



CITY OF NEW BEDFORD, MASSACHUSETTS
CLERK OF COMMITTEES OFFICE - ROOM 213 - CITY HALL

PETITION FOR A SPECIAL PERMIT FOR MOTOR VEHICLES:

SALES AND RENTALS BODY REPAIR GENERAL REPAIR LIGHT SERVICE

TO: CLERK OF COMMITTEES APPLICATION NO. _____ Date: _____ PAGE 1

The undersigned petitions the City Council to grant a SPECIAL PERMIT in the manner and for the reasons hereinafter set forth under the provisions of the Zoning Ordinance to the following described premises:

Owner/Landlord Dennis M. Madeira 216 Ryan St, New Bedford, MA 02740
Full Name and/or Company Address (Attach copy of Certificate of Title or Deed.)

OTHER Owner(s)/Landlord(s) (if applicable) Grace F. Madeira

Lessee _____
Full Name and/or Company Address

(Attach copy of Lease or Tenant Agreement and Notarized letter from owner to tenant or buyer for application for this permit - or Letterhead and/or copy of Purchase & Sale Agreement or lease, where applicable.)

OTHER Lessee(s) (if applicable) _____

Location of Premises 212 Myrtle Street
Street Number Name of Street

Assessor's Plot 91 213 12618 183
Plot No. Lot No. Book No. Page No.

Dimensions of Lot _____
Frontage Depth Area Sq. Ft.

Zoning District(s) in which premises are located 1B

Premises in present ownership since 10/31/18
Date of Purchase

Number of buildings on lot 1

Size of existing buildings 2996 sq. feet

Size of proposed buildings n/a

Present use of premises auto body & repair

Proposed use(s) and Number of Cars/People on Premises at any given time (Adequate Parking): 4 waiting for repair, 1 in back from town, 2 in front to sell, 1 inside building being worked on.

Extent of proposed alterations no alterations, just looking to change name of business and business will continue to operate same as prior owner.
Explain the need for the SPECIAL PERMIT and what changes are proposed?

looking to change name of business - no other changes. Business will continue to operate as auto body & repair shop.

Have plans been submitted to the Department of Inspectional Services? Yes
(Recorded Plans, accurately scaled as required by the D.I.S., must be included with this application.)

Has the Commissioner of the Department of Inspectional Services refused to issue a permit? Yes
If so, Reason: Says requires "Special Permit" from City Council.

A non-refundable filing fee is required when submitting the application, payable by check or money order to the City of New Bedford. The filing fee will not be refunded regardless of whether or not the petition is granted. The fee covers the cost of processing the decision, including advertising and the mailings. Incomplete or improperly filed applications will be returned to the applicant for resubmission.

A Certified Abutter's list must also accompany this application, which must be compiled in the Planning Department and Certified at the Assessor's Office. M.G.L. Ch. 40, mandates advertising request two times prior to the scheduled hearing date. Advertising will be in the Standard-Times.

FEE SCHEDULE AS OF JULY 2007: \$700.00 FOR FIRST 10,000 SQ. FT. PLUS \$100.00 EVERY ADDITIONAL 10,000 SQ. FT.

TO: CLERK OF COMMITTEES APPLICATION NO. _____ Date: _____ PAGE 2

All applications must be filled out completely and be submitted with the required drawings. Attach required drawings & proposed plans to this Petition. Must be done in BLACK INK to produce legible copies. If Petition is granted, the plans are specific to the plans submitted unless the City Council states otherwise.

Must provide Site Plan identifying positioning of existing structures. Must show footprint and dimensions. Show Rear Front and Side Distances between Structure and Boundary Lines. Must provide separate site plan showing proposed alterations or additions with side, front and rear set property lines identified.

By signing this application, the Petitioner is stating that they have read and understand this Application and the accompanying instructions and information. Also, if granted, that the Special Permit needs to be recorded and acted on within one year.

I have read and understand this application and the accompanying instructions and information.

Respectfully submitted: (Although not a requirement of submission, you may wish to contact an attorney to help you with your application and Public Hearing.)

Owner(s) Rennis Madeira Represented by: _____
 Signature Grace Madeira Signature _____
 (Must be signature of current owner on record)

Lessee(s) _____ (If Corporation, must have letter on Letterhead Authorizing person to sign on Corporation's behalf.)
 (If Corporation, must have letter on Letterhead Authorizing person to sign on Corporation's behalf.)

Address 26 Ryan St, New Bedford, MA City/State/Zip Code 02740

Telephone No. (Home) 508-728-8283 (Business) 508-997-4975

Other Owner(s) Grace F. Madeira

Address 26 Ryan St, New Bedford, MA City/State/Zip Code 02740

Telephone No. (Home) 508-728-6885 (Business) 508-997-4975

I do not consent to the above application. I suggest the following conditions be included in application:

[Signature] 312 City Planner Date 12/14/18

I do not consent to the above application. I suggest the following conditions be included in application:
if special permit is granted a 30 Day appeal period is needed followed by having City Clerk stamp the paperwork and having it recorded at the registry of deeds + a Building permit from Inspectors at Room 308.
[Signature] 308 Dept. of Inspectional Services Commissioner Date 12/14/18

I do not consent to the above application. I suggest the following conditions be included in application:
MUST APPLY FOR CRABS 4 + Auto Body Shop Licenses UPON APPROVAL
[Signature] Licensing Board Clerk 236 Date 12/13/18

I do not consent to the above application. I suggest the following conditions be included in application: (General, a Body Repairs & Light Service Only) MUST SEND COPY OF RECEIPT FROM COMPANY THAT INSPECTS/CLEANS OIL/WATER SEPARATOR TO DPI, IPT OFFICE EVERY 6 MONTHS.
[Signature] Dept. of Public Infrastructure Commissioner Date 12/5/18

I do not consent to the above application. I suggest the following conditions be included in application:
 (Petroleum: Any on Premises; if so, Tanks only - Above or Underground?; Prior Use?; Use to be Continued?)
[Signature] ASS City Clerk Date 12/13/18



City of New Bedford
REQUEST for a CERTIFIED ABUTTERS LIST

This information is needed so that an official abutters list as required by MA General Law may be created and used in notifying abutters. You, as applicant, are responsible for picking up and paying for the certified abutters list from the assessor's office (city hall, room #109).

SUBJECT PROPERTY	
MAP #	91
LOT(S)#	213
ADDRESS: 262 Myrtle St NB	
OWNER INFORMATION	
NAME: Mannys Auto Body	
MAILING ADDRESS: 262 Myrtle St	
APPLICANT/CONTACT PERSON INFORMATION	
NAME (IF DIFFERENT): Grace Madeira	
MAILING ADDRESS (IF DIFFERENT): 26 Ryan St	
TELEPHONE #	508-728-6885
EMAIL ADDRESS:	Madeira.grace@yahoo.com
REASON FOR THIS REQUEST: <i>Check appropriate</i>	
<input type="checkbox"/>	ZONING BOARD OF APPEALS APPLICATION
<input type="checkbox"/>	PLANNING BOARD APPLICATION
<input type="checkbox"/>	CONSERVATION COMMISSION APPLICATION
<input type="checkbox"/>	LICENSING BOARD APPLICATION
<input checked="" type="checkbox"/>	OTHER (Please explain): City Council

DEC 17 2018

Once obtained, the Certified List of Abutters must be attached to this Certification Letter.

This sheet is NOT part of your ZBA application but you will need to submit this form to the Planning Division Room 303 in City Hall, 133 William Street. You, as applicant, are responsible for picking up and paying for the certified abutters list from the assessor's office (city hall, room #109).

Official Use Only:

As Administrative Assistant to the City of New Bedford's Board of Assessors, I do hereby certify that the names and addresses as identified on the attached "abutters list" are duly recorded and appear on the most recent tax.

Carlos Amado

Printed Name

Carlos Amado

Signature

12/18/2018

Date

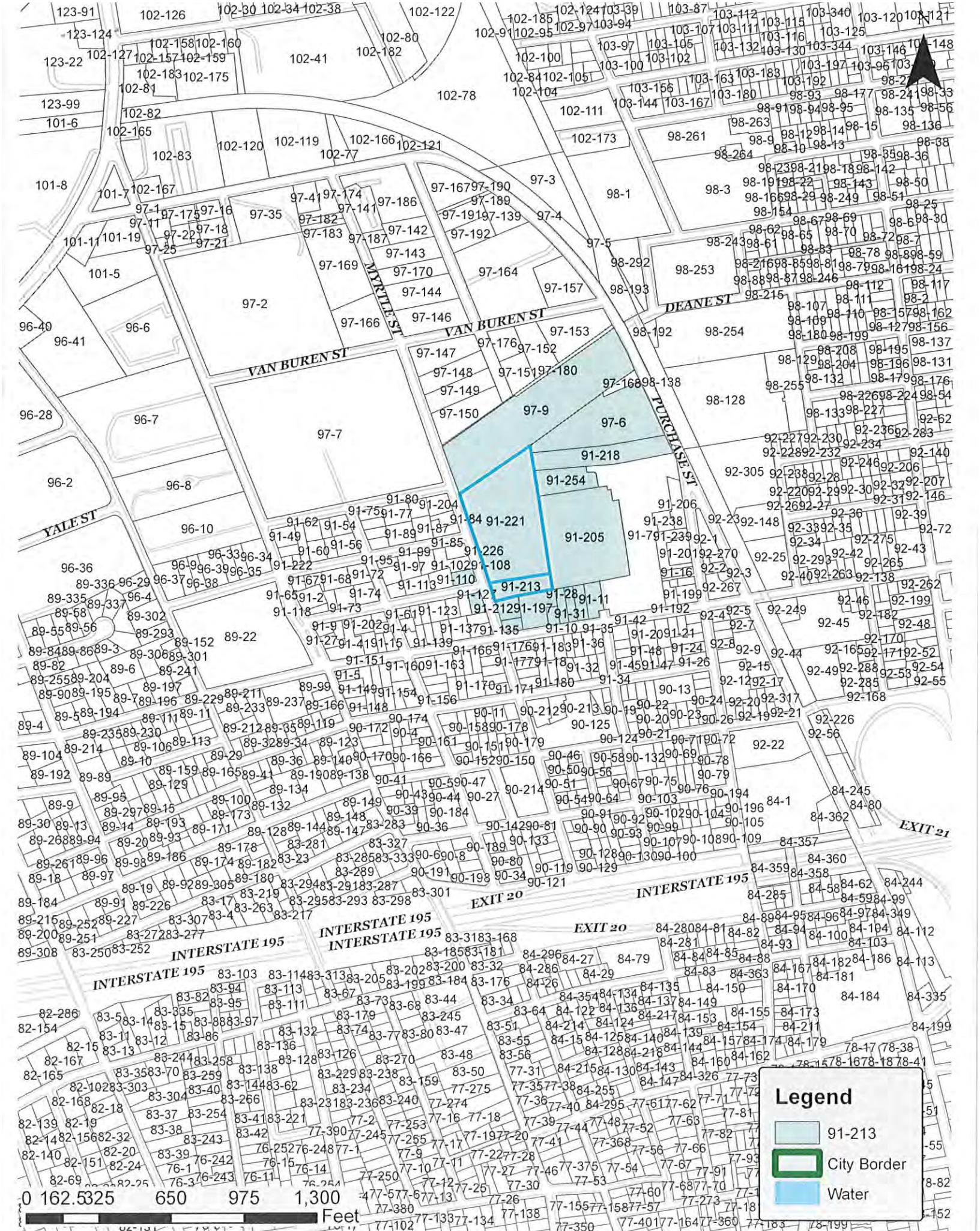
December 17, 2018

Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 262 Myrtle Street (Map: 91, Lot: 213). The current ownership listed herein must be checked and verified by the City of New Bedford Assessor's Office. Following said verification, the list shall be considered a Certified List of Abutters.

Please note that multiple listed properties with identical owner name and mailing address shall be considered duplicates and shall require only 1 mailing. Additionally, City of New Bedford-Owned properties shall not require mailed notice.

Parcel	Location	Owner and Mailing Address
✓ 91-200	461 SAWYER ST	LIMA ALBERT M, LIMA ALDA M 461 SAWYER ST NEW BEDFORD, MA 02746
✓ 91-131	471 SAWYER ST	GONCALVES DAVID G, 471 SAWYER STREET NEW BEDFORD, MA 02746
✓ 91-11 NS	SAWYER ST	TREMBLAY REALTY LLC, 284 MYRTLE STREET NEW BEDFORD, MA 02746
✓ 91-10	457 SAWYER ST	WOOD FREDERICK F, 457 SAWYER STREET NEW BEDFORD, MA 02746
✓ 91-127	261 MYRTLE ST	MANCHESTER CRAIG, MANCHESTER TANYA 261 MYRTLE STREET NEW BEDFORD, MA 02746
✓ 91-31	451 SAWYER ST	DANG DUNG, DANG CHOC THI 439 GULF ROAD-WEST S DARTMOUTH, MA 02748
✓ 91-28	447 SAWYER ST	BLAKE SONIA JOHNSON, 447 SAWYER ST NEW BEDFORD, MA 02746
✓ 91-108	273 MYRTLE ST	BARBOSA JOSE E, BARBOSA MARIA F 273 MYRTLE ST NEW BEDFORD, MA 02746
✓ 97-9	2301 PURCHASE ST	FRIENDS REALTY INC, 2301 PURCHASE ST NEW BEDFORD, MA 02746
✓ 91-205	435 SAWYER ST	TREMBLAY REALTY LLC, 284 MYRTLE STREET NEW BEDFORD, MA 02740
✓ 91-221	284 MYRTLE ST	MYRTLE & LAWRENCE PROPERTIES LLC, 284 MYRTLE ST NEW BEDFORD, MA 02746
✓ 91-218	2277 PURCHASE ST	FELLOWSHIP REALTY CORP INC, 25 BLACKSTONE VALLEY PLACE LINCOLN, RI 02865
✓ 97-6 WS	PURCHASE ST	FRIENDS REALTY INC, 2301 PURCHASE ST NEW BEDFORD, MA 02740



Legend

- 91-213
- City Border
- Water

0 162.5325 650 975 1,300 Feet

MASSACHUSETTS EXCISE TAX
Bristol ROD South 001
Date: 10/31/2018 12:48 PM
Ctrl# 026467 14157 Doc# 00025614
Fee: \$1,801.20 Cons: \$395,000.00


2018 00025614
Bk: 12618 Pg: 183 Pg: 1 of 3 BS
Doc: DEED 10/31/2018 12:48 PM

QUITCLAIM DEED

We, Manuel M. Melo and Maria F. Melo, of 4 Brightman Lane, Dartmouth, MA 02748

for consideration paid, and in full consideration of Three Hundred Ninety-Five Thousand Dollars and 00/100 (\$395,000.00)

grant to Dennis M. Madeira and Grace F. Madeira, husband and wife, as tenants by the entirety of 26 Ryan Street, New Bedford, MA 02740

with QUITCLAIM COVENANTS

the land, with any buildings thereon, in said New Bedford, bounded and described as follows:

PARCEL ONE: - LAND IN NEW BEDFORD

BEGINNING at the southwest corner of the land herein described at a point in the easterly line of Myrtle Street, distant northerly therein one hundred fifty-two and 33/100 (152.33) feet from its intersection with the northerly line of northerly line of Sawyer Street;

thence NORTH 2° 11' 10" WEST in line of said Myrtle Street, seventy-five (75) feet to a stake;

thence SOUTH 83° 41' 10" EAST a distance of two hundred sixty-five and 12/100 (265.12) feet to a stake;

thence SOUTH 6° 17' 08" WEST a distance of seventy-three and 21/100 (73.21) feet to a stake;

thence NORTH 84° 30' 00" WEST a distance of sixty-eight and 15/100 (68.15) feet to a point; and

thence NORTH 83° 41' 10" WEST a distance of one hundred eighty-five and 91/100 (185.91) feet to the said line of Myrtle Street and the point of beginning.

BEING shown on a plan entitled "Plan of Land in New Bedford, Massachusetts belonging to Franklin Realty of New Bedford, Inc., drawn by E. J. Engineering Co., Inc., dated November 23, 1965, and filed in Bristol County S.D. Registry of Deeds in Plan Book 71, Page 22.

PARCEL TWO: - LAND IN NEW BEDFORD

BEGINNING at the northwest corner of the land herein described and at the northeast corner of Parcel One hereinabove described:

Grantee not @ property

262 Myrtle Street, New Bedford, Massachusetts

thence EASTERLY a distance of ten and 28/100 (10.28) feet to land now or formerly of People's Super Market of New Bedford, Inc.:

thence SOUTHERLY in line of last-named land, seventy-three and 06/100 (73.06) feet to land now or formerly of Frank P. Sal;

thence WESTERLY in line of last-named land, ten and 28/100 (10.28) feet to a stake; and

thence NORTH 6° 17' 08" EAST a distance of seventy-three and 21/100 (73.21) feet to the point of beginning.

CONTAINING seven hundred fifty-two (752) square feet, more or less.

BEING shown as Parcel "B" on a plan entitled "Plan of Land in New Bedford, Massachusetts, surveyed for Franklin Realty of New Bedford, Inc.", dated April 19, 1966, Tibbetts Engineering Corp., Eng., and filed in Bristol County S.D. Registry of Deeds in Plan Book 72, Page 7.

PARCEL THREE: - LAND IN NEW BEDFORD

BEGINNING at the northwest corner of the land herein described at a point in the easterly line of Myrtle Street, and at the southwest corner of land now or formerly of Benjamin J. & Helen Bramwell;

thence SOUTH 83° 41' 10" EAST in line of last-named land, one hundred five and 91/100 (105.91) feet to a stake;

thence NORTH 89° 05' 48" WEST in line of Parcel "B" as shown on plan of land hereinafter mentioned, one hundred four and 90/100 (104.90) feet to the said line of Myrtle Street; and


thence NORTH 2° 11' 10" WEST in line of said Myrtle Street, ten (10) feet to the point of beginning.


BEING shown as Parcel "A" on a plan entitled "Plan of Land in New Bedford, Mass. belonging to Benjamin J. & Helen Bramwell", dated July 5, 1985 and filed in Bristol County S.D. Registry of Deeds in Plan Book 112, Page 18.

The Grantors named herein, do hereby voluntarily release all our rights of Homestead, if any, as set forth in M.G.L. Chapter 188 and state that there are no other person or persons entitled to any homestead rights other than those executing this deed.


For title see deed dated August 30, 1985 and recorded at the Bristol County (S.D.) Registry of Deeds in Book 1933, Page 730.

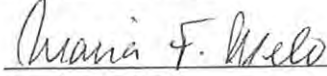
WITNESS our hands and seals this 31st day of October, 2018.



Witness


Witness



Manuel M. Melo


Maria F. Melo

COMMONWEALTH OF MASSACHUSETTS

Bristol, ss:

October 31, 2018

Then personally appeared the above-named Manuel M. Melo and Maria F. Melo who proved to me through satisfactory evidence of identification which were *MA DRIVERS LIC* to be the persons whose names are signed on this document, and acknowledged to me that they signed it voluntarily for its stated purpose before me,



Notary Public: John E. Williams
My commission expires: 3/11/2022





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

262 Myrtle Street – PLOT: 91 – LOT: 213 – ZONED DISTRICT: IB

Special Permit Required from the City Council

Zoning Code Review as follows:

Special Permit

City Council

❖ SECTION

- 2200 – Use Regulations
- 2210 – General
- 2230 – Table of Principal Use Regulations – Appendix A
 - Commercial - #18. Motor vehicle sales and rental
 - Commercial - #19 Motor vehicle general repairs
 - Commercial - #20. Motor Vehicle body repairs
 - Commercial - #21. Motor vehicle light service
- 5300-5330 & 5360-5390 – Special Permit

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: 262 Myrtle St. (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 Autobody & repair Est. Cost _____

Address of Work 262 Myrtle St.

Owner Name: Dennis M. Madeira 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:
10/31/18 Dennis M. Madeira
 Date _____ Owner Signature _____

XII. BUILDING COMMISSIONERS REVIEW COMMENTS AND CONDITIONS

C. Building Permit Rejected SPECIAL PERMIT CITY COUNCIL Fee _____
 Reason For Rejection: _____ Permit # B-18-3297

Comments and Conditions: " See Attachments "

Signed Danny R. Romanowicz Date: 11/14 / 2018
 Title Building Commissioner

Not valid unless signed (not stamped) by Building Commissioner

Permit No. 19-18-3297
 Completion Date _____



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

FOR BUILDING DEPT. USE

DATE RECEIVED: _____
 RECEIVED BY: OCT 31 2018
 ISSUED BY: _____
 By: [Signature]

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

(AT LOCATION) 262 Myrtle St
(NO) (STREET)
 BETWEEN _____ AND _____
(CROSS STREET) (CROSS STREET)
 PLOT 91 LOT 213 DISTRICT _____ ACCEPTED STREET _____
 PLANS FILED. YES NO

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

<p>A. TYPE OF IMPROVEMENT</p> <p> <input type="checkbox"/> 1 New Building <input type="checkbox"/> 2 Addition (If residential, enter number of new housing units added, if any, in Part D, 14) <input type="checkbox"/> 3 Alteration (If residential, enter number of new housing units added, if any, in Part D, 14) <input type="checkbox"/> 4 Repair, replacement <input type="checkbox"/> 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) <input type="checkbox"/> 6 Moving (relocation) <input type="checkbox"/> 7 Foundation only </p> <p style="font-size: 2em; color: blue; text-align: center;"> <i>Repair and Light Service Sales + Auto Body</i> </p>	<p>D1. PROPOSED USE — For demolition most recent use</p> <table style="width: 100%;"> <tr> <th style="text-align: left;">Residential</th> <th style="text-align: left;">Nonresidential</th> </tr> <tr> <td> <input type="checkbox"/> 13 One family <input type="checkbox"/> 14 Two or more family — Enter number of units _____ <input type="checkbox"/> 15 Transient hotel, motel, or dormitory — Enter number of units _____ <input type="checkbox"/> 16 Garage <input type="checkbox"/> 17 Carport <input type="checkbox"/> 18 Other — Specify _____ </td> <td> <input type="checkbox"/> 19 Amusement, recreational <input type="checkbox"/> 20 Church, other religious <input type="checkbox"/> 21 Industrial <input type="checkbox"/> 22 Parking garage <input type="checkbox"/> 23 Service station, repair garage <input type="checkbox"/> 24 Hospital, institutional <input type="checkbox"/> 25 Office, bank, professional <input type="checkbox"/> 26 Public utility <input type="checkbox"/> 27 School, library, other educational <input type="checkbox"/> 28 Stores, mercantile <input type="checkbox"/> 29 Tanks, towers <input type="checkbox"/> 30 Funeral homes <input type="checkbox"/> 31 Food establishments <input type="checkbox"/> 32 Other — Specify _____ </td> </tr> </table>	Residential	Nonresidential	<input type="checkbox"/> 13 One family <input type="checkbox"/> 14 Two or more family — Enter number of units _____ <input type="checkbox"/> 15 Transient hotel, motel, or dormitory — Enter number of units _____ <input type="checkbox"/> 16 Garage <input type="checkbox"/> 17 Carport <input type="checkbox"/> 18 Other — Specify _____	<input type="checkbox"/> 19 Amusement, recreational <input type="checkbox"/> 20 Church, other religious <input type="checkbox"/> 21 Industrial <input type="checkbox"/> 22 Parking garage <input type="checkbox"/> 23 Service station, repair garage <input type="checkbox"/> 24 Hospital, institutional <input type="checkbox"/> 25 Office, bank, professional <input type="checkbox"/> 26 Public utility <input type="checkbox"/> 27 School, library, other educational <input type="checkbox"/> 28 Stores, mercantile <input type="checkbox"/> 29 Tanks, towers <input type="checkbox"/> 30 Funeral homes <input type="checkbox"/> 31 Food establishments <input type="checkbox"/> 32 Other — Specify _____
Residential	Nonresidential				
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<p>B. OWNERSHIP</p> <p> <input checked="" type="checkbox"/> 8 Private (individual, corporation, nonprofit institution, etc.) <input type="checkbox"/> 9 Public (Federal, State, or local government) </p>	<p>D.2. Does this building contain asbestos?</p> <p> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes complete the following: Name & Address of Asbestos Removal Firm: _____ _____ Submit copy of notification sent to DEOE and the State Dept. of Labor & Industries and results of air sample analysis after asbestos removal is completed. </p>				
<p>C. COST (Omit cents)</p> <p> 10. Cost of construction \$ _____ <i>To be installed but not included in the above cost</i> a. Electrical _____ b. Plumbing _____ c. Heating, air conditioning _____ d. Other (elevator, etc.) _____ 11. TOTAL VALUE OF CONSTRUCTION _____ 12. TOTAL ASSESSED BLDG. VALUE _____ </p>	<p>D.3. Non-residential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.</p> <p style="font-size: 2em; color: blue; text-align: center;"> <i>Special Permit</i> </p>				

III. SELECTED CHARACTERISTICS OF BUILDING — For new buildings complete part E through I. For demolition, complete only parts G; H & I. For all others, (additions, alterations, repair, moving, foundation), complete E through I.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p> <input type="checkbox"/> 33 Masonry (wall bearing) <input type="checkbox"/> 34 Wood frame <input type="checkbox"/> 35 Structural steel <input type="checkbox"/> 36 Reinforced concrete <input type="checkbox"/> 37 Other — Specify _____ </p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p> <input checked="" type="checkbox"/> 43 Public or private company <input type="checkbox"/> 44 Private (septic tank, etc.) </p>	<p>J. DIMENSIONS</p> <p> 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) _____ </p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p> <input type="checkbox"/> 38 Gas <input type="checkbox"/> 39 Oil <input type="checkbox"/> 40 Electricity <input type="checkbox"/> 41 Coal <input type="checkbox"/> 42 Other — Specify _____ </p>	<p>H. TYPE OF WATER SUPPLY</p> <p> <input checked="" type="checkbox"/> 45 Public or private company <input type="checkbox"/> 46 Private (well, cistern) </p>	
	<p>I. TYPE OF MECHANICAL</p> <p> Is there a fire sprinkler system? <input type="checkbox"/> 47 YES <input type="checkbox"/> 48 NO Will there be central air conditioning? <input type="checkbox"/> 49 Yes <input type="checkbox"/> 50 No Will there be an elevator? <input type="checkbox"/> 51 Yes <input type="checkbox"/> 52 No </p>	

OTHER APPLICABLE REVIEWS

K. FLOODPLAIN

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

508-728-82
 Dennis



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.
Dennis M. Madeira	262 Myrtle St NB	02746	508-997-4975
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	
Dennis M. Madeira	Dennis M. Madeira	10/31/18	

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.

Dennis M. Madeira 262 Myrtle St New Bedford

Applicant's Signature Address City

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 31st day of October, 20 18



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): Mannys Auto Body
 Address: 262 Myrtle St
 City/State/Zip: NB MA Phone #: 508-9974975

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 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 _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

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

Insurance Company Name: _____
 Policy # or Self-ins. Lic. #: _____ Expiration Date: _____
 Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Dennis M. Madeira Date: 10/31/18
 Phone #: 508-9974975

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 #: _____



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

CITY OF NEW BEDFORD
JONATHAN F. MITCHELL, MAYOR

CITY OF NEW BEDFORD
INSPECTIONAL SERVICES DEPARTMENT
133 WILLIAM ST, NEW BEDFORD MA 02740

AFFIDAVIT
Home Improvement Contractor Law
Supplement to Permit Application

The Office of Consumer Affairs and Business Regulation ("OCABR") regulates the registration of contractors and subcontractors performing improvements or renovations on detached one to four family homes. Prior to performing work on such homes, a contractor must be registered as a Home Improvement Contractor ("HIC").

M.G.L. Chapter 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units....or to structures which are adjacent to such residence or building" be done by registered contractors.

Note: If the homeowner contracted with a corporation or LLC, that entity must be registered.

Type of Work: auto body + repair Est. Cost _____

Address of Work: 262 Myrtle St N.B.MA

Date of Permit Application: _____

I hereby certify that:

Registration is not required for the following reason(s):

- Work excluded by law:(explain) _____
- Job under \$1,000.00
- Building not owner-occupied
- Owner obtaining own permit (explain) _____
- Other (specify) _____

OWNERS OBTAINING THEIR OWN PERMIT OR ENTERING INTO CONTRACTS WITH UNREGISTERED CONTRACTORS OR SUBCONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK ARE NOT ELIGIBLE FOR AND DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER M.G.L. Chapter 142A.

Signed under the penalties of perjury:

I hereby apply for a permit as the agent of the owner:

Date Contractor Name HIC Registration No.

OR:

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

10/31/18 Dennis M. Madeira Dennis M. Madeira
Date Owner Name and Signature

Location: 262 MYRTLE ST

Parcel ID: 91 213

Zoning: IB

Fiscal Year: 2018

Current Owner Information:

MELO MANUEL M
MELO MARIA F
4 BRIGHTMAN LN

S. DARTMOUTH , MA 02748

Current Sales Information:

Sale Date:

08/30/1985

Sale Price:

\$70,000.00

Legal Reference:

1933-730

Grantor:

N/A

Card No. 1 of 1

This Parcel contains 0.46 acres of land mainly classified for assessment purposes as AUTOREP with a(n) COMMERCIAL GARAGE style building, built about 1960, having Conc Blk exterior, Asphalt Shingles roof cover and 2996 Square Feet, with 1 unit(s), total room(s), total bedroom(s) 0 total bath(s), 0 3/4 baths, and 1 total half bath(s).

Building Value:

70700

Land Value:

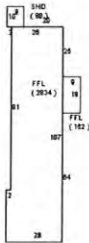
130700

Yard Items Value:

13900

Total Value:

215300



Fiscal Year 2018

Fiscal Year 2017

Fiscal Year 2016

Tax Rate Res.:	16.63	Tax Rate Res.:	16.69	Tax Rate Res.:	16.49
Tax Rate Com.:	35.65	Tax Rate Com.:	36.03	Tax Rate Com.:	35.83
Property Code:	332	Property Code:	332	Property Code:	332
Total Bldg Value:	70700	Total Bldg Value:	75600	Total Bldg Value:	60800
Total Yard Value:	13900	Total Yard Value:	13900	Total Yard Value:	14100
Total Land Value:	130700	Total Land Value:	130700	Total Land Value:	130700
Total Value:	215300	Total Value:	220200	Total Value:	205600
Tax:	\$7,675.45	Tax:	\$7,933.81	Tax:	\$7,366.65

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.



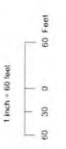
Map Prepared By:
 City of New Bedford
 Department of
 Management Information Systems
 January 2017



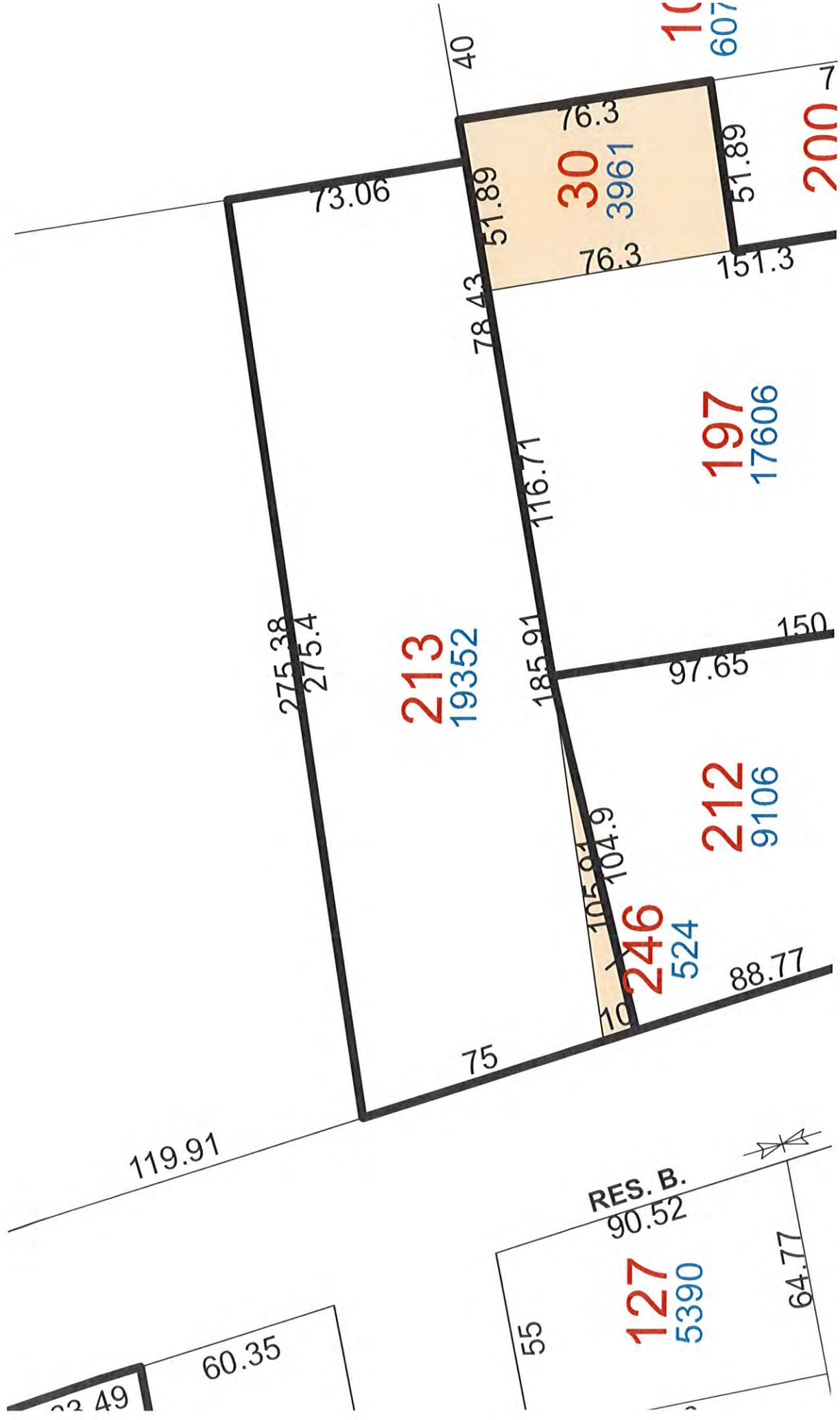
Fiscal Year 2017
 This parcel map should be used for planning
 and assessment purposes only.

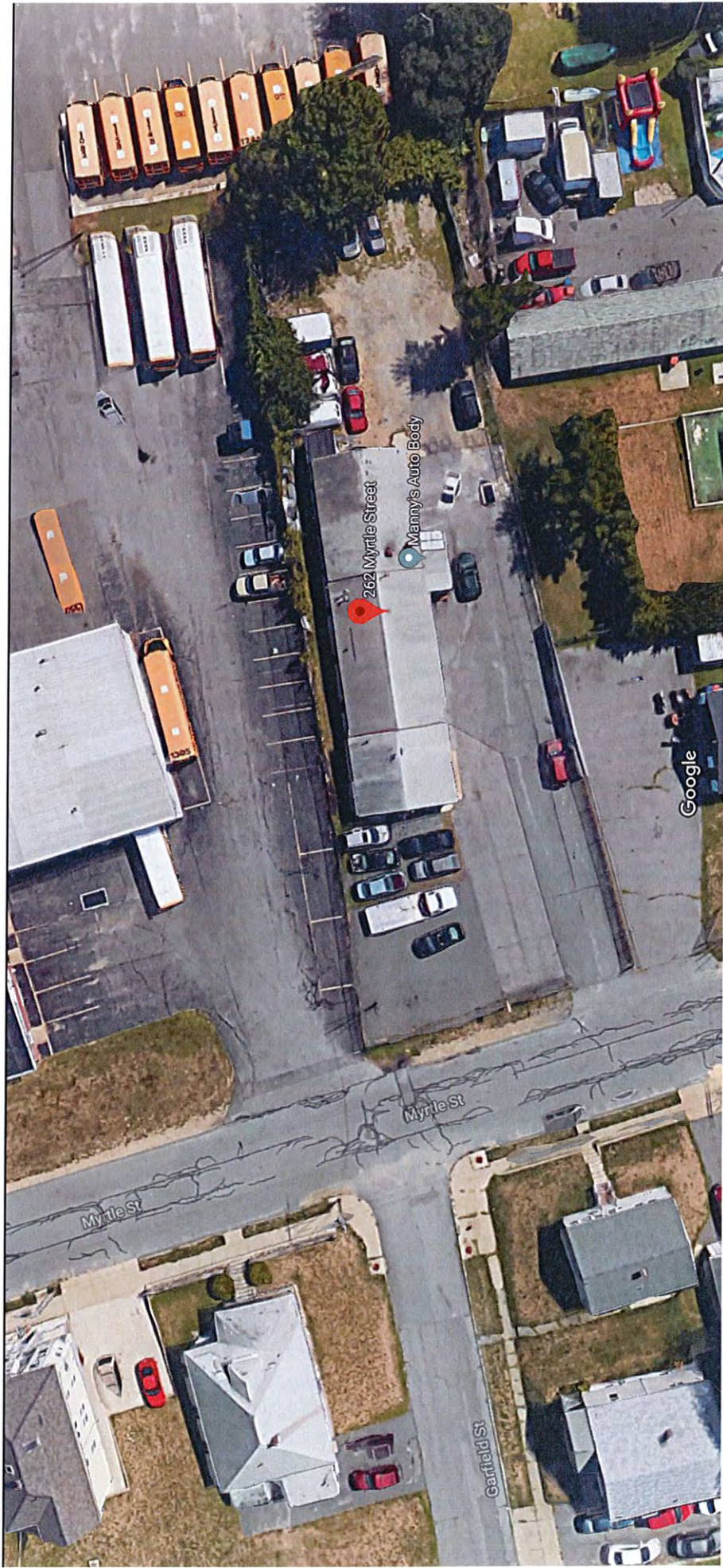
Map: 091

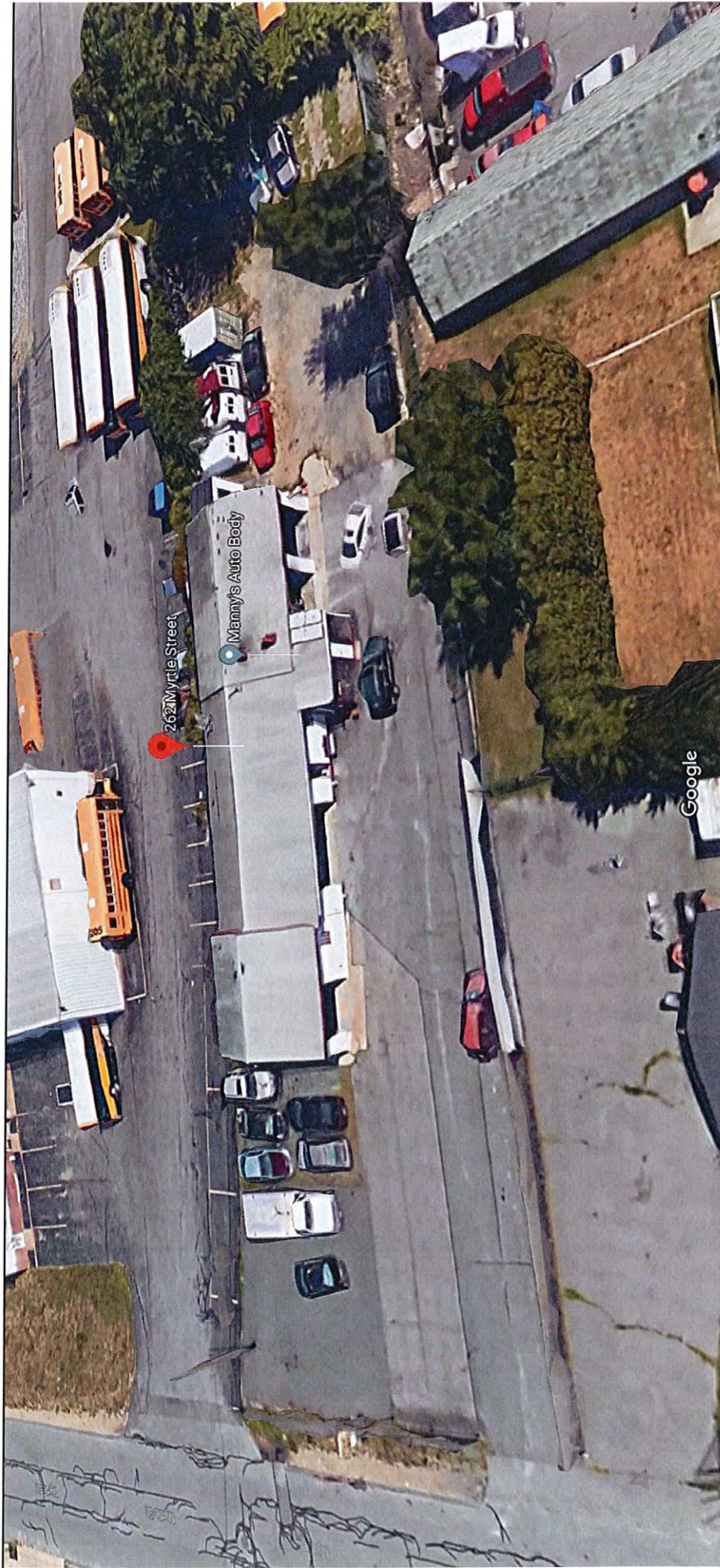
City of New Bedford
 Massachusetts

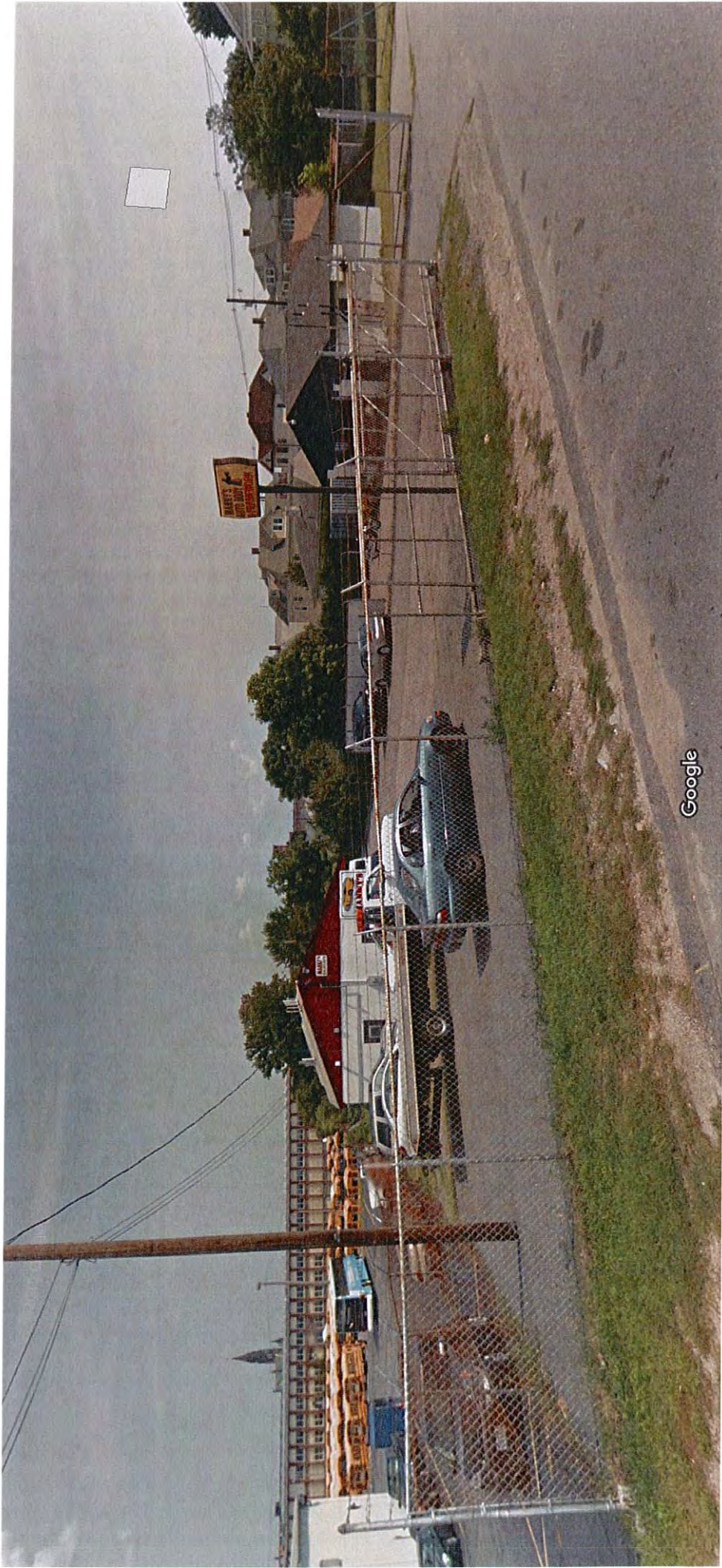


- Ensement
- Planned Subdivision
- Combined Parcels
- Master Parcel Linking to Assessing DB
- Associated Parcels
- Water Bodies
- Town Boundary
- Engineering Lot Number
- Lot Area





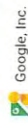




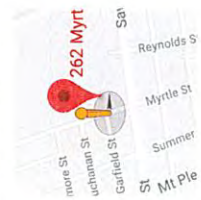
Google

Image capture: Aug 2012 © 2018 Google

New Bedford, Massachusetts



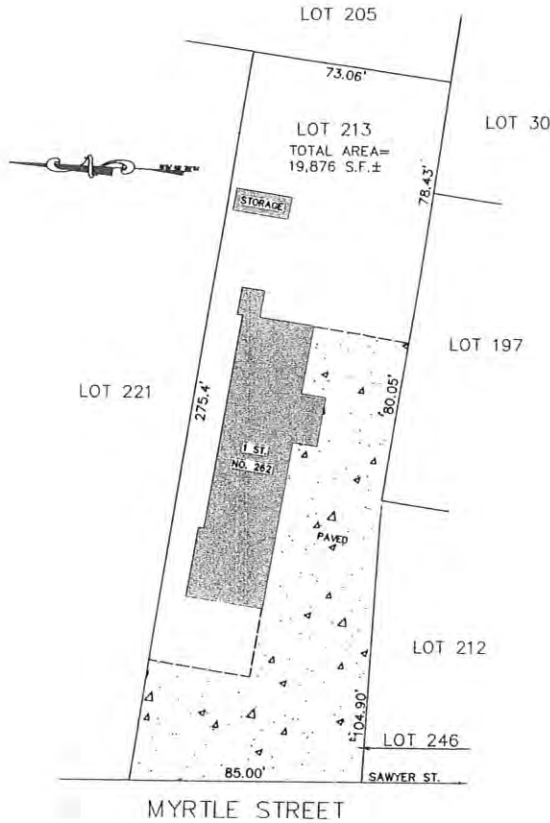
Street View - Aug 2012



File number: 181001-7	UNREGISTERED LAND		
Attorney: SULLIVAN, WILLIAMS & QUINTIN	Deed Book 1933	Page 730	
Lender: ST. ANNE'S CREDIT UNION	Plan Book	Page	Lot(s)
Owner: MANUEL & MARIA MELO	REGISTERED LAND		
	Reg. Book	Sheet	Lot(s):
Date: 10/4/2018	Certificate of Title <		
Assessor's Map 91 Blk: Lot 213&246	Census Tract		

MORTGAGE INSPECTION PLAN
262 MYRTLE STREET, NEW BEDFORD, MA

Scale: 1"=55'



CERTIFICATION

I CERTIFY TO THE ABOVE ATTORNEY, BANK, AND THEIR TITLE INSURANCE COMPANY THAT THE MAIN BUILDING, FOUNDATION OR DWELLING WAS IN COMPLIANCE WITH THE LOCAL ZONING BYLAWS IN EFFECT WHEN CONSTRUCTED (WITH RESPECT TO STRUCTURAL SETBACK REQUIREMENTS ONLY) OR IS EXEMPT FROM VIOLATION ENFORCEMENT ACTION UNDER MASS. GENERAL LAW TITLE VII, CHAPTER 40A, SECTION 7.

FLOOD DETERMINATION

BY SCALE, THE DWELLING SHOWN HERE DOES NOT FALL WITHIN A SPECIAL FLOOD HAZARD ZONE AS DELINEATED ON A MAP OF COMMUNITY # 25005C0391G AS ZONE X DATED 7/16/14 BY THE NATIONAL FLOOD INSURANCE PROGRAM.

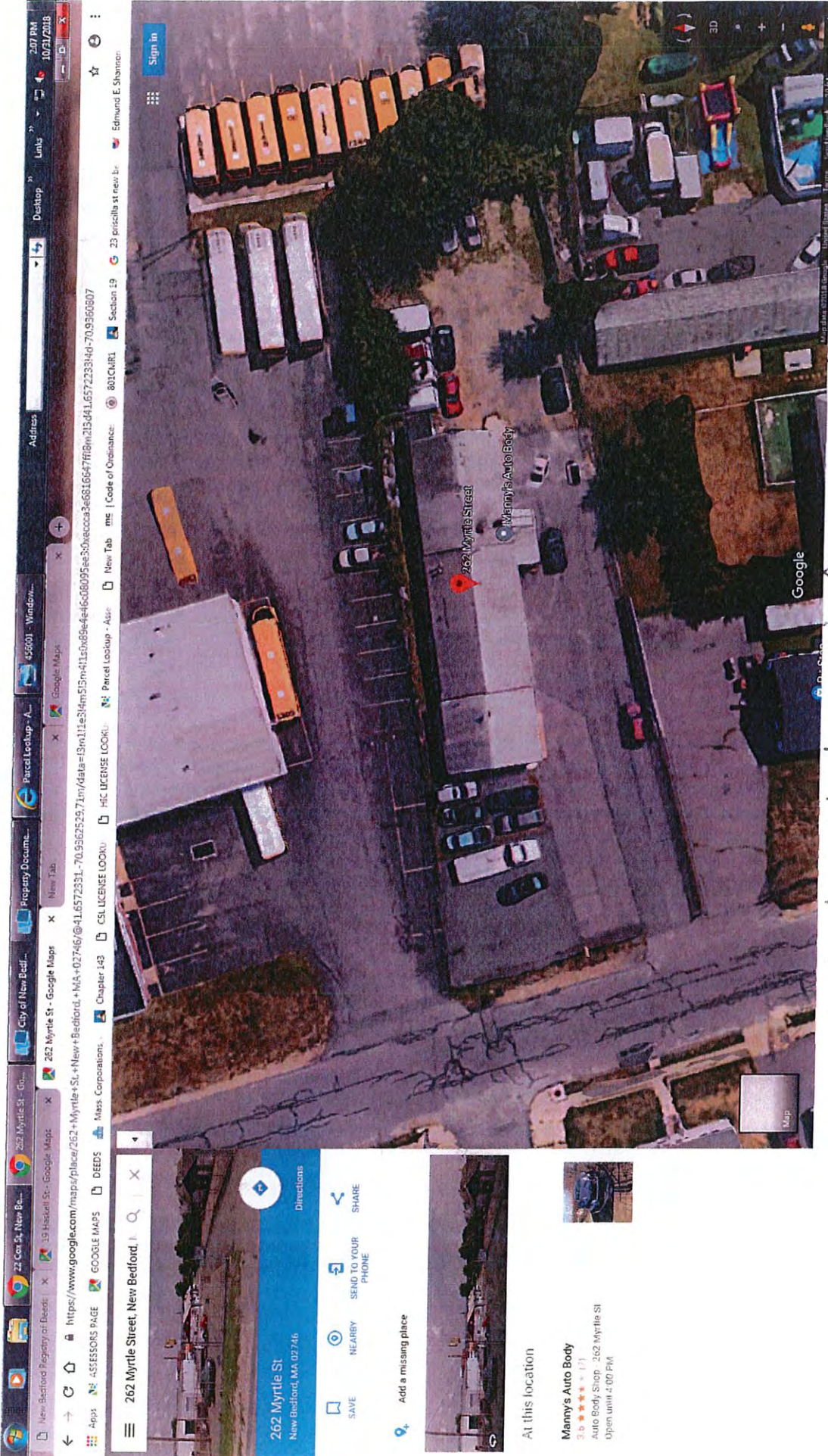


Olde Stone Plot Plan Service, LLC
P.O. Box 1166
Lakeville, MA 02347-
Tel: (800) 993-3302
Fax: (800) 993-3304

[Signature]
 10/4/18

PLEASE NOTE: This inspection is not the result of an instrument survey. The structures as shown are approximate only. An instrument survey would be required for an accurate determination of building locations, encroachments, property line dimensions, fences and lot configuration and may reflect different information than shown here. The land as shown is based on client furnished information only or assessor's map & occupation and may be subject to further out-sales, takings, easements and rights of way. No responsibility is extended to the landowner or surveyor, or occupant. This is merely a mortgage inspection and is not to be recorded.





6 inside building being worked on
7 on back (towing) ~~working~~
2 in front near gate to sell
4 waiting for repair

COMMITTEE ON APPOINTMENTS & BRIEFINGS

RECEIPT

DATE: 12/19/18

FROM: Grace Madeira

Receipt of Seven Hundred Dollars

For Special Permit for Motor Vehicle Sales and Rentals, Body Repair, General Repair and Light Service
at 262 Myrtle Street, New Bedford, MA 02746



Donna M. Britto
Assistant Clerk of Committees