

New Bedford, Massachusetts Motor Vehicle Special Permit APPLICATION

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:

DATE: 10 23/28

Type of service to be provided:	/
Sales and/or Rentals Body Repair	General Repair Light Service
Owner/Landlord Information:	
Wendy garcia Full Legal Name	J. Auto Mechanic Company Name (if applicable)
223 STOTE STREET Address	NewBedford, ma, 02740 City, State, Zip
774-992-6892 Phone Number	Email Address
OTHER Owner/Landlord Information: (if applicable)	
	eh.
Lessee Information: (if different from above)	ř.
Jose Engamación Full Legal Name	Company Name April April Repairs ! Sales
108 Hamlet ST IWAPT Address	TAIRIVER MRS, 83721 City, State, Zip
(401) 7-71 - 6930 Phone Number	J.Encampc.3~1030@gmail.com Email Address
OTHER Lessee Information: (if applicable)	

Location Information:

* m

Address of Premises:	1519 Street Number	Purchaser & Name	84	D2745 Zip Code	
Assessor's Plot:	7 <u>2</u> Plot #	Lot #	125005 Book #	Page #	
Lot Dimensions:	Frontage	Depth	<u> </u>	Area in Sq. Ft.	
Zoning District(s) in	which premis	es are located: _	MUB		
Premises in present or	wnership sinc	e: (date of purc	hase) <u> </u>	2018	
Present use of premis	es: Auto	Repair -	Motor 1	Jehicle light Service	e
Number of buildings	on Lot:\	Size of exis	sting building(s): <u>1032</u>	
Number of cars on pro	emises at any	given time:	<u>-q-</u>		
Number of people on	premises at a	ny given time:	-2-		
Size of proposed build	dings (<i>if appl</i>	icable):	<u>/</u>	-	
Extent of proposed al	terations (if a	pplicable):	Ψ.		
Have plans been subn (Recorded Plans, accur	nitted to the E ately scaled as	Department of Ir required by DIS	nspectional Ser , must be includ	vices? _ Los led with this application.)	
Has the Department o	f Inspectiona	l Services Com	missioner refu	sed to issue a permit? _ Le	S _
If so, the reason:	special p	ermit is requ	ised		
Motor Vehicle Special I	Permit APPLIC	CATION		Page	2 of 3

Signature Page:

A non-refundable filing fee is required when submitting the application, payable by cash, check or money order made payable to the City of New Bedford. The filing fee is non-refundable regardless of whether or not the petition is granted.

The FEE SCHEDULE as of January 2018:

U	Jp to 10,000 square feet - \$700
10.	,001 - 20,000 square feet - \$800
20,	, 001 - 30,000 square feet - \$900

If the petition is granted, the permission is specific to the plans submitted, unless the City Council states otherwise.

By signing this application, the Petitioner is stating that they have read and understand this application and the accompanying instructions and information. If granted, the Special Permit needs to be recorded and acted on within one year or the application process must begin again with a new, non-refundable fee.

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

Respectfully submitted:	
Owner Signature: (Must be the signature of the current owner on record.)	Date: 10 - 9 - 20
Lessee Signature: Local Engage (If the Lessee is a corporation, we must have a letter authorizing this person to sign on the corporation's behalf, on company letterhead.)	Date: <u>10-23 20</u> 00
Representative Signature: (Although not a requirement for submission, you may wish to contact an attorney to assist you with the application process.)	Date:
OTHER Owner Signature:	Date:
OTHER Lessee Signature: X Jonathan Piller	Date: 10/23/2020



New Bedford, Massachusetts Motor Vehicle Special Permit

Department Signature Page

I (do) do not consent to the applica	ation referenced above. I suggest the follo	owing conditions be included:
	ll be responsible for determining compl	
Ordinarios.		
	Kirsten Bryan	10/30/2020
	Deputy Director, Planning	Date
I do do not consent to the applica	ation referenced above. I suggest the follo	owing conditions be included:
time the applicant must get the Spec	by City Council and wait 20 days for the ial Permit stamped by the City Clerk, ha 308 in City Hall to start the permit proc	ve it recorded at the Registry
	Danny Romanowicz	11/08/2020_
	D.I S. Commissioner	Date
I do do not consent to the applica	tion referenced above. I suggest the follo	owing conditions be included:
MUST APPLY FOR A MOTOR VE	EHICLE CLASSI II LICEBSE (USED C	AR SALES) - ROOM 206
	Nicholas Nanopoulos	10/27/2020
	Licensing Board Clerk	Date
I do do not consent to the applica	tion referenced above. I suggest the follo	owing conditions be included:
area. The MDC Trap must be inspe-	operly sized/properly working MDC Tracted and/or cleaned every six months. A ted to the DPI IPP/FOG Office as proof of	copy of the receipt from the
	Wayne Perry, IPP Engineer	10/27/2020
	Department of Public Infrastructure	Date
I do do not consent to the applica	tion referenced above. I suggest the follo	wing conditions be included:
	Stephanie Macomber	11/04/2020
	Asst. City Clerk	Date



SEP 04 2019

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).

SUB	ECT PROPERTY	
МАР	# 72 LOT(S)# 107	
ADD	RESS:	
	1519 Purchage ST	
OWI	IER INFORMATION	
NAM	Voenay our cla-	
MAIL	ING ADDRESS:	
	223 State Street	_
APPL	ICANT/CONTACT PERSON INFORMATION	
NAM	E (IF DIFFERENT):	
	Jose Encarnación	
MAIL	ING ADDRESS (IF DIFFERENT):	
Jenc	AMACINIO300gmail com	
TELEI	PHONE # 401-771-6930	
EMAI	L ADDRESS:	
REAS	ON FOR THIS REQUEST: Check appropriate	
	ZONING BOARD OF APPEALS APPLICATION	
	PLANNING BOARD APPLICATION	
	CONSERVATION COMMISSION APPLICATION	
	LICENSING BOARD APPLICATION	
	OTHER (Please explain):	

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

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:

zinciai osc omy.		
As Administrative Assistant to the City of New B addresses as identified on the attached "abu	edford's Board of Assessors, I do hereby atters list" are duly necorded and appear	on the most recent tax.
Michael J. Motta	Alm	9-4-2019
Printed Name	Signature	Date

September 4, 2019 Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 1519 Purchase Street (Map: 72, Lot: 107). 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
72-113	1487 PURCHASE	MOUJABBER NABIH G,
	ST	1897 PURCHASE ST
	1487-1491	NEW BEDFORD, MA 02740
72-106	1190 PLEASANT	PLEASANT STREET INVESTMENT PROPERTIES LLC,
	ST	95 ASHLEY BOULEVARD
		NEW BEDFORD, MA 02746
72-104	1196 PLEASANT	FRANCIS ROBERT T, FRANCIS JEANNIE
	ST	1196 PLEASANT ST
		NEW BEDFORD, MA 02740
72-129	1546 PURCHASE	FERRO JOSEPH A, FERRO KIMBERLY W
	ST	1546 PURCHASE ST
	1546-1548	NEW BEDFORD, MA 02740
72-133	1502 PURCHASE	FTC REALTY- MA LLC,
	ST	3 BENTON ROAD
<u> </u>	1502-1508	MEDFORD, MA 02155
72-110	1501 PURCHASE	MOUJABBER NABIH G,
	ST	1897 PURCHASE STREET
		NEW BEDFORD, MA 02740
72-132	1520 PURCHASE	SARGENT DANA A "TRUSTEE", SARGENT GAIL M "TRUSTEE"
	ST	23 MERRYMOUNT DRIVE
		NORTH DARTMOUTH, MA 02747
72-134	1476 PURCHASE	DGRE LLC,
	ST	1476 PURCHASE ST
		NEW BEDFORD, MA 02740
72-109	1174 PLEASANT	MOUJABBER JOSEPH,
	ST	P O BOX 2598
	1174-1178	OAKS BLUFF, MA 02557
72-108	1186 PLEASANT	GONSALVES GILBERT V JR, GONSALVES LORI M
	ST	431 NECK ROAD
	1184-1188	ROCHESTER, MA 02770
72-235	1527 PURCHASE	FAIJUE JOSEPHINE T,
	ST	1527 PURCHASE STREET
		NEW BEDFORD, MA 02740
72-131	1530 PURCHASE	MAGALHAES MANUEL A,
	ST	1530 PURCHASE ST
		NEW BEDFORD, MA 02740
72-212	8 FRANKLIN ST	KALFAYAN SARKIS K,
		8 FRANKLIN STREET
		NEW BEDFORD, MA 02740

September 4, 2019 Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 1519 Purchase Street (Map: 72, Lot: 107). 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.

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<u>Parcel</u>	Location	Owner and Mailing Address
72-213	6 FRANKLIN ST	BARBOSA JULIO, BARBOSA NELIA
		46 BORDEN STREET
65		NEW BEDFORD, MA 02740
72-232	4 FRANKLIN ST	VO SANG-VAN,
		1573 PURCHASE STREET #2
		NEW BEDFORD, MA 02740
72-105	1541 PURCHASE	PEPI JEFF,
	ST	170 ELM STREET
	1541-1547	NEW BEDFORD, MA 02740
72-130	1538 PURČHASE	RODERICK DONALD W,
	ST	1538 PURCHASE STREET
	1538-1540	NEW BEDFORD, MA 02740
72 107	1519 PURCHASE	GARCIA WENDY B
	ST	223 STATE STREET
		NEW BEDFORD, MA 02740
72-112	2 POPE ST	MCCAGUE JAMES W,
		2 POPE STREET
		NEW BEDFORD, MA 02740



Location: 1519 PURCHASE ST Parcel ID: 72 107 Zoning: MUB Fiscal Year: 2020

Current Sales Information:

Sale Date:

Current Owner Information:

GARCIA WENDY B

223 STATE STREET

NEW BEDFORD, MA 02740

07/10/2018 Sale Price:

\$57,500.00

Legal Reference:

12500-164

Grantor:

ROSALES, BALMORE JOVEL

This Parcel contains 0.1061 acres of land mainly classified for assessment purposes as AUTOREP with a(n) COMMERCIAL GARAGE style building, built about 1940, having Brick exterior, Asphalt Shingles roof cover and 1032 Square Feet, with 1 unit(s), total room(s), total bedroom(s) total bath(s), 0 3/4 baths, and 0 total half bath(s).

Land Value:

Yard Items Value:

Total Value:

Card No. 1 of 1

33300

75500

8100

116900

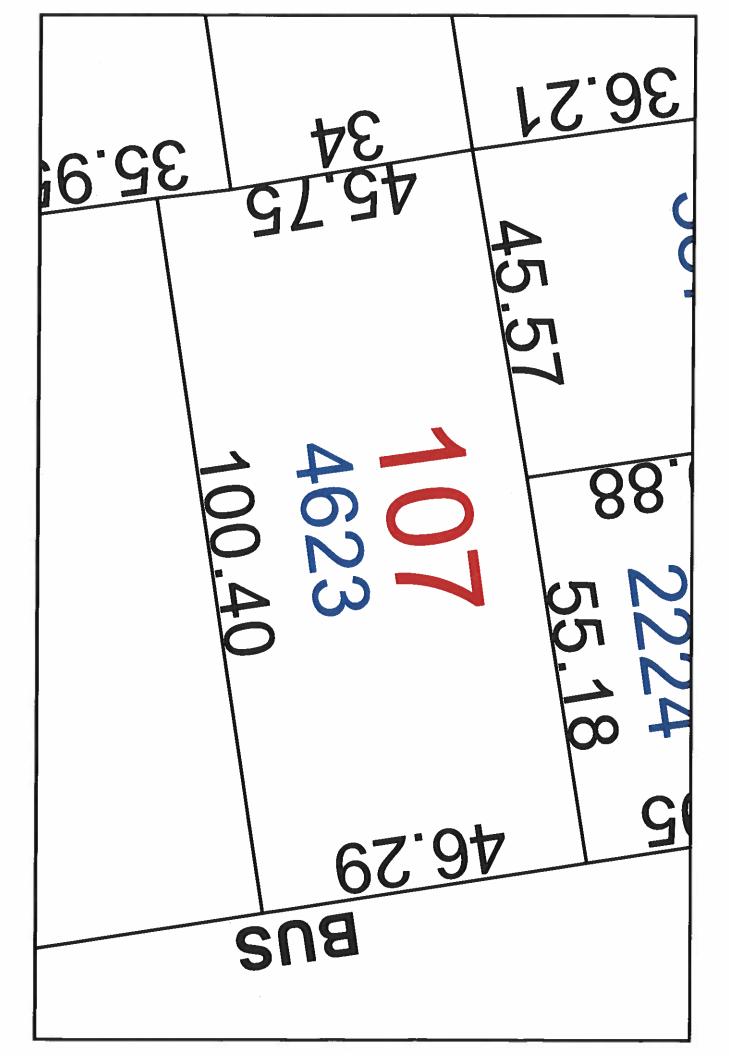


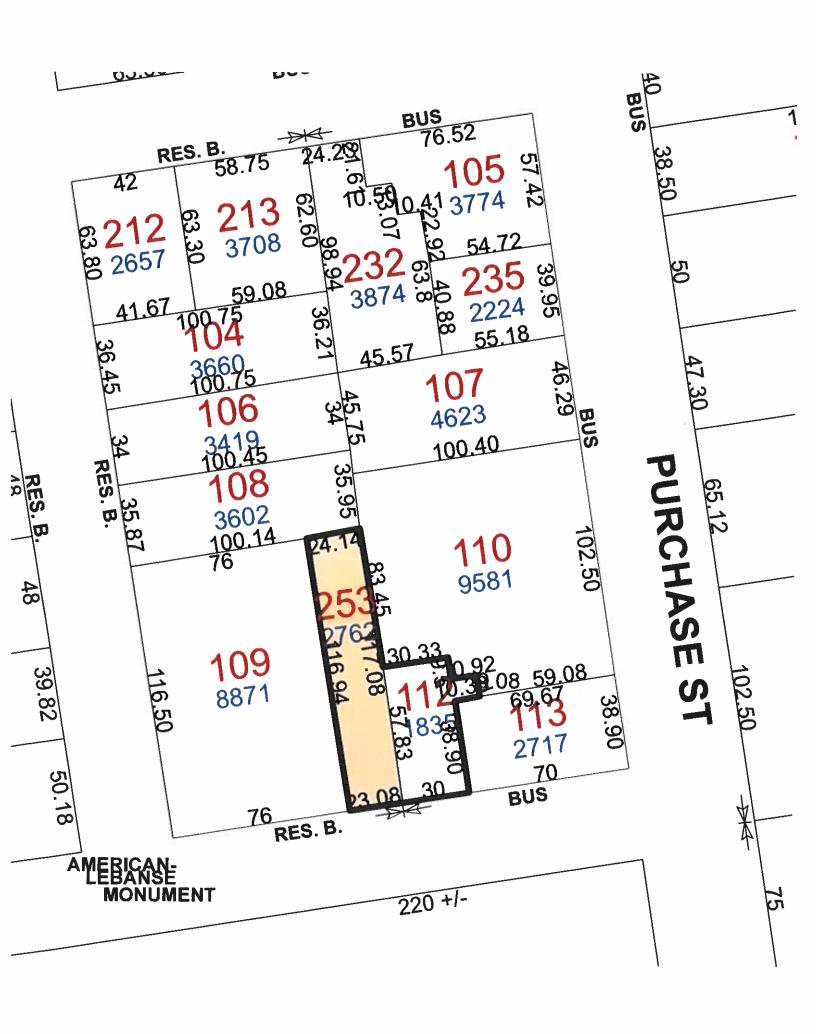


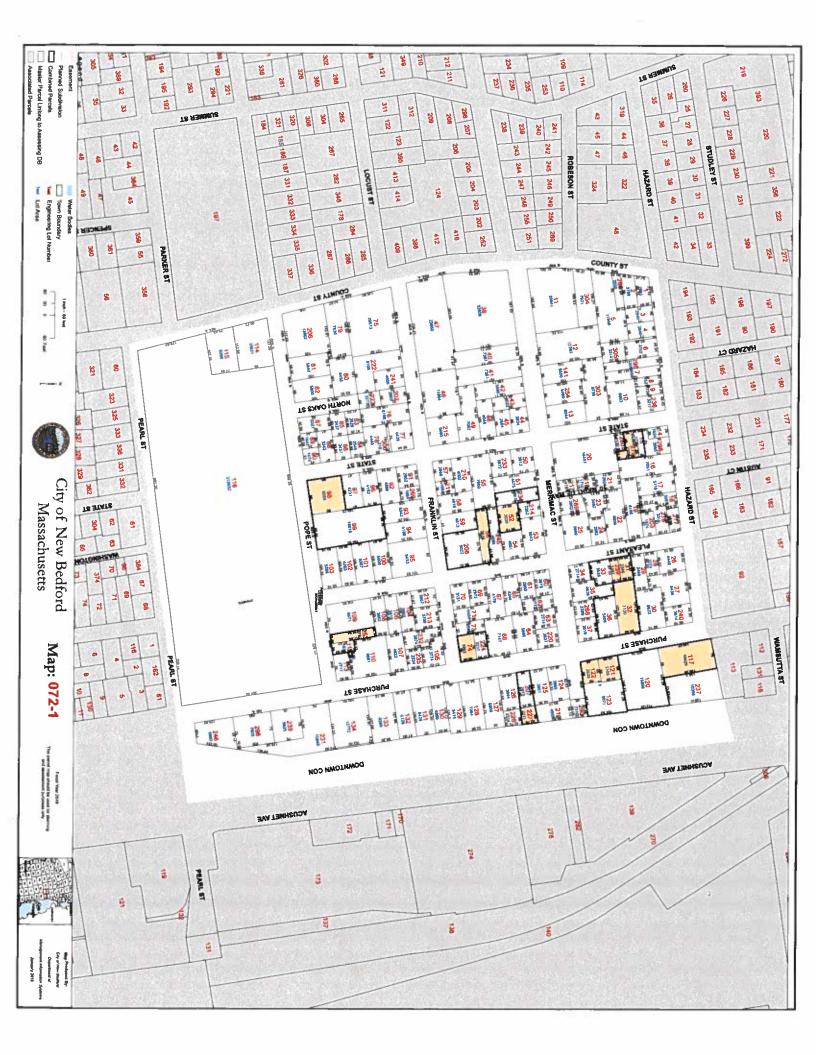


Fiscal Year 2020		Fiscal Year 2019		Fiscal Year 2018	
Tax Rate Res.:	16.16	Tax Rate Res.:	16.47	Tax Rate Res.:	16.63
Tax Rate Com.:	33.59	Tax Rate Com.:	34.84	Tax Rate Com.:	35.65
Property Code:	332	Property Code:	332	Property Code:	332
Total Bldg Value:	33300	Total Bldg Value:	26000	Total Bldg Value:	26900
Total Yard Value:	8100	Total Yard Value:	8200	Total Yard Value:	8200
Total Land Value:	75500	Total Land Value:	75500	Total Land Value:	75500
Total Value:	116900	Total Value:	109700	Total Value:	110600
Tax:	\$3,926.67	Tax:	\$3,821.95	Tax:	\$3,942.89

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 warranteed.









42 Other - Specify

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

	DECEINE		
	OR BUILDING DEPT.	us	Ε
9	HE RECEIVED BY:	\mathbb{W}	
	SSUED BY:		
	By.		-

and Building Permit IMPORTANT -- COMPLETE ALL ITEMS -- MARK BOXES WHERE APPLICABLE -- PRINT (AT LOCATION) Permit No. CROSS STREET (CROSS STREET) ___ ACCEPTED STREET II. TYPE AND COST OF BUILDING - all applicants complete parts A through D - PRINT A TYPE OF IMPROVEMENT D1 PROPOSED USE - For demolition most recent use Residential Mooresidential 1 New Building 13 One family 19 Amusement, recreational 2 Addition (if residential, enter number of new housing 14 Wo or more family - Enter Church, other religious units added, if any, in Part D, 14) Atteration (if residential, enter number of new 15 Transient hotel, motel, or housing units added, if any, in Part D, 14) 22 Parking garage dosmitory — Enter number 4 Repair, replacement of units 23 Service station, repair garage 16 Garage 5 Demolition (If multifamily residential, enter number of 24 Hospital, institutional units in building in Part D, 14, if non-residential, 17 Carport indicate most recent use checking D-18 - D-32) Office, bank, professional 18 Other - Specify 6 Moving (relocation) 7 Foundation only 27 School, library, other educational D.2. Does this building contain asbestos? B. OWNERSHIP Stores, mercantile YES NO If yes complete the following Tanks, towers 8 Private (individual, corporation, Name & Address of Asbestos Removal Firm. nonprofit institution, etc.) Public (Federal, State, or local government) 31 Food establishments Submit copy of notification sent to DECE and the C. COST (Omit cents) State Dept. of Labor & Industries and results of air to Cost of construction ... sample analysis after asbestos removal is completed To be installed but not included in D.3. Non-residential — Describe in detail proposed use of buildings, e.g., food processing plant, the above cost machine shop, laundry building at hospital, elementary school, secondary school, college, a. Electrical parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, order proposed use. b. Plumbing c. Heating, air conditioning d. Other (elevator, etc.) 11. TOTAL VALUE OF CONSTRUCTION 12. TOTAL ASSESSED BLDG. VALUE...... for new buildings complete part E through L. For démolition, complete only parts G; H-& I. III. SELECTED CHARACTERISTICS OF BUILDING -For all others, (additions, alterations, repair, moving, foundation), complete E through L. J. DIMENSIONS E PRINCIPAL TYPE OF FRAME G. TYPE OF SEWAGE DISPOSAL 53 Number of stories 33 Masonry (walt bearing) 43 Public or private company 54 Height 34 Wood frame 44 Private (septic tank, etc.) 55 Total square feet of floor area, 35 Structural steel at floors based on exterior dimensions H. TYPE OF WATER SUPPLY 56 Building length 36 Reinforced concrete 45 Public or private company 57 Building width 58 Total sq. ft. of bldg. footprint 37 🔲 Other — Specify 46 Private (well, cistern) 59 Front lot line width F. PRINCIPAL TYPE OF HEATING FUEL I. TYPE OF MECHANICAL 60 Rear lot line width 61 Depth of lot 38 Gas is there a fire sprinkler system 62 Total sq. ft. of lot size 39 V Oil 47 YES 63 % of lot occupied by bldg. (58÷62) 40 Electricity Will there be central air conditioning? 64 Distance from lot line (front) 65 Distance from lot line (rear) 66 Distance from lot line (left)

67 Distance from lot line (right)

OTHER APPLICABLE REVIEWS

K. FLOODPLAIN

R, I DO	ODI LAIN		
	Is location within flood	hazard area? yes no	2
	If yes, zone:	and base elevation	
L. WET	FLANDS PROTECTION	Į.	
	Is location subject to flo	oding?	
	Is location part of a kno	wn wetland?	
	Has local conservation of	ommission reviewed this site?	

A work
10
00

IV. IDEN	TIFICATION - ALL APPLICANTS	- PLEASE PRINT	
OWNER OR LESSEE NAME MAILING ADDRESS		ZIP CODE	TELEPHONE NO.
Jose A Anarnación	108 Hamlet St #	F 13	401-7716930
30 1			
E-mail Address:		8	
CONTRACTOR NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
200		LICENSE #	
E-mail Address:		HOME IMP #	12
ARCHITECT NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
77		LICENSE #	
E-mail Address:			
SIGNATURE OF OWNER	APPLICANT SIGNATURE		DATE
See Francish	JODI ENEARM	967 DN	11/19/20

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.

Applicant's Signature

Address

City

	CHECK	DATE OBTAINED	BY
Electrical			
Plumbing	N		
Fire Department		Ì	
Water			
Planning			
Conservation			
Public Works			
Health			
Licensing			
Other	:		
VI. ZONING REVIE	W		
DISTRICT:	USE:		
FRONTAGE:	,032	LOT SIZE:	
SETBACKS:			
RONT:	LEFT SIDE:	RIGHT SIDE:	REAR:
	LOT COVERAGE PRI		
ARIANCE HISTOR		1001001110	
7 6		9	
Insurance Company] I am a sole propri	etor and have no one wo	Policy Number	
] I am a sole proprie	etor and have no one wo etor, general contractor, rker's compensation inst	orking for me. or homeowner and have hired	d the contractors listed below who
] I am a sole proprie	etor, general contractor,	orking for me. or homeowner and have hiredurance policies:	the contractors listed below who
] I am a sole propri] I am a sole propri have the following wo	etor, general contractor,	orking for me. or homeowner and have hiredurance policies: Insurance Compa	ny/policy number
I am a sole proprint a sole proprint a sole proprint ave the following work as a sole proprint	etor, general contractor, rker's compensation inst	Insurance Compak myself.	ny/policy number ny/policy number
I am a sole propried a sole pr	etor, general contractor, rker's compensation insure performing all the worthat while homeowners were units in which the homployers under the World ermit may evidence the this statement will be for failure to secure covera	Insurance Compa Insurance Compa k myself. ho employ persons to do main meowner also resides or on th kers' Compensation Act (GL. of legal status of an employer un orwarded to the Department of	ny/policy number tenance, construction or repair work are grounds appurtenant thereto are no C. 152, sect. 1(5)), application by a der the Workers' Compensation Act. Industrial Accidents' Office of Insura 25A of MGL 152 can lead to the imposition.
I am a sole propried ave the following work when the following work was a sole propried ave the following work when the following work was a sole propried as a sole propried at a sole propried as a sole propried when the following was a sole propried as a sole propried with a sole propried was a sole propried with a sole propried was a so	etor, general contractor, rker's compensation insure performing all the worthat while homeowners were units in which the homployers under the World ermit may evidence the this statement will be for failure to secure covera	Insurance Compa Insurance Compa k myself. ho employ persons to do main meowner also resides or on th kers' Compensation Act (GL. of legal status of an employer un orwarded to the Department of age as required under Section 20 ond/or imprisonment of up	ny/policy number ny/policy number tenance, construction or repair work are no C. 152, sect. 1(5)), application by a der the Workers' Compensation Act.



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):	Auto Mechania	Jose Encarnacion
Address: 1519 Purchase St		
Are you an employer? Check the appropriate by the semployees (full and/or part-time).* 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] 3. I am a homeowner doing all work myself. [No workers' comp. insurance required.] †	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.	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 fitl out the section to Thomeowners who submit this affidavit indicating they are doin **Contractors that check this box must attached an additional shee employees. If the sub-contractors have employees, they must pro-	g all work and then hire outside contractor et showing the name of the sub-contractors ovide their workers' comp. policy number	s must submit a new affidavit indicating such. and state whether or not those entities have
I am an employer that is providing workers' composinformation.	ensation insurance for my employ	yees. Below is the policy and job site
Insurance Company Name:	N ₁	
Policy # or Self-ins. Lic. #:	Expi	ration Date:
Job Site Address:	City/5	State/Zip:
Attach a copy of the workers' compensation police Failure to secure coverage as required under Section fine up to \$1,500.00 and/or one-year imprisonment, of up to \$250.00 a day against the violator. Be advised Investigations of the DIA for insurance coverage versions.	n 25A of MGL c. 152 can lead to the as well as civil penalties in the found is that a copy of this statement in	the imposition of criminal penalties of a orm of a STOP WORK ORDER and a fine
I do hereby certify under the pains and penalties o	f perjury that the information pro	ovided above is true and correct.
Signature: DOE TAGMACION	Date:	1/19/20
Phone #: 401 - 711 6930		
Official use only. Do not write in this area, to b	e completed by city or town office	ial.
City or Town:	Permit/License #	
Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. 6. Other	. City/Town Clerk 4. Electrical	Inspector 5. Plumbing Inspector
Contact Person:	Phone #:	

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 form 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)		
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: Address of Work Address of Work		
Owner Name: Date of Permit Application: 1/18/20		
Thereby 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:		
1/18/20 Joset Encarage on		
Date Owner Signature		
XII. BUILDING COMMISSIONERS REVIEW COMMENTS AND CONDITIONS		
C. Building Permit Rejected SOECIAL PERMIT - CITY Council Fee		
Reason For Rejection:		
Permit 2 CM		
See ATTAChments D'20.200		
Comments and Conditions:		
()		
Signed		
Title		

U

IX. HOMEOWNER LICENSE EXEMPTION	e1
Supplement #1 The current exemption for "homeowner" was extended to include owner-occupied dwellings of two units or less an engage an individual for hire who does not possess a license, provided that the owner acts as supervisor. (State Built	d to allow such homeowners to ding 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 attached or detached structures accessory to such use and /or farm structures. A person who constructs more than one hor be considered a homeowner. Such "homeowner shall submit to the Building Official, on a form acceptable to the Building responsible for all such work performed under the building permit. (Section 110.5)	no in a turnumer period shall no
The undersigned "homeowner assumes responsibility for compliance with the State Building Code and other applicable codes, and will comply with the City of New Bedford Building Department minimum Inspection procedures and requirements.	ordinance, rules and regulations
HOMEOWNERS SIGNATURE	
X. CONSTRUCTION DEBRIS DISPOSAL	
Supplement #2 In accordance with provisions of Massachusetts General Law C40, S54, debris resulting form this work shall be disposed of in disposal facility as defined by Massachusetts General Law C111, S150A	a properly licensed solid waste
The debris will be disposed of in:	
Signature of Permit Applicant Date	1/19
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, Improveme construction of an addition to any pre-existing owner-occupied building containing at least one but not more that to structures which are adjacent to such residence of building" be conducted by registered contractors, with certain requirements. Type of Work O. T. J. Audo Mechanic Services Est. Cost	an four dwelling units or exceptions, along with other
Address of Work 1519 purcher ST	
Owner Name: Dose - ENCANACON Date of Permit Application:	5/21/10
hereby certify that: Registration is not required for the following reason(s):	2104 112
Work excluded by law Job under \$1,000 Building not owner-occupied C	wner obtaining own permit
Other (specify)	
lotice is hereby given that: DWNERS OBTAINING THEIR OWN PERMIT OR EMPLOYING UNREGISTERED CONTRACTORS FOR APPLICABLE HOLD DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OF GUARANTY FUND UNDER MGLC. 142A.	ME IMPROVEMENT WORK
igned under penalties of perjury: hereby apply for a permit as the agent of the owner:	
ate Contractor Signature Re	gistration No.
R: otwithstanding the above notice, I hereby apply for a permit as the owner of the above property:	
5/21/19 bee Freamación	j
ste Signature Signature	
II. BUILDING COMMISSIONERS REVIEW COMMENTS AND CONDITIONS	
Building Permit Rejected & SPECIAL PERMIT CITY COUNCIL ason For Rejection:	Fee
Y See ATTAChments"	Permit #
mments and Conditions:	
	7
-0	
med A January Date: 5	29 20 19
Kuth in house in 1	
e Hullia Omussionello	· ·

Garage Lease Agreement

THIS LEAS	SE (the "Lease") dated this 2 day of November 20 19
BETWEEN	N:
	Wendy Garcia
	(the "Landlord")
	Jose A. Encarnación
	Aaron James Mason
	(the "Tenant")
	(individually the "Party" and collectively the "Parties")
	DERATION OF the Landlord leasing certain premises to the Tenant and other valuable ation, the receipt and sufficiency of which consideration is hereby acknowledged, the Parties follows:
Leased Pi	roperty
	he Landlord agrees to rent to the Tenant the garage, municipally described as 1519 Purchase treet, New Bedford, Massachusetts 02740 (the "Property") for use of garaging.
	lo guests of the Tenants may occupy the Property for longer than one week without the prior vritten consent of the Landlord.
	ubject to the provisions of this Lease, the Tenant is entitled to the use of parking on or about ne Property.
Term	
20	he term of the Lease is a periodic tenancy commencing at 12:00 noon on
5. A	ny notice to terminate this tenancy must comply with the applicable legislation of the

Commonwealth of Massachusetts (the "Act").

Rent

- 6. Subject to the provisions of this Lease, the rent for the Property is \$1,500.00 per month (the "Rent")
- 7. The Tenant will pay the Rent on or before the 1st of each and every month of the term of this Lease to the Landlord at 223 State Street, New Bedford, Massachusetts 02740 or at such other place as the Landlord may later designate by cash or check.
- 8. The Landlord may increase the Rent for the Property upon providing to the Tenant such notice as required by the Act.

Deposit

- 9. On execution of this Lease, the Tenant will pay the Landlord a security deposit of \$1,500.00 in addition to the First Month Rent of \$1,500.00.
- 10. The Landlord will hold the Security Deposit at an interest bearing account solely devoted to security deposits at _______located at _______
- 11. The Landlord will return the Security Deposit at the end of this tenancy, less such deductions as provided in the Lease but no deduction will be made for damage due to reasonable wear and tear nor for any deduction prohibited by the Act.
- 12. During the term of this Lease or after it's termination, the Landlord may charge the Tenant or make deductions from the Security Deposit for any or all of the following"
 - Repair of walls due to plugs, large nails or any unreasonable number of holes in the walls including the repainting of such damaged walls;
 - b. Repainting required to repair the results of any other improper use or excessive damage by the Tenant;
 - c. Unplugging toilets, sinks and drains;
 - d. Replacing damaged or missing doors, windows, screens, mirrors or light fixtures;
 - e. Repairing cuts, burns, or water damage to property
 - f. Any other purpose allowed under this Lease or the Act.

For the purpose of this clause, the Landlord may charge the Tenant for professional cleaning and repairs if the Tenant has not made alternate arrangements with the Landlord.

13. The Tenant may not use the Security Deposit as payment for Rent.

Inspections

14. At all reasonable times during the term of this Lease and any renewal of this Lease, the Landlord and its agents may enter the Property to make inspections or repairs, or to show the Property to prospective tenants or purchasers in compliance with the Act.

Utilities and Other Charges

15. The Tenant is responsible for the payment of all utilities in relation to the Property.

Attorney Fees

16. In the event that any action is filed in relation to this Lease, the unsuccessful Party in the action will pay to the successful Party, in addition to all the sums that either Party may be called on the pay, a reasonable sum for the successful Party's attorney fees.

Governing Law

17. This(Less) will be construed in accordance with and exclusively governed by the laws of the Commonwealth of Massachusetts.

Damage to Property

18. If the Property should be damaged other than by the Tenant's negligence or willful act of the Tenant's employee, family, agent, or visitor and the Landlord decides not to rebuild or repair the Property, the Landlord may end this Lease by giving appropriate notice.

Maintenance

- 19. The Tenant will, at its sole expense, keep and maintain the Property and appurtenances in good and sanitary condition and repair during the term of this Lease and any renewal of this Lease.
- 20. Major maintenance and repair of the Property involving anticipated or actual costs excess pf \$100.00 per incident not due to the Tenant's misuse, waste, or neglect or that of the Tenant's employee, family, agent, or visitor, will be the responsibility of the Landlord or the Landlord's assigns.
- 21. The Tenant will also perform the following maintenance in respect to the Property: Car Lift Heating System. resiave of any tipe of substance on floor.

IN WITNESS WHEREOF Aaron lanes las ond Wendy Garcia have duly affixed their signatures on this __ day of _______.

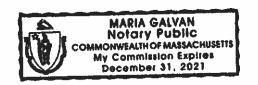
Wendy Garcia

Wendy Garcia

11:30-19. Tenant

The Tenant acknowledges receiving a duplicate copy of this Lease signed by the Tenant and the Landlord on the 2 day of 2019.







Bk: 12500 Pg: 164 Pg: 1 of 2 BS Doc: DEED 07/10/2018 01:33 PM

MASSACHUSETTS QUITCLAIM DEED

I, BALMORE JOVEL ROSALES, of 132 Ranson Estates CIR, Ranson, WV, 25438 for consideration paid, and in full conversation of FIFTY SEVEN THOUSAND FIVE HUNDRED DOLLARS and 00/100 (U.S. \$57,500.00) grant to WENDY B. GARCIA, individually, of 223 State Street, New Bedford, Massachusetts 02740 with quitclaim covenants the following property in New Bedford, Bristol County, Massachusetts, known and numbered as 1519 Purchase Street, bounded an described as follows,

Beginning at the northeast corner of the land herein described at a point in the westerly line of Purchase Street, and at the southeast corner of land now or formerly of Stephen C. Christian;

Thence southerly in line of said Purchase Street, forty-six (46) feet and three and one-half (3 ½) inches to land of parties unknown;

Thence westerly in line of last-named land, forty-five (45) feet and five and one-half (5 ½) inches to a faced wall now or formerly of said Christian; and

Thence easterly in line of last-named and, one hundred (100) feet and four (4) inches to the said line of Purchase Street and the point of beginning.

Containing sixteen and 09/100 (16.09) square rods, more or less.

Being the same premises conveyed to this Grantor by deed recorded with the Bristol County (S.D.) Registry of Deeds in Book 11298, Page 269.

I, BALMORE JOVEL ROSALES declare under the pains and penalties of perjury that no person is entitled to claim the benefit of an existing estate of homestead in the premises as this was never be in a primary residence.

Witness my hand and seal this Z day of 50/4, 2018.

Copy

EID Susan Ferra Portion 1008 PUCACUTS 4 45

MASSACHUSETTS EXCISE TAX
Bristol ROD South 001
Date: 07/10/2018 01:33 PM
Ctri# 025447 31614 Doc# 00015147

Fee: \$262.20 Cons: \$57,500.00

Balmore Jovel Rosales

State of Virginia

LOUGOUN COUNTY, ss.

Date: 07/02/2018

On this day before me, the undersigned Notary Public personally appeared BALMORE JOVEL ROSALES and proved me through satisfactory evidence of identification, which was a photographic identification with signature issued by a federal or state governmental agency, oath or affirmation of a credible witness, personal knowledge of the undersigned, to be the person(s) whose name(s) is/are signee above and acknowledge to me that he/she/they signed it voluntarily for its stated purpose and it was his/her their free act and deed.

Notary Public:

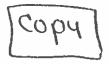
My Commission expires: 00/20/21

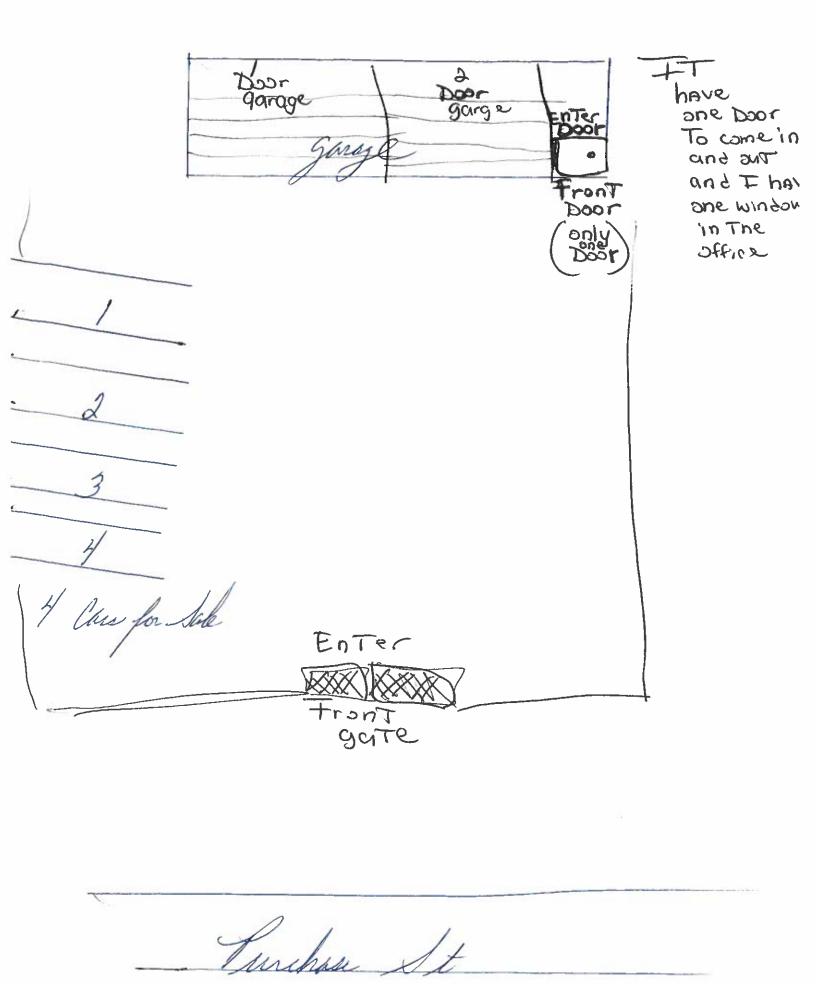
JACQUELINE BLANCO GOMEZ

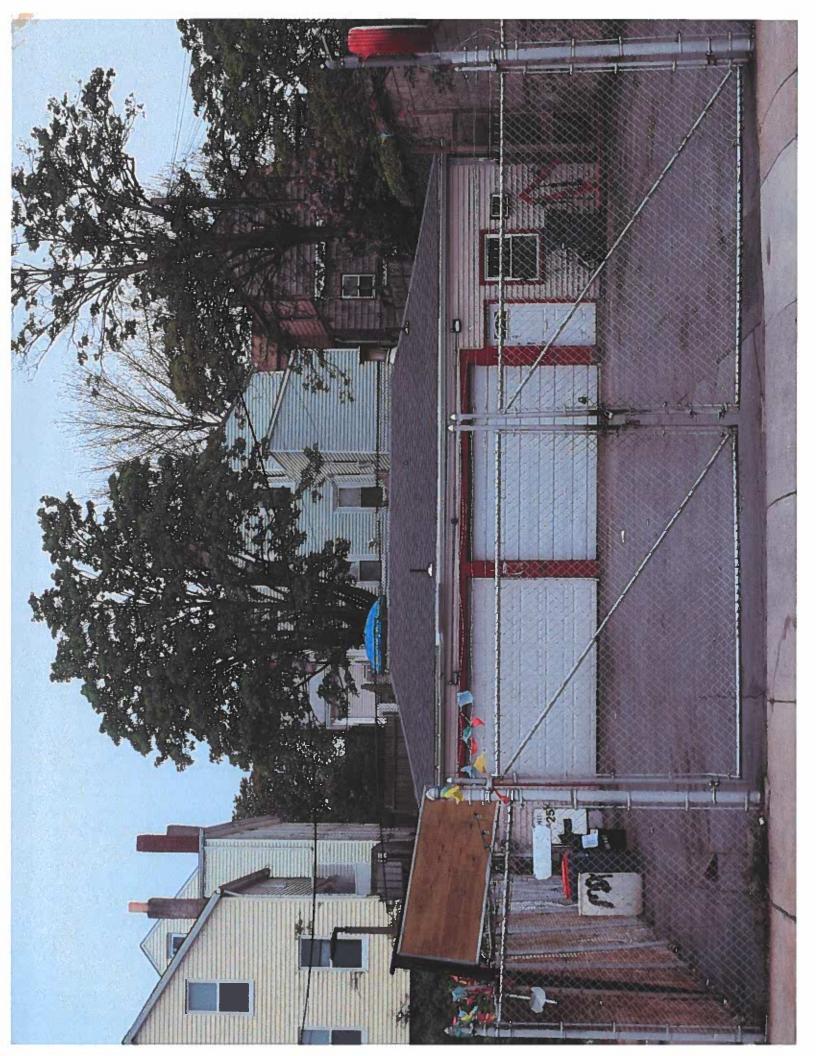
NOTARY PUBLIC

COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES SEPT 30, 2021

COMMISSION * 7727372







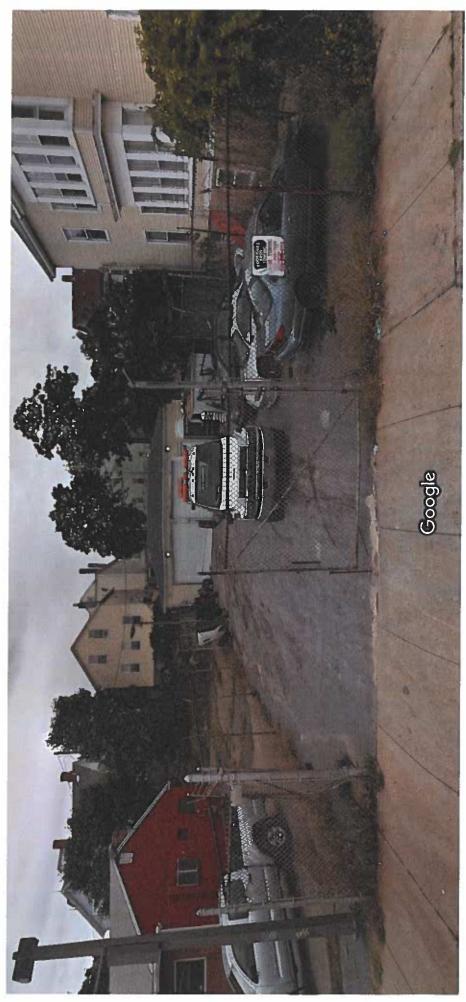
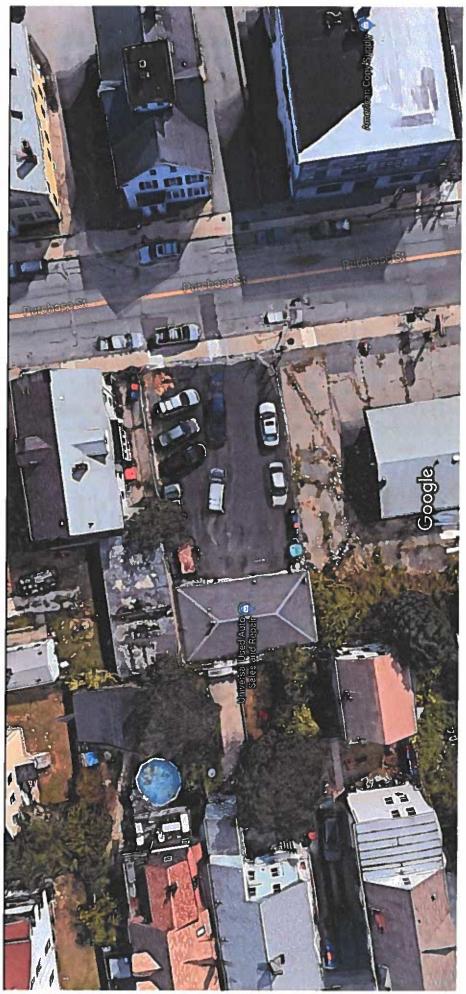


Image capture: Sep 2012 @ 2019 Google

New Bedford, Massachusetts



Street View - Sep 2012



Imagery ©2019 Google, Map data ©2019 Google 20 ft.

COMMITTEE ON APPOINTMENTS & BRIEFINGS

RECEIPT

DATE: 10/23/2020
OWNER(S): Jose Encarnacion+ Jonathan PHMan
BUSINESS NAME: J+J'S Small Auto Repairs + Sales
BUSINESS ADDRESS: 1519 Purchase St 02740
FOR MOTOR VEHICLE: Sales and/or Rentals
Body Repair
General Repair
Light Service
AMOUNT RECEIVED: Seven Hundred Dollars (\$700.00)
Angelie Tay
Angelic Taylor Principal Clerk Typist