



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: 2/13/2023

Type of service to be provided:

Sales and/or Rentals Body Repair General Repair Light Service

Owner/Landlord Information:

Julio R. Barbosa
Full Legal Name

Company Name (if applicable)

10 Fieldstone Farm Dr. D
Address

Dartmouth MA 02748
City, State, Zip

508-958-2281
Phone Number

Jspec920@aol.com
Email Address

OTHER Owner/Landlord Information: (if applicable)

Lessee Information: (if different from above)

Martires Heredia-Cuevas
Full Legal Name

Dominic Auto Services
Company Name

90 Purchase St #3
Address

New Bedford MA 02740
City, State, Zip

774-520-8178
Phone Number

MARTIRES.HEREDIA@icloud.com
Email Address

OTHER Lessee Information: (if applicable)

Location Information:

Address of Premises: 31 Scott St 02744
Street Number & Name Zip Code

Assessor's Plot: 20 311 13438 258
Plot # Lot # Book # Page #

Lot Dimensions: 80 ft 80 ft 6467
Frontage Depth Area in Sq. Ft.

Zoning District(s) in which premises are located: RC

Premises in present ownership since: (date of purchase) 10/13/2020

Present use of premises: car dealer and repair shop

Number of buildings on Lot: 1 Size of existing building(s): 4906 sq ft

Number of cars on premises at any given time: 6

Number of people on premises at any given time: 2

Size of proposed buildings (if applicable): 0

Extent of proposed alterations (if applicable): 0

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

Has the Department of Inspectional Services Commissioner refused to issue a permit? yes

If so, the reason: Special permit required

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:

Up 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: 2/14/23

Lessee Signature: 
(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: 2/16/23

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: _____

Date: _____



New Bedford, Massachusetts

Motor Vehicle Special Permit

Department Signature Page

Business Name/Address: 31 Scott Street, Dominic Auto Services

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

Conditionally approved. Received ZBA approval on 3/16/23. Applicant must complete required Planning Board review for special permit for a parking reduction per rejection packet. PB application is pending submission.

Michael McCarthy
Assistant City Planner

04/06/2023
Date

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

Will require a Special Permit approved by City Council for Sales and or rentals, body repair, and general repairs with no more than 6 cars on site at any time. This Special Permit must be recorded at the Registry of Deeds after the 20-day appeal period has expired and it is stamped by the City Clerk attesting to the fact, then a copy must be returned to room 308 and a permit will be issued from Inspectional Services (Room 308) upon payment and processing of the application.

Danny Romanowicz
D.I S. Commissioner

04/06/2023
Date

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

Class II License will need to be applied for.

Christine Amaral
Licensing Board

04/06/2023
Date

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

An MDC Trap must be installed and confirmed to be operating properly if one is not already existing and functional at the site. The MDC Trap must be inspected/cleaned by a professional company every six months. A copy of the receipt for the inspection/cleaning from the company must be sent to the DPI IPP Office after each inspection/cleaning. This location's address needs to be confirmed with DPI Engineering.

Laura Breig, Project Coordinator
Department of Public Infrastructure

04/12/2023
Date

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

I have no objections to this application. I have checked our records and their business certificate is current.

Stephanie Macomber
Asst. City Clerk

04/12/2023
Date

April 5, 2023
Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 31 Scott Street (Map: 20, Lot: 311). 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
20-55	41 SCOTT ST	SCOTT STREET PROPERTIES LLC, P O BOX 2026 NEW BEDFORD, MA 02741-2026
20-58	37 SCOTT ST	SAUCIER PAMELA F, 37 SCOTT ST NEW BEDFORD, MA 02744
20-412	42 SCOTT ST	PINHEIRO VICTOR C, PINHEIRO MARIA L 540 BROCK AVENUE NEW BEDFORD, MA 02744
20-111	42 SCOTT ST	REGO JACINTO, REGO GLORIANA 42 R SCOTT ST NEW BEDFORD, MA 02744
20-117	12 SCOTT ST	GAIPO ANTONIO S, GAIPO MARIA C 12 SCOTT ST NEW BEDFORD, MA 02744
20-60	23 SCOTT ST	PEREIRA ARMANDA, PEREIRA MARIA 23 SCOTT STREET NEW BEDFORD, MA 02744
20-61	21 SCOTT ST	BRITO FLORENTINA, 21 SCOTT STREET NEW BEDFORD, MA 02744
20-47	40 NELSON ST	PIMENTEL MANUEL C, PIMENTEL MARIA G 40 NELSON ST NEW BEDFORD, MA 02744
20-48	38 NELSON ST	ENAMORADO CARLOS R, 610 CENTER STREET BROCKTON, MA 02302
20-49	32 NELSON ST	CUNHA VICTOR M, CUNHA LURDES P 21 ARTHUR AVE NO. DARTMOUTH, MA 02747
20-50	28 NELSON ST	SOUSA MARGARIDA P, 28 NELSON ST NEW BEDFORD, MA 02744
20-51	26 NELSON ST	CADIEUX ALPHONSE E, 26 NELSON ST NEW BEDFORD, MA 02744
20-46	48 NELSON ST	RAPOSO DANIEL A JR 5 ETHAN CIRCLE FREETOWN, MA 02717

April 5, 2023
 Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 31 Scott Street (Map: 20, Lot: 311). 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
20-114	20 SCOTT ST	PINHEIRO VICTOR C, 540 BROCK AVENUE NEW BEDFORD, MA 02744
20-311	31 SCOTT ST	BERTRAND JACQUELINE E "TRUSTEE", JACQUELINE E BERTRAND 2006 REVOCABLE TRUST 20 MEADOWBROOK LN MATTAPOISETT, MA 02739

Location: 31 SCOTT ST **Parcel ID:** 20 311 **Zoning:** RC **Fiscal Year:** 2021 **Account Number:** 26737

Current Owner Information:

BARBOSA JULIO
 BARBOSA NELIA
 10 FIELDSTONE FARM ROAD

 DARTMOUTH , MA 02478

Current Sales Information:

Sale Date:

04/27/2020

Sale Price:

\$50,000.00

Legal Reference:

13195-64

Grantor:

BERTRAND,JACQUELINE E "TRUSTEE"

Card No. 1 of 1

This Parcel contains 0.1483 acres of land mainly classified for assessment purposes as AUTOREP with a(n) COMMERCIAL GARAGE style building, built about 1921, having Conc Blk exterior, Tar&Gravel roof cover and 4906 Square Feet, with 1 unit(s), total room(s), total bedroom(s) total bath(s), 0 3/4 baths, and 1 total half bath(s).

Building Value:

147400

Land Value:

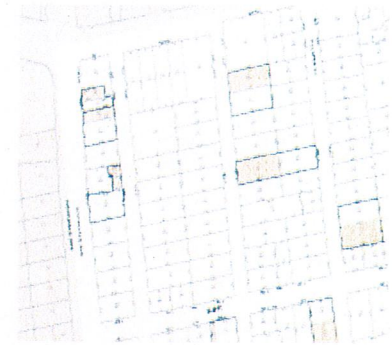
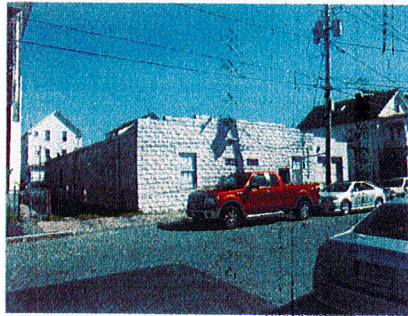
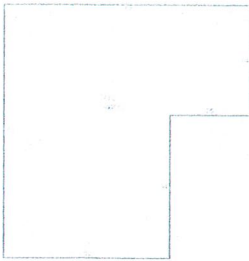
62700

Yard Items Value:

1200

Total Value:

211300



Fiscal Year 2021

Tax Rate Res.: 15.59
 Tax Rate Com.: 32.76
 Property Code: 332
 Total Bldg Value: 147400
 Total Yard Value: 1200
 Total Land Value: 62700
Total Value: 211300
Tax: \$6,922.19

Fiscal Year 2020

Tax Rate Res.: 16.16
 Tax Rate Com.: 33.59
 Property Code: 332
 Total Bldg Value: 130700
 Total Yard Value: 1200
 Total Land Value: 62700
Total Value: 194600
Tax: \$6,536.61

Fiscal Year 2019

Tax Rate Res.: 16.47
 Tax Rate Com.: 34.84
 Property Code: 332
 Total Bldg Value: 101100
 Total Yard Value: 1200
 Total Land Value: 62700
Total Value: 165000
Tax: \$5,748.60

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

IX. HOMEOWNER LICENSE EXEMPTION

Supplement #1

The current exemption for "homeowner" was extended to include owner-occupied dwellings of two units or less and to allow such homeowners to engage an individual for hire who does not possess a license provided that the owner acts as supervisor. (State Building Code Section 110.5)

DEFINITION OF HOMEOWNER:

Person(s) who own a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one to two family dwelling, attached or detached structures accessory to such use and /or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such "homeowner shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (Section 110.5)

The undersigned "homeowner assumes responsibility for compliance with the State Building Code and other applicable codes, ordinance, rules and regulations, and will comply with the City of New Bedford Building Department minimum inspection procedures and requirements.

HOMEOWNERS SIGNATURE [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 Operate Motor Vehicle sales, general repairs, body repairs, light service AND

Address of Work 31 SCOTT STREET Machine Shop

Owner Name Julio Barbosa 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. _____

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

Date _____ Owner Signature _____

XII. BUILDING COMMISSIONERS REVIEW COMMENTS AND CONDITIONS

C Building Permit Rejected <input checked="" type="checkbox"/>	Zoning Board of Appeals - Special Permit	Fee
Reason For Rejection	City Council - Special Permit	B-21-2427
	Planning Board - Special Permit	

Comments and Conditions

see Attachments
Signed [Signature] Date 9/13/2021
Title Building Commissioner

JUL 11 2022
DK picked up



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

31 Scott Street – PLOT: 20 – LOT: 311 – ZONED DISTRICT: RC
Special Permit is Required from the Zoning Board of Appeals
Special Permit is Required from the Planning Board
Special Permit is Required from the City Council

Zoning Code Review as follows:

Special Permit

Zoning Board of Appeals

❖ SECTION

- 2400 – Non Conforming Uses and Structures
- 2410 – Applicability
- 2420 – Nonconforming Uses
 - 2421 – Change or substantial extension of the use;
 - 2422 – Change from one nonconforming use to another, less detrimental, nonconforming use
- 2430 – Nonconforming Structures, Other Than Single- and Two-Family Structures
 - 2431 – Reconstructed, extended or structurally changed
 - 2432 – Altered to provide for a substantially different purpose or for the same purpose in a substantially different manner or to a substantially greater extent
- 5300-5330 & 5360-5390 – Special Permit

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

Special Permit

Planning Board

❖ SECTIONS

- 3100 – Parking and Loading
- 3110 – Applicability
- 3120-3125 – Special Permit (Reduction in Parking)
- 3130 – Table of Parking Loading Requirements – Appendix C
 - Businesses engaged in retail sale, rental, repair, servicing, storage and distribution of motor vehicles, trailers, campers, boats, furniture or building materials
- 5300-5330 & 5360-5390 – Special Permit

Notes:

- A floor plan is required to be submitted to show the number of cars that fit within the building.
- A site plan is required to be submitted to show all parking spaces for new use.
- An MDC Trap is required for the new use.



CITY OF NEW BEDFORD
JONATHAN F. MITCHELL, MAYOR

DEPARTMENT OF INSPECTIONAL SERVICES

133 WILLIAM STREET - ROOM 308
NEW BEDFORD, MA 02740

Parking Spaces Calculations

Building Use - Automotive Repair / Light Service / Body Work / Sales

Number of Parking Spaces Required

Number of Space required = $4,906\text{sf} \div 400\text{sf}/\text{Parking Space} = 12.3 = \underline{13 \text{ Parking Spaces}}$

Number of Parking Spaces Provided = 2 Parking Spaces

Number of Parking Spaces Required for Relief = 11 Parking Spaces

Permit No B-21-2427
 Completion Date



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

FOR BUILDING DEPT. USE
 DATE RECEIVED _____
 RECEIVED BY _____
 ISSUED BY **AUG 19 2021**

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

(AT LOCATION) 31 Scott St
(NO) (STREET)
 BETWEEN County St AND _____
(CROSS STREET) (CROSS STREET)
 PLOT 20 LOT 311 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>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (if residential, enter number of new housing units added, if any, in Part D, 14)</p> <p>3 <input type="checkbox"/> Alteration (if residential, enter number of new housing units added, if any, in Part D, 14)</p> <p>4 <input type="checkbox"/> Repair/replacement</p> <p>5 <input type="checkbox"/> Demolition (if multifamily residential, enter number of units in building in Part D, 14; if non-residential, indicate most recent use checking D-18 - D-32)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> <p style="margin-left: 20px;"><i>change of use</i></p>	<p>D.1 PROPOSED USE — For demolition, most recent use</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Residential</p> <p>13 <input type="checkbox"/> One family</p> <p>14 <input type="checkbox"/> Two or more family — Enter number of units _____</p> <p>15 <input type="checkbox"/> Transient hotel, motel or dormitory — Enter number of units _____</p> <p>16 <input type="checkbox"/> Garage</p> <p>17 <input type="checkbox"/> Carport</p> <p>18 <input type="checkbox"/> Other — Specify _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Nonresidential</p> <p>19 <input type="checkbox"/> Amusement/recreational</p> <p>20 <input type="checkbox"/> Church, other religious</p> <p>21 <input type="checkbox"/> Industrial</p> <p>22 <input type="checkbox"/> Parking garage</p> <p>23 <input checked="" type="checkbox"/> Service station, repair garage</p> <p>24 <input type="checkbox"/> Hospital, institutional</p> <p>25 <input type="checkbox"/> Office, bank, professional</p> <p>26 <input type="checkbox"/> Public utility</p> <p>27 <input type="checkbox"/> School, library, other educational</p> <p>28 <input type="checkbox"/> Stores, mercantile</p> <p>29 <input type="checkbox"/> Tanks, towers</p> <p>30 <input type="checkbox"/> Funeral homes</p> <p>31 <input type="checkbox"/> Food establishments</p> <p>32 <input type="checkbox"/> Other — Specify _____</p> </td> </tr> </table> <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: _____</p> <p><small>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.</small></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 or industrial plant. If use of existing building is being changed, enter proposed use.</p> <p style="font-size: 1.2em; margin-left: 20px;"><i>Auto Repair Shop</i></p>	<p>Residential</p> <p>13 <input type="checkbox"/> One family</p> <p>14 <input type="checkbox"/> Two or more family — Enter number of units _____</p> <p>15 <input type="checkbox"/> Transient hotel, motel or dormitory — Enter number of units _____</p> <p>16 <input type="checkbox"/> Garage</p> <p>17 <input type="checkbox"/> Carport</p> <p>18 <input type="checkbox"/> Other — Specify _____</p>	<p>Nonresidential</p> <p>19 <input type="checkbox"/> Amusement/recreational</p> <p>20 <input type="checkbox"/> Church, other religious</p> <p>21 <input type="checkbox"/> Industrial</p> <p>22 <input type="checkbox"/> Parking garage</p> <p>23 <input checked="" type="checkbox"/> Service station, repair garage</p> <p>24 <input type="checkbox"/> Hospital, institutional</p> <p>25 <input type="checkbox"/> Office, bank, professional</p> <p>26 <input type="checkbox"/> Public utility</p> <p>27 <input type="checkbox"/> School, library, other educational</p> <p>28 <input type="checkbox"/> Stores, mercantile</p> <p>29 <input type="checkbox"/> Tanks, towers</p> <p>30 <input type="checkbox"/> Funeral homes</p> <p>31 <input type="checkbox"/> Food establishments</p> <p>32 <input type="checkbox"/> Other — Specify _____</p>
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<p>B. OWNERSHIP</p> <p>8 <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>			
<p>C. COST <small>(Omit cents)</small></p> <p>10 Cost of construction To be installed but not included in the above cost \$ _____</p> <p>a. Electrical _____</p> <p>b. Plumbing _____</p> <p>c. Heating, air conditioning _____</p> <p>d. Other (elevator, etc.) _____</p> <p>11. TOTAL VALUE OF CONSTRUCTION _____</p> <p>12. TOTAL ASSESSED BLDG. VALUE _____</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>33 <input checked="" type="checkbox"/> Masonry (wall bearing)</p> <p>34 <input type="checkbox"/> Wood frame</p> <p>35 <input type="checkbox"/> Structural steel</p> <p>36 <input type="checkbox"/> Reinforced concrete</p> <p>37 <input type="checkbox"/> Other — Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>43 <input checked="" type="checkbox"/> Public or private company</p> <p>44 <input type="checkbox"/> Private (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>53 Number of stories _____</p> <p>54 Height _____</p> <p>55 Total square feet of floor area, all floors based on exterior dimensions _____</p> <p>56 Building length _____</p> <p>57 Building width _____</p> <p>58 Total sq. ft. of bldg. footprint _____</p> <p>59 Front lot line width _____</p> <p>60 Rear lot line width _____</p> <p>61 Depth of lot _____</p> <p>62 Total sq. ft. of lot size _____</p> <p>63 % of lot occupied by bldg. (56-82) _____</p> <p>64 Distance from lot line (front) _____</p> <p>65 Distance from lot line (rear) _____</p> <p>66 Distance from lot line (left) _____</p> <p>67 Distance from lot line (right) _____</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>38 <input checked="" type="checkbox"/> Gas</p> <p>39 <input type="checkbox"/> Oil</p> <p>40 <input type="checkbox"/> Electricity</p> <p>41 <input type="checkbox"/> Coal</p> <p>42 <input type="checkbox"/> Other — Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>45 <input checked="" type="checkbox"/> Public or private company</p> <p>46 <input type="checkbox"/> Private (well, cistern)</p>	
	<p>I. TYPE OF MECHANICAL</p> <p>Is there a fire sprinkler system?</p> <p>47 <input type="checkbox"/> YES 48 <input checked="" type="checkbox"/> NO</p> <p>Will there be central air conditioning?</p> <p>49 <input type="checkbox"/> Yes 50 <input checked="" type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>51 <input type="checkbox"/> Yes 52 <input checked="" type="checkbox"/> No</p>	

OTHER APPLICABLE REVIEWS

K. FLOODPLAIN

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

L. WETLANDS PROTECTION

Is location subject to flooding? N/A
 Is location part of a known wetland? N/A
 Has local conservation commission reviewed this site? N/A

IV IDENTIFICATION - ALL APPLICANTS - PLEASE PRINT

OWNER OR LESSEE NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
Julia Burbock	10 Fieldstone Farm Dr. Dorchester MA	02741	508-558-2291
E-mail Address: <u>Julia@burbock.com</u>			
CONTRACTOR NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
Tenant MARTINEZ HEREDIA QUAS	31 SCOTT ST	02744	774-520-8178
E-mail Address: _____			
ARCHITECT NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
E-mail Address: _____			
SIGNATURE OF OWNER	APPLICANT SIGNATURE	DATE	
<u>Julia Burbock</u>	<u>(TB)</u>	<u>08/18/21</u>	

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.

(TB) 31 SCOTT ST DORCHESTER MA

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

WALTERS HEREDIA CUEVAS

(licensee/permittee) with a principal place of business/residence at:

(City/State/Zip) do hereby certify, under the pains and penalties of perjury, that:

I am an employer providing worker's compensation coverage for my employees working on this job.

Insurance Company _____

Policy Number _____

I am a sole proprietor and have no one working for me.

I am a sole proprietor, general contractor, or homeowner and have hired the contractors listed below who have the following worker's compensation insurance policies:

Name of contractor _____

Insurance Company/policy number _____

Name of contractor _____

Insurance Company/policy number _____

I am a homeowner performing all the work myself.

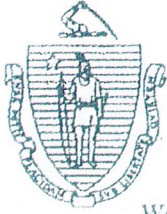
NOTE: Please be aware that while homeowners who employ persons to do maintenance, construction or repair work on a dwelling of not more than three units in which the homeowner also resides or on the grounds appurtenant thereto are not generally considered to be employers under the Workers' Compensation Act (GL. C. 152, sect. 1(5)), application by a homeowner for a license or permit may evidence the legal status of an employer under the Workers' Compensation Act.

I understand that a copy of this statement will be forwarded to the Department of Industrial Accidents' Office of Insurance for coverage verification and that failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties consisting of a fine of up to \$1500.00 and/or imprisonment of up to one year and civil penalties in the form of a Stop Work Order and a fine of \$100.00 a day against me.

Signed this _____

day of _____

20 21



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): MARTINEZ HEREDIA CUCOAS

Address: 31 SWIFT ST

City/State/Zip: New Bedford MA Phone #: 774-530-8178

Are you an employer? Check the appropriate box:

- 1 I am an employer with _____ employees (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.]
- 4 I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
- 5 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.
- 6 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.]

Type of project (required):

- 7 New construction
- 8 Remodeling
- 9 Demolition
- 10 Building addition
- 11 Electrical repairs or additions
- 12 Plumbing repairs or additions
- 13 Roof repairs
- 14 Other Change of use

*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: _____

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 MGL c 152, §25A is a criminal violation punishable by 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. 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: _____

Phone #: 774-530-8178

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 #: _____



New Bedford
City of New Bedford
Massachusetts



File No: 020
This information is for informational purposes only.
www.cityofnewbedford.org

Map: 020

City of New Bedford
Massachusetts



Water Surface
Town Boundary
Engineering Lot Number

Water Surface
Town Boundary
Engineering Lot Number



...in. A

State of MA

Rev. 1343D17

COMMERCIAL LEASE AGREEMENT

This Commercial Lease Agreement (this "Agreement") is made this 1 day of June, 2021, by and between:

Landlord: Julio Barbosa an individual entity located at 31 Scott St New Bedford MA 02744 [Address] ("Landlord") and

Tenant: Martins Heredia-Cuevas an individual entity located at _____ [Address] ("Tenant").

In consideration of the mutual covenants herein contained, the parties agree as follows:

1. Demised Premises. The premises leased shall consist of: (Check one)

- A building
- An office space in the building complex
- A retail store in the building complex
- A restaurant in the building complex
- An industrial space in the building complex
- A warehouse in the building complex
- Other: Medicine shop

Tenant responsible for all permits required to operate.

(known as "_____") (Name of building complex) (the "Real Property") located at Commercial Project (the "Demised Premises") located 31 Scott St New Bedford MA 02744.

A) Size of Premises. The Demised Premises consists of approximately 4400 square feet and comprises approximately _____% of the total leasable area in the building or complex. The square footage of the Demised Premises shall be determined by measuring from the outside of all exterior walls to the centerline of any demising walls. Landlord's architect or building contractor may measure the Demised Premises to make a final determination of the size.

B) Reserved Uses. Landlord reserves to itself the use of the roof, exterior walls, and the area above and below the Demised Premises, together with the right to install, maintain, use, repair, and replace pipes, ducts, conduits, wires and structural elements leading through the Demised Premises and which serve either the Demised Premises or other parts of the building or complex.

C) Common Area. (Check one)

Landlord grants to Tenant the non-exclusive right to use, in common with all other tenants or occupants of the Real Property, the Common Area of the Real Property. The term "Common Area" shall mean all areas and improvements in the Real Property, which are not leased or held for lease to tenants. The Common Area shall at all times be subject to the exclusive control and management of Landlord, and Landlord shall have the right from time-to-time to change the sizes, locations, shapes, and arrangements of the Common Area, restrict parking by Tenant and other tenants to designated

INITIAL _____ DATE 6/1/21 Julio Barbosa

areas; and do and perform such other acts in and to the Common Area and adopt, modify, and enforce such rules and requirements as Landlord in its sole discretion deems advisable. Landlord shall maintain the Common Area in good repair and reasonably clear of debris.

This Agreement and the Demised Premises does NOT include the use by Tenant of any Common Areas of the Real Property. The term "Common Area" shall mean all areas and improvements in the Real Property, which are not leased or held for lease to tenants.

D) Parking Spaces. (Check one)

Tenant, including its guests, employees, agents, and customers does NOT have the right to use any parking space(s) on the Real Property.

Tenant, including its guests, employees, agents, and customers has the right to use: (Check one)

- Any parking space(s)
- Only 9 [Number] of the parking space(s)
- Other: _____

located in the (Check one) building garage building parking lot adjacent surface parking lot public parking lot other: _____ (on a reasonable non-exclusive first-come, first serve basis)

Sublet (Check one)

Tenant may assign or sublet their parking space(s). Tenant accepts and understands that parking privileges granted are not personal to the Tenant and such parking privileges may be assigned or sublet.

Tenant may NOT assign or sublet their parking space(s). Tenant accepts and understands that parking privileges granted are personal to the Tenant and such parking privileges may not be assigned or sublet.

Fee (Check one)

- Tenant will pay Landlord a fee of \$ _____ on a: (Check one)
 - Daily basis for the use of such parking privileges.
 - Weekly basis for the use of such parking privileges.
 - Monthly basis for the use of such parking privileges.
 - Other: _____ basis for the use of such parking privileges.
- Tenant will NOT pay Landlord a fee for the use of such parking privileges

E) Storage Facilities. (Check one)

This Agreement and the Demised Premises does NOT include the use of any storage facilities on the Real Property.

INITIAL _____ DATE _____

Landlord agrees that during the term of this agreement, Tenant has the right to store personal property in the 31 Scott [Description of storage facilities] at their own risk. Landlord will not be responsible for any loss, theft, or damage of items stored by the Tenant.

Fee (Check one)

- Tenant will pay Landlord a fee of \$ 3000 on a (Check one)
- Daily basis for the use of such facilities.
 - Weekly basis for the use of such facilities
 - Monthly basis for the use of such facilities.
 - Other: _____ basis for the use of such facilities.
- Tenant will NOT pay Landlord for the use of such facilities.

2. Agreement to Lease. Landlord agrees to lease to Tenant and Tenant agrees to lease from Landlord, the Demised Premises according to the terms and conditions of this Agreement.

3. Term of Lease. The term of this Agreement shall commence on June 1, 2020 ("Commencement Date") and ending at midnight on June 1, 2025 ("Termination Date").

Renewal (Check one)

- This Lease may NOT be renewed.
- This Lease may be renewed.

A) Renewal. Provided Tenant is not in default in the performance of this Agreement, Tenant shall have the option to renew this Agreement for an additional 5 year term(s) commencing on the Termination Date by providing notice as described in subsection B herein.

Rent Increase (Check one)

- Rent will NOT be increased. All of the terms and conditions of this Agreement shall apply during each renewal term
- Rent will be increased. All of the terms and conditions of this Agreement shall apply during each renewal term, except that the Base Rent shall be increased by: (Check one)
- _____ % each renewal term when taxes increase
 - \$ _____ each renewal term

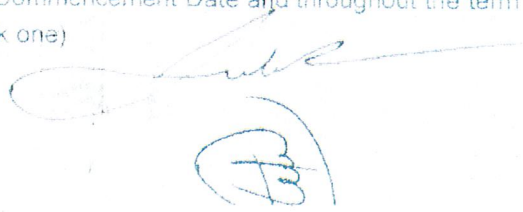
B) Notice of Renewal. The option to renew this lease pursuant to subsection A above shall be exercised by providing written notice given to Landlord not less than _____ days prior to the Termination Date. If written notice is not given in the manner provided herein within the time specified, this option shall lapse and expire.

4. Rental Terms. With respect to the terms of the rental:

A) Base Rent. Tenant shall pay to Landlord, from the Commencement Date and throughout the term of this Agreement, \$ \$3000.00 payable on a (Check one)

- Weekly Quarterly
- Monthly Semi-annual

initial



Yearly

Other: _____

basis ("Base Rent"). Base Rent is due no later than the _____ day of the payment period. Base Rent is payable by (Check one) mailed check wire transfer other: _____ or as otherwise agreed upon by the parties.

B) Operating Cost. Operating costs shared by the building are: (Check one)

NOT included in the Base Rent. Beginning on the Commencement Date, Tenant agrees to pay Landlord for Tenant's proportionate share of Operating Cost. Tenant's initial monthly estimate for Operating Cost is \$_____ per month. For the purposes of this Agreement, Tenant's proportionate share of Operating Costs shall not exceed _____% of the total capital operating costs for any given month. Tenant's proportionate share shall be determined by dividing the number of rentable square feet in the Demised Premises by the total number of rentable square feet in the Real Property which are leased or available for lease during the year. "Operating Cost" means the total cost and expense incurred in operating, managing, insuring, equipping, lighting, repairing, maintaining and policing the Real Property, including the exterior of the Real Property and the common areas, and specifically including, without limitation, items of expense for or related to: insurance premiums and deductibles, management, bookkeeping, and accounting fees, and an annual addition equal to _____% per annum of the Operating Cost for a reserve fund for major repairs, replacements, and renovations. With each monthly Base Rent payment, Tenant shall pay an estimate of Tenant's share of the Operating Cost. Such monthly estimates shall be based on the prior year's actual Operating Cost. On an annual basis, Landlord shall reconcile Tenant's payments against the actual Operating Cost. In the event Tenant's payments are less than its share of the actual Operating Cost, Tenant shall pay such deficiency within _____ days of request by Landlord. In the event Tenant's payments exceed its share of the actual Operating Cost, Landlord shall apply the overpayment to the next monthly estimate(s)

Included in the base rent. Landlord shall pay all Operating Cost on the Real Property. "Operating Cost" means the total cost and expense incurred in operating, managing, insuring, equipping, lighting, repairing, maintaining and policing the Real Property, including the exterior of the Real Property and the common areas, and specifically including, without limitation, items of expense for or related to: insurance premiums and deductibles, management, bookkeeping

C) Taxes. (Check one)

Landlord shall pay all real estate taxes and assessments levied against all or any part of the Demised Premises, the Real Property, and the improvements thereon.

INITIAL _____ DATE _____

Tenant shall pay all real estate taxes and assessments levied against all or any part of the Demised Premises, the Real Property, and the improvements thereon.

Tax Included in Rent (Check one)

Taxes are NOT included in Rent. All such tax obligations shall be payable in addition to the Rent paid under this Agreement.

Taxes are included in Rent. Such taxes and assessments are included in the Rent and shall be paid directly by Landlord.

Taxes are included in Rent, including any increase in real estate property tax. In the event there is any increase during any year of the term of this Agreement in real property taxes over and above the amount of such taxes assessed for the tax year during which the term of this Agreement commences, whether because of increased rate, valuation or otherwise, Tenant shall pay to Landlord upon presentation of paid tax bills an amount equal to the increase in taxes upon the land and the Real Property, proportioned or designated to upon which the Demised Property is situated. In the event that such taxes are assessed for a tax year extending beyond the term of this Agreement, the obligation of Tenant shall be proportionate to the portion of the lease term included in such year. All such tax obligations of Tenant hereunder shall be added to and become part of the Rent paid under this Agreement.

D) Payment of Rent. Base Rent and Operating Cost under this Agreement may collectively be referred to as "Rent" or "Rents." All Rents shall be made payable to Landlord and delivered to the address stated above or to another address as Landlord may designate upon reasonable notice to Tenant.

Operating Costs Statements (Check one)

Not applicable. Operating costs shared by the building are NOT included in the Base Rent.

Landlord agrees, on request, to provide statements to Tenant as to the manner of computation of any and all charges due from Tenant under the terms of this Agreement, and an itemization of the various costs included therein. Landlord shall provide such statements on a/an: (Check one)

Monthly basis Quarterly basis Annual basis Other: _____

E) Partial Payments. Any partial payments shall be applied to the earliest installment due, and no endorsement or statement on any check or any letter accompanying any check or payment as to same shall be deemed an accord and satisfaction, and Landlord may accept such check or payment without prejudice to Landlord's right to recover the balance of such installment and any other amounts then due or to pursue any other remedy of Landlord set forth in this Agreement.

F) Past Due Payments. If any amount due under this Agreement remains unpaid _____ days after it is due, a late charge equal to (Check one) _____ % of the monthly rent \$ _____ per day ("Late Charge"), not to exceed the maximum amount allowed by law, shall be paid by Tenant to Landlord until such time as Tenant is current on all amounts due Landlord (including all Late Charges). In addition, all service charges from Tenant's financial institution due to non-sufficient funds shall be paid by Tenant.

INITIAL _____ DATE *2/2/20*



Southern Bristol Registry of Deeds

Electronically Recorded Document

This is the first page of the document - Do not remove

Recording Information

Document Number	: 25178
Document Type	: DEED
Recorded Date	: October 13, 2020
Recorded Time	: 01:59:37 PM
Recorded Book and Page	: 13438 / 258
Number of Pages(including cover sheet)	: 4
Receipt Number	: 110399
Recording Fee (including excise)	: \$155.00

 MASSACHUSETTS EXCISE TAX
 Bristol ROD South 001
 Date: 10/13/2020 01:59 PM
 Ctrl# Doc# 00025178
 Fee: \$.00 Cons: \$1.00

Southern Bristol Registry of Deeds
Frederick M. Kalisz, Jr., Register
 25 N. 6th Street
 New Bedford, MA 02740
 508-993-2603
www.NewBedfordDeeds.com

QUITCLAIM DEED

We, JULIO BARBOSA and NELIA BARBOSA of 10 Fieldstone Farm Road,
Dartmouth, Massachusetts 02748

for consideration paid and in full consideration of One and 00/100 (\$1.00) Dollar

grant to JULIO BARBOSA and NELIA BARBOSA, husband and wife of 10 Fieldstone
Farm Road, Dartmouth, Massachusetts 02748, as Tenants by the Entirety

with QUITCLAIM COVENANTS

The lands, with any buildings thereon, in New Bedford, Bristol County, Massachusetts,
bounded and described as follows:

PARCEL ONE:

BEGINNING at the southwesterly corner of this lot, at a point in the north line of Scott
Street and at land now or formerly of Antone Medeiros; thence

NORTHERLY in line of said Medeiros land, eighty (80) feet to land now or
formerly of one Beaulieu; thence

EASTERLY in line of said Beaulieu's land, forty and 42/100 (40.42) feet;
thence

SOUTHERLY by land now or formerly of one Carcason, eighty (80) feet to the
north line of said Scott Street; and thence

WESTERLY in said north line, forty and 42/100 (40.42) feet to the place of
beginning.

Containing 11.875 square rods, more or less.

Property Address: 31 Scott Street, New Bedford, MA 02744

PARCEL TWO:

BEGINNING at the southwesterly corner of this lot at a point in the north line of Scott Street and at the southeasterly corner of land now or formerly of Moses W. Snailharn; thence

NORTHERLY in line of said Snailharn land, eighty (80) feet to land now or formerly of one Sylvia; thence

EASTERLY in line of said Sylvia's land, forty and $42/100$ (40.42) feet to land of one Perry; thence

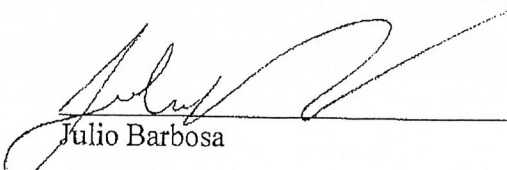
SOUTHERLY in line of said Perry's land, eighty (80) feet to the north line of Scott Street; and thence

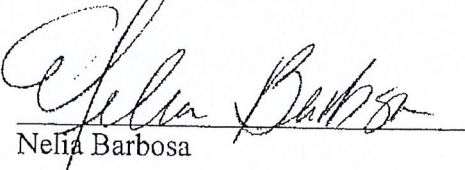
WESTERLY in said north line, forty and $42/100$ (40.42) feet to the place of beginning.

Containing 11,875 square rods, more or less.

Being the same premises conveyed to Grantors by deed of Jacqueline E. Bertrand as trustee of the Jacqueline E. Bertrand 2006 Revocable Trust dated April 27, 2020 and recorded in said Registry of Deeds in Book 13195, Page 64. The purpose of this deed is to create a tenancy, which was inadvertently omitted from the aforesaid deed.

Witness our hands and common seals this 13TH day of October 2020.


Julio Barbosa

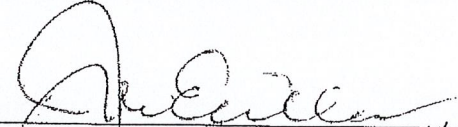

Nelia Barbosa

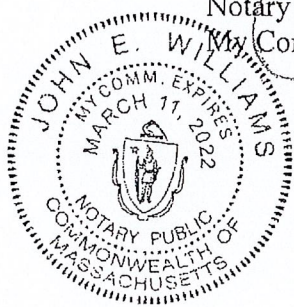
COMMONWEALTH OF MASSACHUSETTS

BRISTOL, ss.

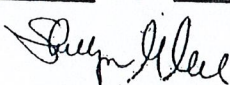
October 13 2020

On this day before me, the undersigned Notary Public, personally appeared Julio Barbosa and Nelia Barbosa, and proved to 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 signed above and acknowledged to me that he/she/they signed it voluntarily for its stated purpose and it was his/her/their free act and deed.

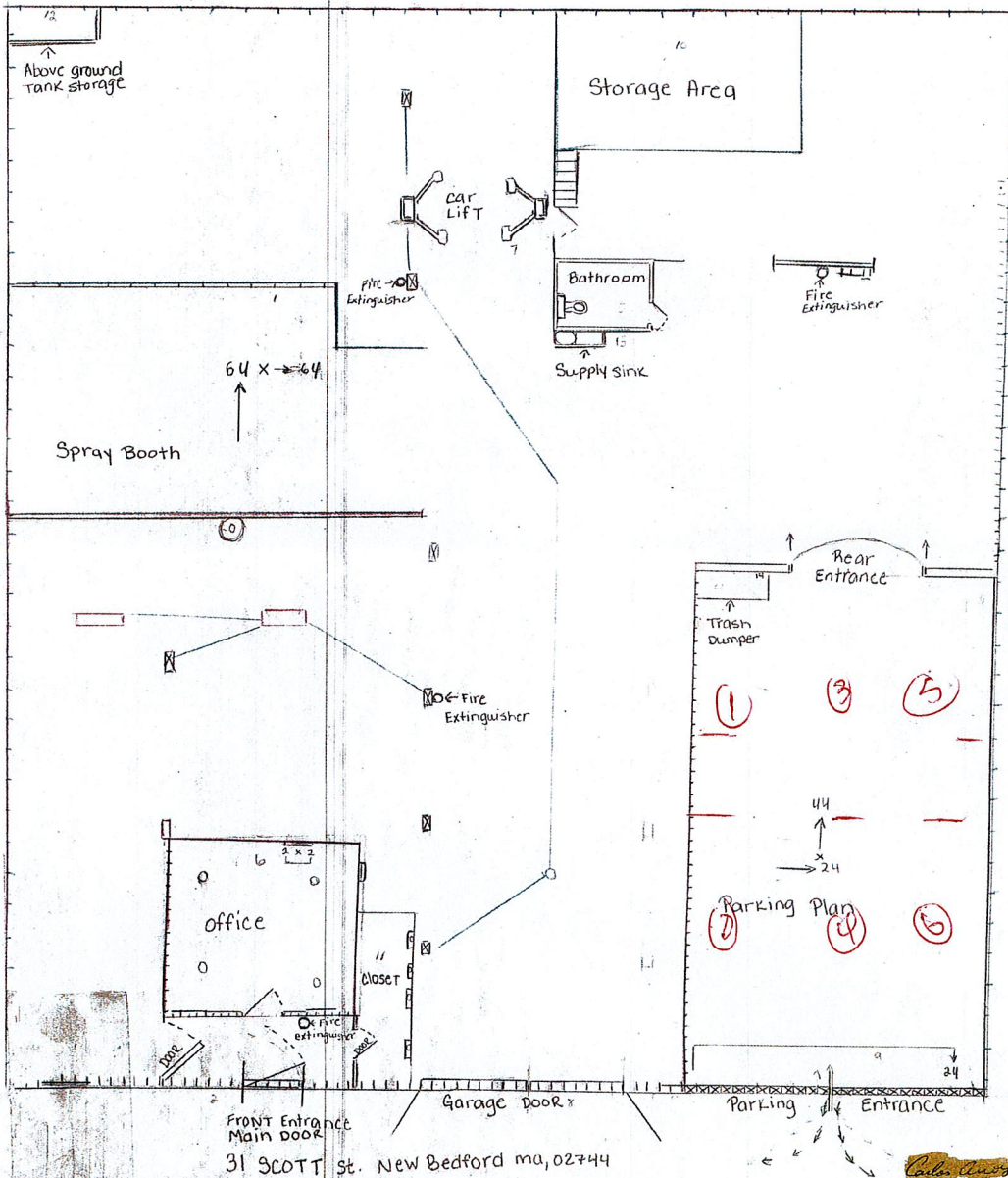

Notary Public: JOHN E. WILLIAMS
My Commission Expires: 3/11/2020



A true copy of instrument as recorded in
Bristol County (S.D.) Registry of Deeds
in Book 13438 Page 258

ATTEST: 
REGISTER

FLOOR PLAN



31 SCOTT St. New Bedford ma, 02744

Martires Hordia-Guez
31 SCOTT St.
New Bedford ma,
02744

Carlin Blawie

1 Scott Street

Automotive Repair

Legend

📍 31 Scott St

📍 31 Scott St

Google Earth

50 ft



1 Scott Street
Automotive Repair

Legend

31 Scott St

31 Scott St

Google Earth

60 ft





Scott Street
Automotive Repair

Legend
31 Scott St

31 Scott St


Google Earth

50 ft

1 Scott Street

Automotive Repair

Legend

 31 Scott St




31 Scott St

31 Scott Street

Automotive Repair

Legend

 31 Scott St



40 ft

Google Earth

© 2008 NOAA, U.S. Navy, NGA, GEBCO

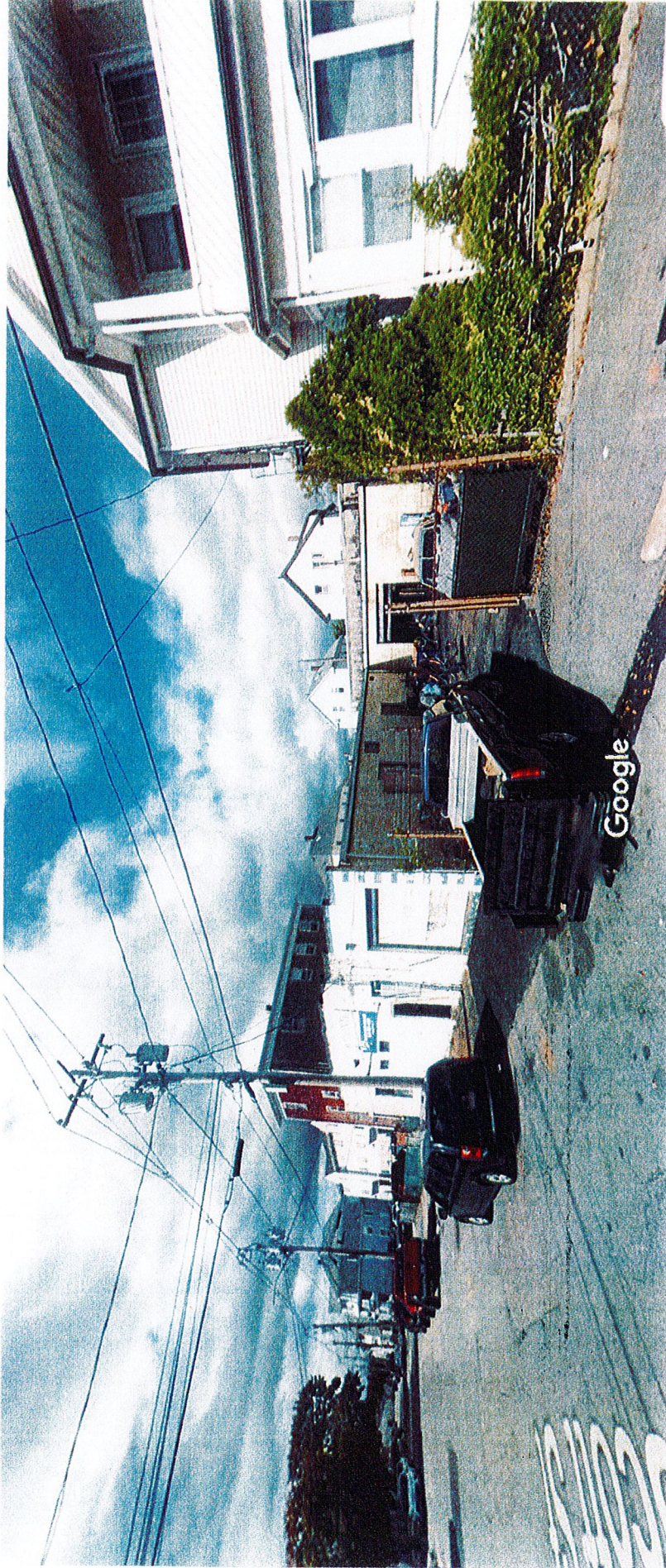


Image capture: Oct 2019 © 2021 Google

New Bedford, Massachusetts



Street View - Oct 2019



Image capture: Oct 2019 © 2021 Google

New Bedford, Massachusetts



Street View - Oct 2019

National Flood Hazard Layer FIRMette



31°W 41°37'12"N



70°55'6"W 41°36'45"N
 Feet 1:6,000
 250 500 1,000 1,500 2,000

Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

	Without Base Flood Elevation (BFE) <i>Zone A, Zone B</i>
	With BFE or Depth <i>Zone A, Zone B, Zone C, Zone D, Zone E, Zone F, Zone G, Zone H, Zone I, Zone J, Zone K, Zone L, Zone M, Zone N, Zone O, Zone P, Zone Q, Zone R, Zone S, Zone T, Zone U, Zone V, Zone W, Zone X, Zone Y, Zone Z</i>
	Regulatory Floodway
	0.2% Annual Chance Flood Hazard, Areas of 1% Annual Chance Flood with average depth less than one foot or with drainage areas of less than one square mile <i>Zone X</i>
	Future Conditions 1% Annual Chance Flood Hazard <i>Zone A</i>
	Area with Reduced Flood Risk due to Levee. See Notes. <i>Zone A</i>
	Area with Flood Risk due to Levee. <i>Zone B</i>
	Area of Minimal Flood Hazard <i>Zone X</i>
	Effective LDMs
	Area of Undetermined Flood Hazard <i>Zone B</i>
	Channel, Culvert, or Storm Sewer
	Levee, Dike, or Floodwall
	Cross Sections with 1% Annual Chance Water Surface Elevation
	Coastal Transect
	Base Flood Elevation Line (BFE)
	Limit of Study
	Jurisdiction Boundary
	Coastal Transect Baseline
	Profile Baseline
	Hydrographic Feature
	Digital Data Available
	No Digital Data Available
	Unmapped

The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 8/30/2021 at 5:04 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

COMMITTEE ON APPOINTMENTS & BRIEFINGS

RECEIPT

DATE: 4/11/2023

OWNER(S): Hekedia - Cuevas Matfikes

BUSINESS NAME: Dominic Auto Services

BUSINESS ADDRESS: 31 Scott St 02744

FOR MOTOR VEHICLE: Sales and/or Rentals

Body Repair

General Repair

Light Service

AMOUNT RECEIVED: Seven Hundred Dollars (\$700.00)

Cash

Angelic Taylor

Angelic Taylor
Administrative Manager