



**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**

**32 LAUREN DR. – PLOT: 132 J – LOT: 30 – ZONED DISTRICT: RA**

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

**❖ SECTIONS**

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

**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 *[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: Pick up TRUCK A.B.C. DISPOSAL SHAWMUT AVE  
(Location of Facility)

Signature of Permit Applicant *[Signature]*

Date 11-16-15

**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: MAKE A GAME ROOM BASEMENT Est. Cost 9,854.00

Address of Work 32 LAUREN DR.

Owner Name: VINCENT COCCIA JR. Date of Permit Application: 11-16-15

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 11-16-15 Contractor Signature *[Signature]* Registration No. 117281

OR:  
Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property.

Date 11-16-15 Owner Signature *[Signature]*

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

C. Building Permit Rejected  VARIANCE ZBA  
Reason For Rejection: SEE ATTACHED  
Fee \$0.00  
Permit # B15-2687

Comments and Conditions:

Signed *[Signature]* Date: \_\_\_\_\_ 20\_\_\_\_  
Title Building Commissioner  
Not valid unless signed (not stamped) by Building Commissioner

*Ind Arts - Basement*  
*Gone to Kapos*

Permit No. **B-15-2687**  
 Completion Date



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

*[Handwritten signature]*

**FOR BUILDING DEPT. USE**  
 DATE RECEIVED:  
 RECEIVED **NOV 16 2015**  
 ISSUED BY:

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

(AT LOCATION) 32 (NO) LAUREN DR. (STREET)  
 BETWEEN \_\_\_\_\_ (CROSS STREET) AND \_\_\_\_\_ (CROSS STREET)  
 PLOT 132J LOT 30 DISTRICT \_\_\_\_\_ ACCEPTED STREET \_\_\_\_\_  
 PLANS FILED:  YES  NO

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

<p><b>A. TYPE OF IMPROVEMENT</b></p> <p><i>Finish Basement</i> <i>Basement</i> <i>Basement</i></p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 14)</p> <p>3 <input 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-18 - D-32)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p>	<p><b>D1. PROPOSED USE — For demolition most recent use</b></p> <p><b>Residential</b></p> <p>13 <input checked="" type="checkbox"/> One family</p> <p>14 <input type="checkbox"/> Two or more family — Enter number of units _____</p> <p>15 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units _____</p> <p>16 <input type="checkbox"/> Garage</p> <p>17 <input type="checkbox"/> Carport</p> <p>18 <input type="checkbox"/> Other — Specify _____</p> <p><b>Nonresidential</b></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 type="checkbox"/> School, library, other educational</p> <p>28 <input type="checkbox"/> Stores, mercantile</p> <p>29 <input type="checkbox"/> Tanks, towers</p> <p>30 <input type="checkbox"/> Funeral homes</p> <p>31 <input type="checkbox"/> Food establishments</p> <p>32 <input type="checkbox"/> Other — Specify _____</p>
<p><b>B. OWNERSHIP</b></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><b>D.2. Does this building contain asbestos?</b></p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes complete the following:</p> <p>Name &amp; Address of Asbestos Removal Firm:  <u>NONE</u></p>
<p><b>C. COST</b></p> <p>10. Cost of construction ..... \$ <u>9,854.00</u>  <small>To be installed but not included in the above cost</small></p> <p>a. Electrical ..... <u>NO</u></p> <p>b. Plumbing ..... <u>NO</u></p> <p>c. Heating, air conditioning ..... <u>NO</u></p> <p>d. Other (elevator, etc.) ..... <u>NO</u></p> <p>11. TOTAL VALUE OF CONSTRUCTION ..... <u>NO</u></p> <p>12. TOTAL ASSESSED BLDG. VALUE .....</p>	<p>Submit copy of notification sent to DEQE and the State Dept. of Labor &amp; Industries and results of air sample analysis after asbestos removal is completed</p> <p><b>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.</b></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><b>E. PRINCIPAL TYPE OF FRAME</b></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><b>G. TYPE OF SEWAGE DISPOSAL</b></p> <p>43 <input checked="" type="checkbox"/> Public or private company</p> <p>44 <input type="checkbox"/> Private (septic tank, etc.)</p>	<p><b>J. DIMENSIONS</b></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. (56+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><b>F. PRINCIPAL TYPE OF HEATING FUEL</b></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><b>H. TYPE OF WATER SUPPLY</b></p> <p>45 <input checked="" type="checkbox"/> Public or private company</p> <p>46 <input type="checkbox"/> Private (well, cistern)</p> <p><b>I. TYPE OF MECHANICAL</b></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? 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.
VINCENT COCCOLI JR	32 LAUREN DR	02745	401-226-5111
CONTRACTOR NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
Andrew D. Costa	523 John Street	02717	508-942-0315
STEVE M. CORMIER	50 QUANAPOAG RD	02717	508-763-0816
		HOME IMP # 117281	508-942-0315
ARCHITECT NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
SIGNATURE OF OWNER	APPLICANT SIGNATURE	DATE	
<i>[Signature]</i>	<i>Steve M. Cormier</i>	11-16-15	

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.

*Steve M. Cormier* / 50 quanapog rd / East pretown  
 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): Steven M Cormier

Address: 50 Quasapanag Rd

City/State/Zip: Freeport, MA 02727 Phone #: 508-763-0816

<b>Are you an employer? Check the appropriate box:</b>		<b>Type of project (required):</b>
1. <input checked="" type="checkbox"/> I am an employer with <u>1</u> 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 type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †	4. <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Other <u>BASEMENT GAME ROOM</u>

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.  
 † Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.  
 ‡ Contractors that check this box must 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: Liberty Mutual

Policy # or Self-ins. Lic. #: W/C2315359266025 Expiration Date: 4/9/16

Job Site Address: 32 Lauren Drive City/State/Zip: New Bedford MA 02745

**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: Steven M Cormier Date: 11-16-15

Phone #: Blow 508-763-0816 Cell 508-942-0315

**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 \_\_\_\_\_ day of \_\_\_\_\_, 2015

**Location:** 32 LAUREN DR

**Parcel ID:** 132J 30

**Zoning:** RA

**Fiscal Year:** 2015

**Current Sales Information:**

**Sale Date:**

06/03/2011

**Sale Price:**

\$250,000.00

Card No. 1 of 1

**Legal Reference:**

10075-169

**Grantor:**

DEFRIAS,LISA

**Current Owner Information:**

SOLOMOS VERONIKA

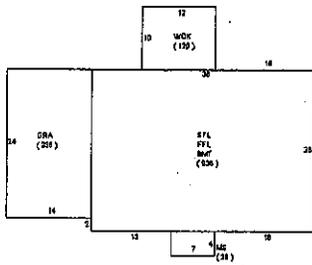
COCCOLI VINCENT R JR

32 LAUREN DRIVE

NEW BEDFORD , MA 02745

This Parcel contains 0.188 acres of land mainly classified for assessment purposes as Single Fam with a(n) Colonial style building, built about 2004, having Vinyl exterior, Asphalt Shingles roof cover and 1872 Square Feet, with 1 unit(s), 6 total room(s), 3 total bedroom(s) 2 total bath(s), 0 3/4 baths, and 1 total half bath(s).

Building Value:	Land Value:	Yard Items Value:	Total Value:
172000	88700	0	260700



Fiscal Year 2015		Fiscal Year 2014		Fiscal Year 2013	
Tax Rate Res.:	15.73	Tax Rate Res.:	15.16	Tax Rate Res.:	14.33
Tax Rate Com.:	33.56	Tax Rate Com.:	31.08	Tax Rate Com.:	29.54
Property Code:	101	Property Code:	101	Property Code:	101
Total Bldg Value:	172000	Total Bldg Value:	171100	Total Bldg Value:	152500
Total Yard Value:	0	Total Yard Value:	0	Total Yard Value:	0
Total Land Value:	88700	Total Land Value:	90800	Total Land Value:	105400
<b>Total Value:</b>	<b>260700</b>	<b>Total Value:</b>	<b>261900</b>	<b>Total Value:</b>	<b>257900</b>
<b>Tax:</b>	<b>\$4,100.81</b>	<b>Tax:</b>	<b>\$3,970.41</b>	<b>Tax:</b>	<b>\$3,695.71</b>

Disclaimer: Classification is not an indication of uses allowed under city zoning.  
This information is believed to be correct but is subject to change and is not warranted.

LOCATION 32 Lauren Drive

DISTRICT \_\_\_\_\_ PLOT \_\_\_\_\_ LOT 30

PERMIT NO.	PURPOSE	PLANS FILED
<u>160-04</u>	<u>FOUNDATION</u>	
<u>245-04</u>	<u>SF Dwellling</u>	

(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