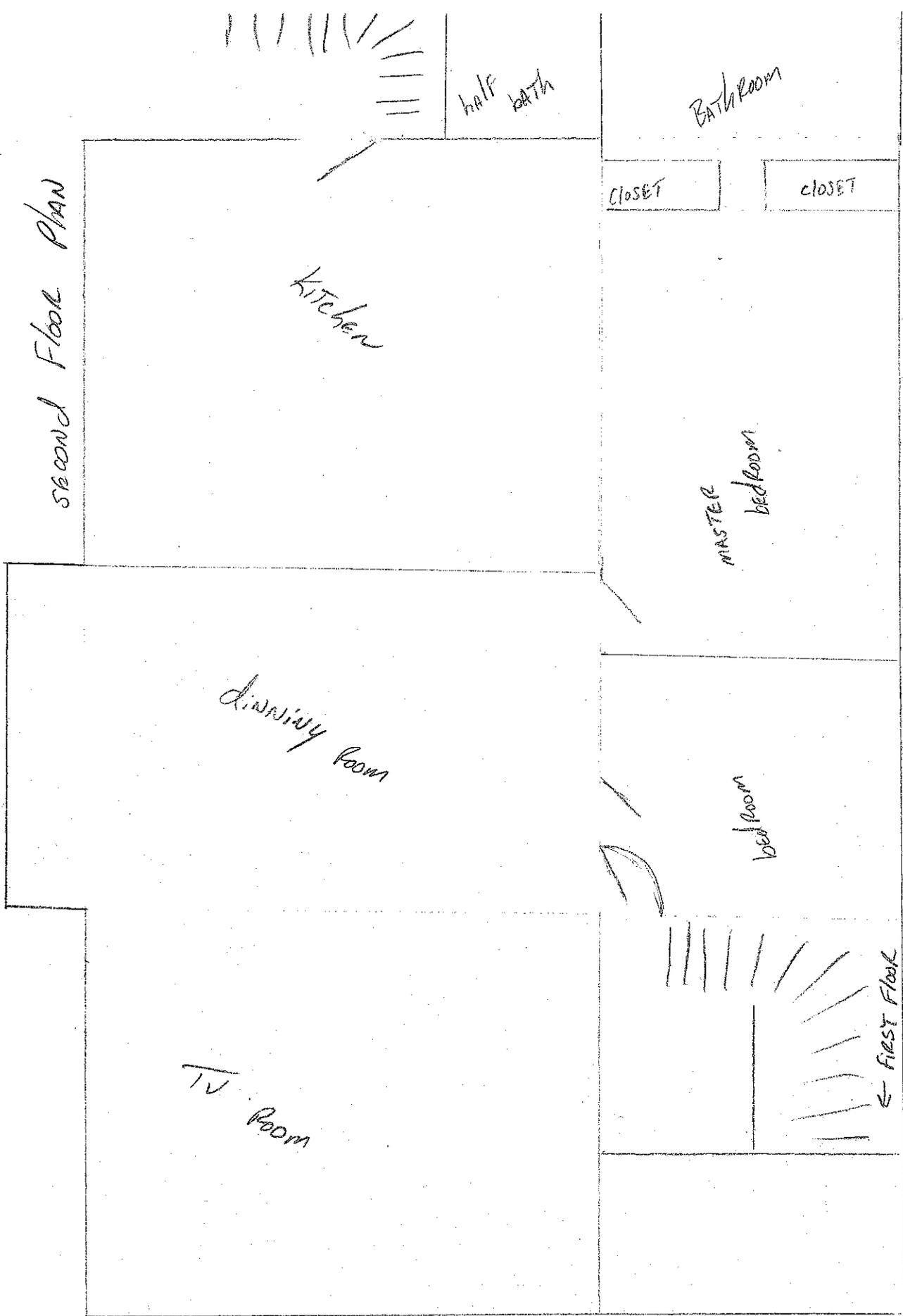
GRANTED 10/27/88

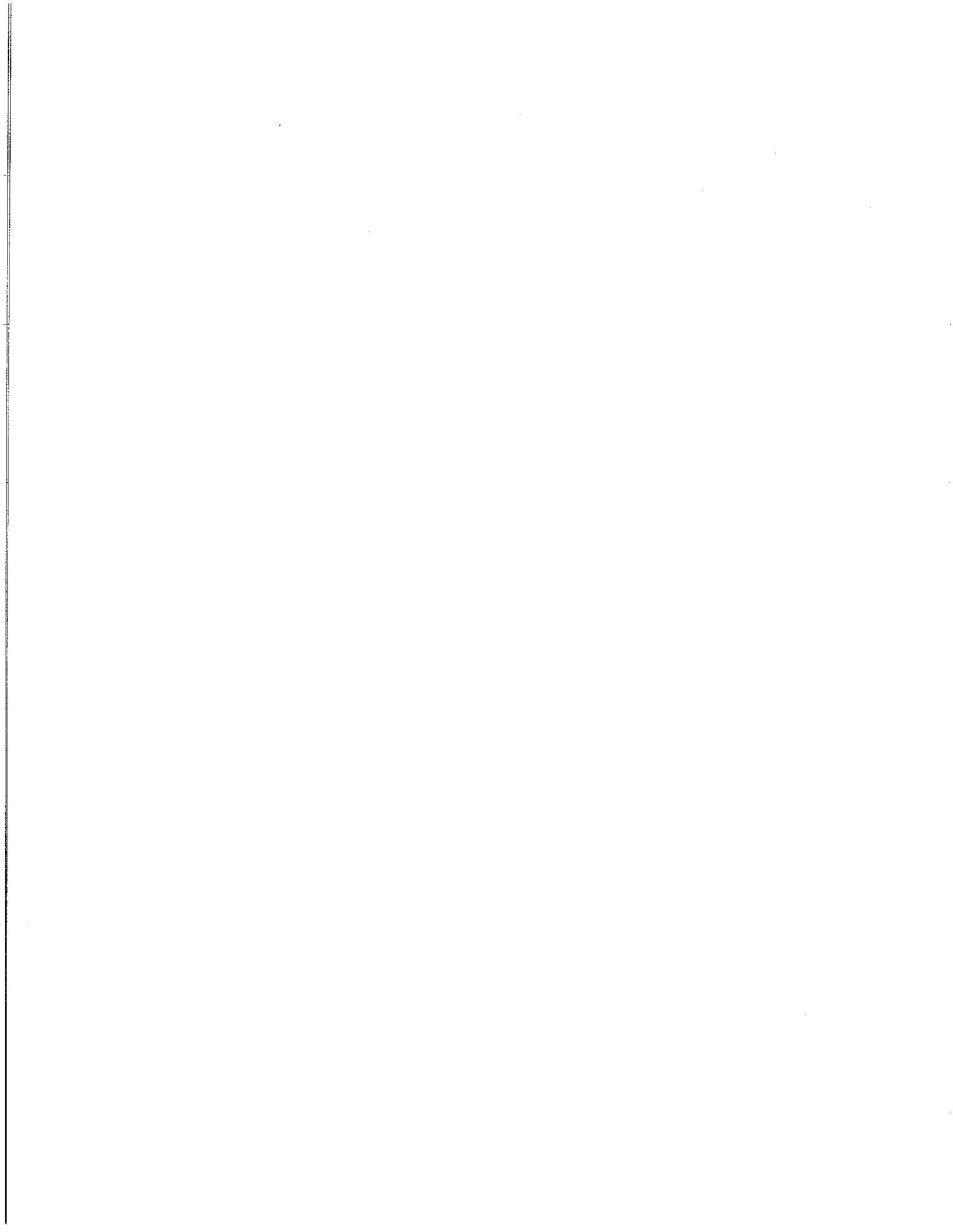
952-89 Replace front porch masonry

942-93 Install vinyl siding



second Floor Plan





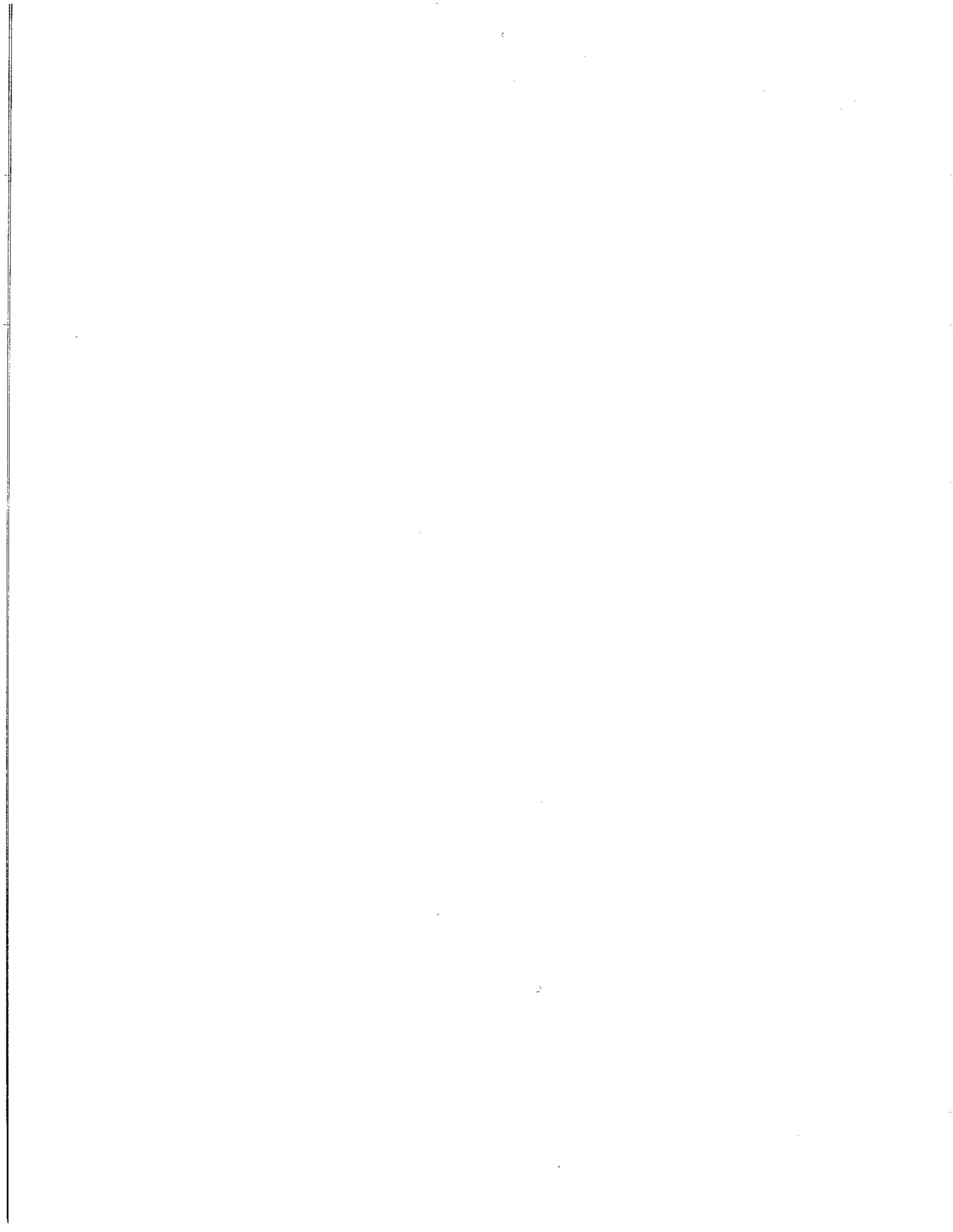


2016/01/27

133 Chestnut attic area

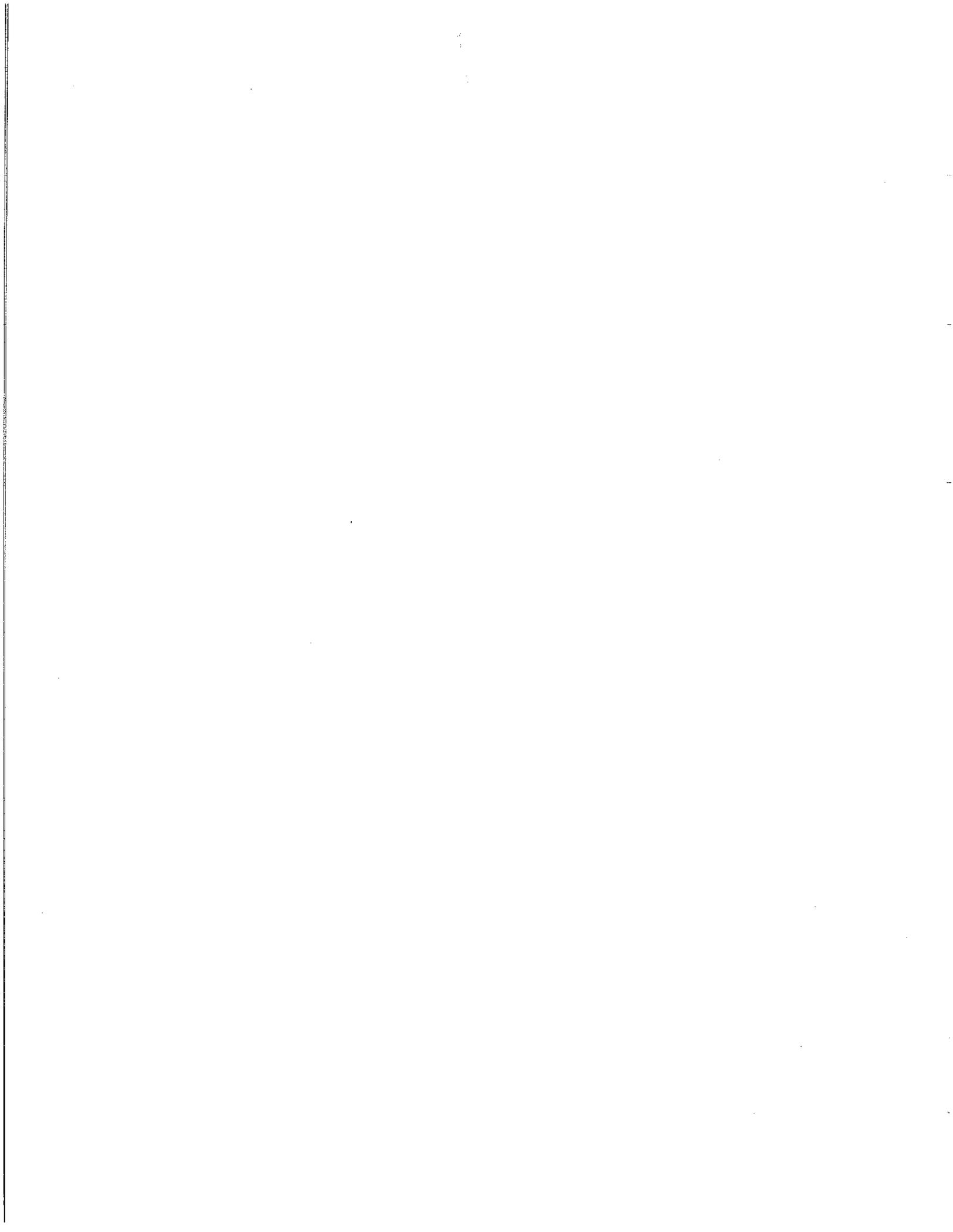


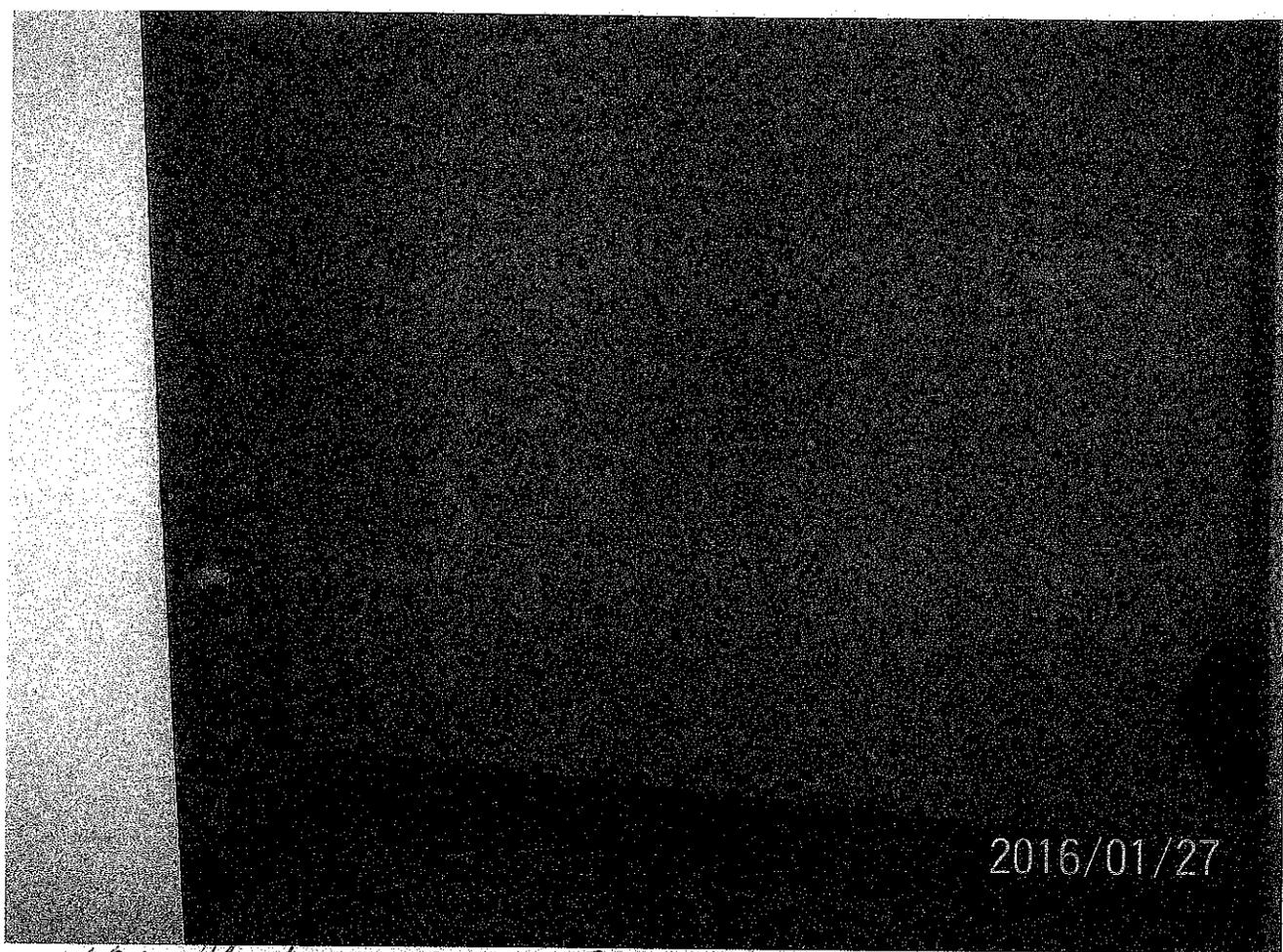
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133 Chestnut Attic Area



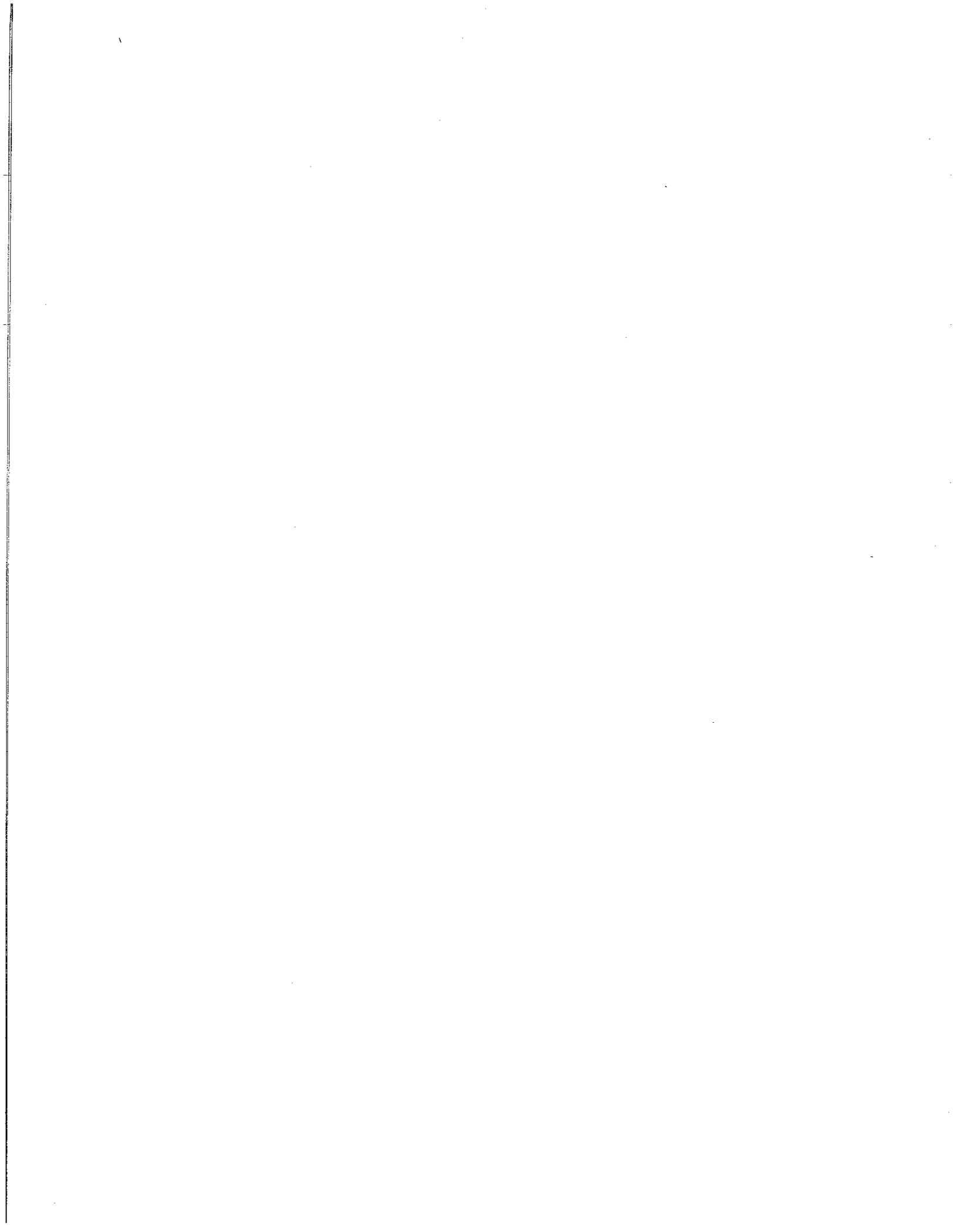


2016/01/27

133 Chestnut Altus Area



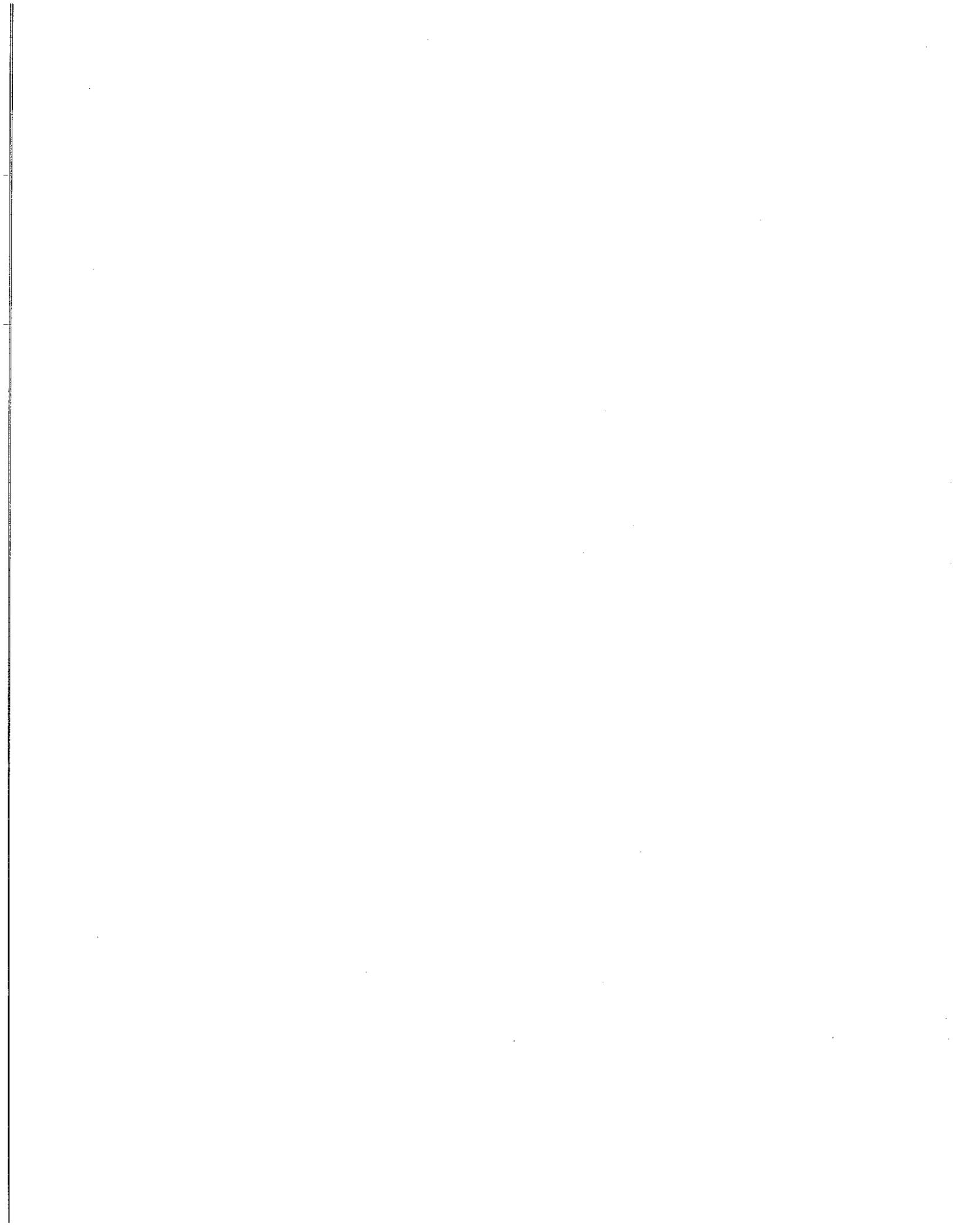
2016/01/27

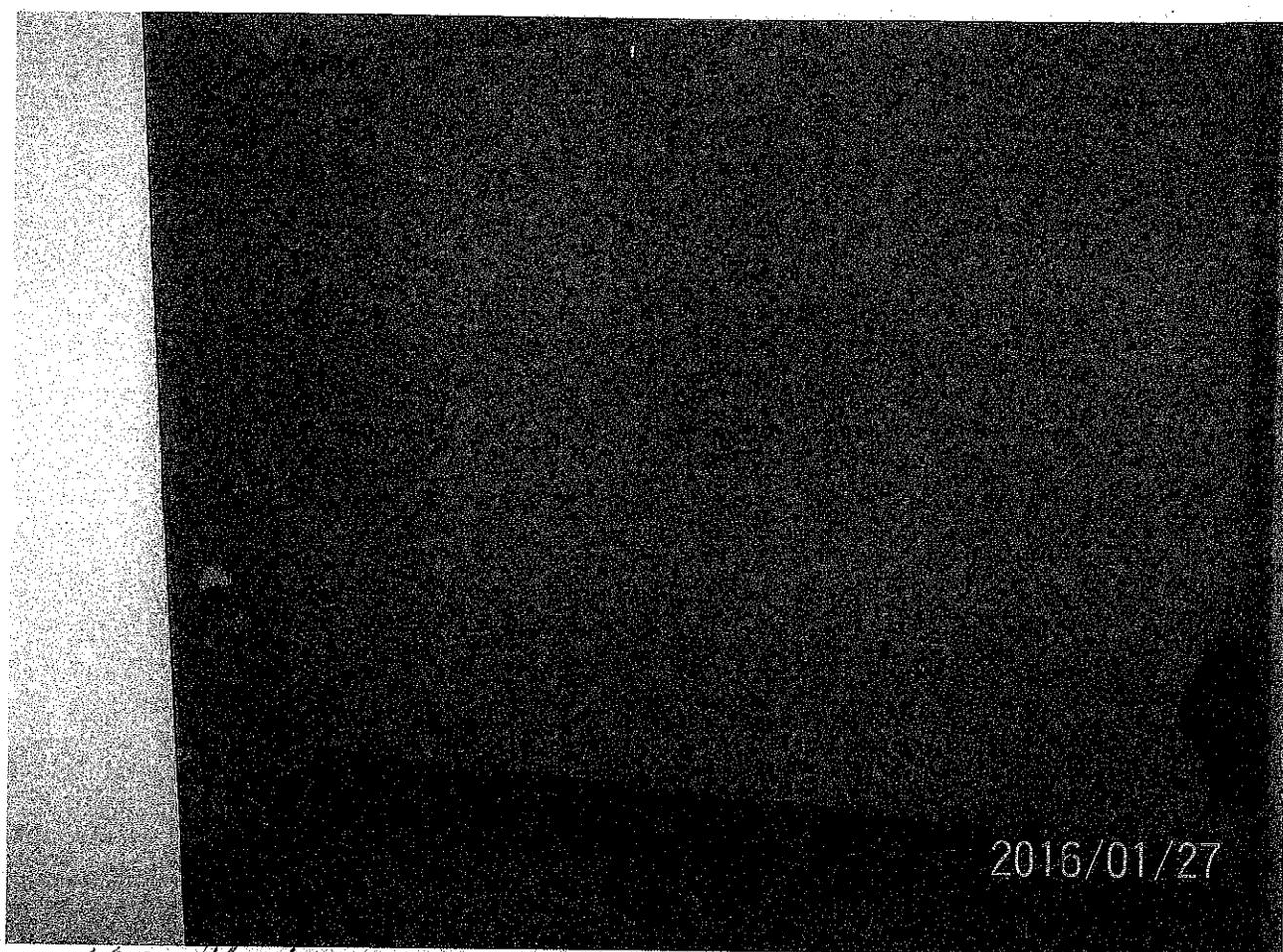




133 Chestnut attic Area







2016/01/27

133 Chestnut Other Area



2016/01/27

