



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*

99 Field St. – PLOT: 27 – LOT: 54– ZONED DISTRICT: RB

*SPECIAL PERMIT Required from the Zoning Board of Appeals*

*Zoning Code Review as follows:*

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### ❖ SECTIONS

#### 1200- DEFINITIONS

LOT: ANY LOT OR PLOT, IN ONE OWNERSHIP AND NOT DIVIDED BY A STREET AND NOT WITHIN THE LIMITS OF A PUBLIC WAY UPON WHICH THE LOT ABUTS, OCCUPIED BY ONE BUILDING AND ITS ACCESSORY BUILDINGS AND USES AND INCLUDING SUCH OPEN SPACES AS ARE REQUIRED BY THIS ORDINANCE.

*Frontage of:* A lot line coinciding with the sideline of a street which provides both legal rights of vehicular access and actual physical vehicular access to the lot, said line to be measured continuously along a single street for the entire width of the lot. Vehicular access to a building site on the lot shall be exclusively through the legal frontage of the lot.

- 5300-5330 & 5360-5390 – SPECIAL PERMITS

**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: \_\_\_\_\_  
(Location of Facility)

Signature of Permit Applicant \_\_\_\_\_ Date \_\_\_\_\_

**XI. HOME IMPROVEMENT CONTRACTOR LAW AFFIDAVIT**

(Residential Use Only) Supplement to Permit Application

**Supplement #3**

MGLC. 142 A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units... or to structures which are adjacent to such residence of building" be conducted by registered contractors, with certain exceptions, along with other requirements.

Type of Work: curb cut only Est. Cost 3000.00

Address of Work: 99 Field St

Owner Name: William St Pierre Date of Permit Application: 4/11/16

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 4/11/16 Contractor Signature \_\_\_\_\_ Registration No. \_\_\_\_\_

OR: Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:  
Date 4/11/16 Owner Signature \_\_\_\_\_

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

C. Building Permit Rejected  Special: PERMIT ZBA Fee \_\_\_\_\_

Reason For Rejection: \_\_\_\_\_  
"SEE ATTACHMENTS" Permit # B-16-898

Comments and Conditions: \_\_\_\_\_

Signed Danny M. Romanowski Date: 5/31 / 2016  
Title Building Commissioner

Not valid unless signed (not stamped) by Building Commissioner



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

FOR BUILDING DEPT. USE

DATE RECEIVED: \_\_\_\_\_  
 RECEIVED BY: APR 26 2016  
 ISSUED BY: \_\_\_\_\_

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

Permit No. 15-16-8878  
 Completion Date

(AT LOCATION) 99 Field St.  
 BETWEEN Rockdale Ave. AND \_\_\_\_\_  
 (CROSS STREET) (CROSS STREET)  
 PLOT 27 LOT 54 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
- 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

- |  |  |
|--|--|
| <b>Residential</b>   | <b>Nonresidential</b>  |
| 13 <input type="checkbox"/> One family   | 19 <input type="checkbox"/> Amusement, recreational            |
| 14 <input checked="" type="checkbox"/> Two or more family — Enter number of units <u>2</u>     | 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 type="checkbox"/> 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 DECE and the State Dept. of Labor & Industries and results of air sample analysis after asbestos removal is completed.

C. COST

- 10. Cost of construction ..... \$ 3,000.00 (Omit cents)
- 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 ..... 3,000.00
- 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, 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 L. 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 2
- 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) \_\_\_\_\_

F. PRINCIPAL TYPE OF HEATING FUEL

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

H. TYPE OF WATER SUPPLY

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

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



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): Able Asphalt, Inc.  
 Address: 128 Woodcock Rd.  
 City/State/Zip: Dartmouth, MA 02747 Phone #: (508) 10310-9700

Are you an employer? Check the appropriate box:

- |   |  |
|---|--|
| 1. <input checked="" type="checkbox"/> I am an employer with <u>5</u> 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 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 Driveways

\*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: Travlers Ins.  
 Policy # or Self-ins. Lic. #: UB0045252-5 - Expiration Date: 7/8/2015  
 Job Site Address: 99 Field St. 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: 4/22/16  
 Phone #: (508) 10310 9700 or (508) 5093702

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 JURISDICTIONAL 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, ABLE ASPHALT, INC.  
(licensee/producer/contractor/other professional/business/residence at:  
128 WOODCOCK ROAD  
N. DARTMOUTH, MA 02747

(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:

Able Asphalt                      Tranler Pro. UB0045292-9  
 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 Ali day of 4/11/10, 20

OTHER APPLICABLE REV. 05

**K. FLOODPLAIN**

Is location within flood hazard area? yes no  
If yes, zone : \_\_\_\_\_ and base elevation \_\_\_\_\_

**L. WETLANDS PROTECTION**

Is location subject to flooding? N/A  
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. |
|----------------------|---|------------|---------------|
| William St. Pierre   | 99 Field St.<br>New Bedford,  |            | 994 4777      |
| CONTRACTOR NAME      | MAILING ADDRESS   | ZIP CODE   | TELEPHONE NO. |
|                      | ABLE ASPHALT, INC.<br>128 WOODCOCK ROAD<br>N. DARTMOUTH, MA 02747<br>(508) 636-9700 | LICENSE #  |               |
| ARCHITECT NAME       | MAILING ADDRESS   | ZIP CODE   | TELEPHONE NO. |
|                      |   | HOME IMP # |               |
|                      |   | LICENSE #  |               |
| SIGNATURE OF OWNER   | APPLICANT SIGNATURE   | DATE       |               |
|                      |   | 4/11/16    |               |

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.

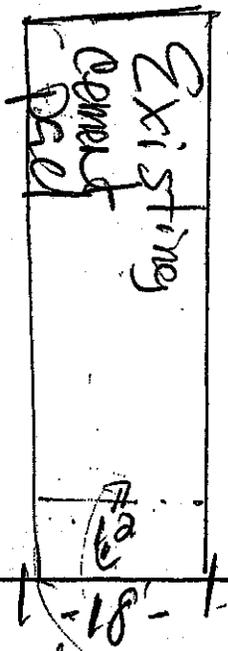
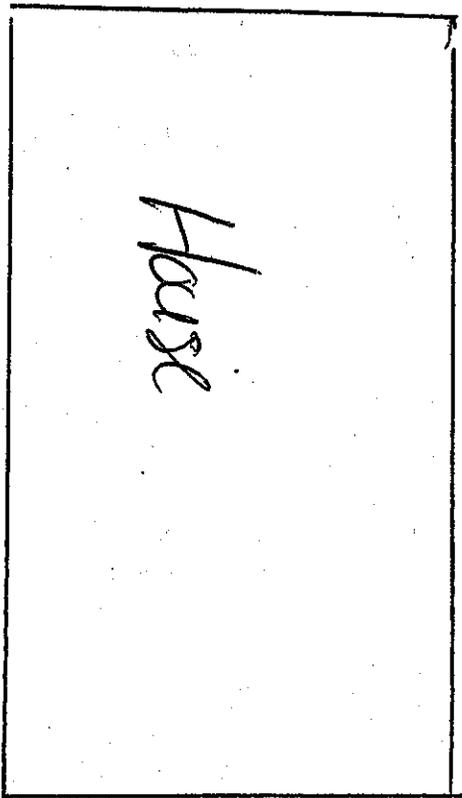
**ABLE ASPHALT, INC.**  
**128 WOODCOCK ROAD**  
**N. DARTMOUTH, MA 02747**

Applicant's Signature

Address

City

APR 26 2016



Hollyhock st

Need out  
curb only

99 Field St.  
JOB SITE

ABLE ASPHALT, INC.  
128 WOODCOCK ROAD  
N. DARTMOUTH, MA 02747  
(509) 636-9700