



# City of Fall River Massachusetts

Office of the City Clerk

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2014 JUN 20 P 2:27

CITY CLERK \_\_\_\_\_  
FALL RIVER, MA

ALISON M. BOUCHARD  
CITY CLERK

JUNE 20, 2014

INÊS LEITE  
ASSISTANT CITY CLERK

## MEETINGS SCHEDULED FOR NEXT WEEK CITY COUNCIL CHAMBER

MONDAY, JUNE 23, 2014

5:30 P.M. COMMITTEE ON ORDINANCES AND LEGISLATION

TUESDAY, JUNE 24, 2014

5:30 P.M. COMMITTEE ON FINANCE \*\*PLEASE NOTE EARLIER TIME\*\*

1. Resolution – Administration attend Committee on Finance to provide update on Watuppa Heights Housing Development (adopted 3-25-14)
2. Discussion of Fiscal Year 2015 Annual Budget
  - Municipal side of the budget (Tabled 6-10-14)
  - School Department side of the budget (Tabled 6-10-14)

## AGENDA

7:00 P.M. REGULAR MEETING OF THE CITY COUNCIL OR IMMEDIATELY FOLLOWING THE COMMITTEE ON FINANCE MEETING IF THAT MEETING RUNS PAST 7:00 P.M.

PRIORITY MATTERS – None

### PRIORITY COMMUNICATIONS

1. \*Planning Board recommending acceptance of Morse Place
2. \*Planning Board recommending discontinuance of Liberty Street

### COMMITTEE REPORTS

Committee on Public Works and Transportation recommending:

Grant leave to withdraw:

3. Communication re city resident regarding discontinuance of Liberty Street

ORDINANCES – None

### RESOLUTIONS

4. \*City Council request second opinion on the implementation of “Pay as you Throw”

### CITATIONS

5. Jesse Gomes – rescuing the driver of a burning tractor trailer
6. Amanda Halbardier – caring for the driver of a burning tractor trailer

**ADA Coordinator: Gary P. Howayeck, Esq. 508-324-2650**

One Government Center • Fall River, MA 02722

TEL 508-324-2220 • FAX 508-324-2211 • EMAIL [city\\_clerks@fallriverma.org](mailto:city_clerks@fallriverma.org)

**ORDERS – HEARINGS FOR TONIGHT**

Second hand article store:

7. Abualia Auto Sales Service LLC, d/b/a Abualia Auto Sales Service located at 999 Broadway
8. Mobile Unlimited LLC, d/b/a Mobile Unlimited located at 286 Columbia Street

**ORDERS – HEARINGS TO BE SCHEDULED – None**

**ORDERS – NO HEARING REQUIRED – None**

**ORDERS – MISCELLANEOUS**

9. Police chief's report on licenses
10. Auto repair shop renewal
11. \*City Council meeting schedule July through December 2014
12. Transfer of auto repair shop license no. 39 from Joseph Laham, Premier South Coast 7, Inc. d/b/a Premier Toyota South Coast to South End T, Inc., d/b/a Fiore Auto Sales located at 1512 South Main Street

**COMMUNICATIONS – INVITATIONS – PETITIONS**

13. \*Claims

**BULLETINS – NEWSLETTERS – NOTICES**

14. Notice of Casualty/Loss to building at 115-117 Smith Street

  
City Clerk

City of Fall River, *In City Council*

(Councilor Linda M. Pereira)

WHEREAS, the City Council authorized the Mayor to enter into a Memorandum of Agreement between the City of Fall River, the Commonwealth of Massachusetts, through its Department of Housing and Community Development (DHCD), and the Fall River Housing Authority (FRHA) for the redevelopment of the Watuppa Heights Housing Development and approved the Housing Improvement Plan for such development, now therefore

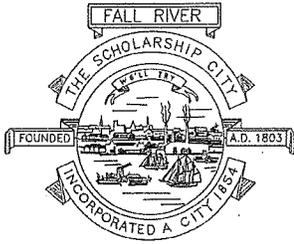
BE IT RESOLVED, that representatives from the Administration, the Fall River Housing Authority, and the Community Development Agency be invited to a future meeting of the Committee on Finance to provide the City Council with an update on the finances and targeted completion date of the Watuppa Heights Housing Development.

In City Council, March 25, 2014  
Adopted

A true copy. Attest:



City Clerk



**City of Fall River**  
**Massachusetts**  
**Office of the Mayor**

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2014 JUN 19 P 4: 30

CITY CLERK \_\_\_\_\_  
FALL RIVER, MA

**WILLIAM A. FLANAGAN**  
*Mayor*

June 19, 2014

Honorable Members of the City Council  
One Government Center  
Fall River, MA 02722

RE: Watuppa Heights Redevelopment

Mr. President and Members of the Honorable Council:

The redevelopment of Watuppa Heights has been a goal shared by all of us. Through the hard work and perseverance of many local officials and our state legislators, we have succeeded in relocating Watuppa's former tenants into quality housing and demolishing buildings that had become a detriment to the Niagara neighborhood. Now is the time for us to make the redevelopment of this property an asset to our entire City and Region.

The Administration is pleased to submit to you a proposed redevelopment which embraces the legislation passed by the State Legislature including Senator Michael Rodrigues who remains steadfast in this effort. Thanks to the support of State Representatives Carole Fiola, Alan Silvia, Paul Schmidt, and Senator Rodrigues, we have submitted to the Massachusetts Department of Housing and Community Development a Plan that mirrors and re-enforces the intent of Chapter 235 of the Acts of 2002.

The proposed Plan will construct 22 single family homes and 2 duplex homes on lots that are in full compliance with existing zoning. Kenneth Fiola, Jr. Esquire has worked with Michael Dion from Community Development to complete a financial analysis demonstrating that these home ownership opportunities will be affordable as required by the Act. The Plan also provides open space for the enjoyment of the entire neighborhood. Veteran's preference will be a key component of the selection process.

Your support for this Plan is essential. I am respectfully requesting that the City Council pass a Resolution supporting this Plan. The resolution, along with the endorsements of Fall River residents, will send a strong and clear message to DHCD and the local Housing Authority that our community believes that this Plan is in the best interest of our City. It is essentially important

that we are unified on this effort in supporting the 2002 legislation and advocating for safe and affordable housing for our veterans and their families.

Thank you for your anticipated support for this Watuppa Redevelopment Plan.

A handwritten signature in cursive script, reading "W. A. Flanagan". The signature is written in black ink and is positioned above the printed name.

William A. Flanagan, Mayor



**ZONING DISTRICT A-2**

10,000 sq. ft.  
2,000 sq. ft. additional unit



DUPLEX  
13737sq. ft.

S  
10364sq. ft.

S  
10113sq. ft.

S  
10010sq. ft.

S  
11503sq. ft.

S  
11553sq. ft.

S  
10101sq. ft.

S  
10092sq. ft.

S  
15119sq. ft.

DUPLEX  
19634sq. ft.

S  
10101sq. ft.

S  
10101sq. ft.

S  
10061sq. ft.

S  
10034sq. ft.

S  
10101sq. ft.

S  
10212sq. ft.

S  
11035sq. ft.

S  
10302sq. ft.

S  
17001sq. ft.

S  
12603sq. ft.

S  
12850sq. ft.

OPEN SPACE  
57297sq. ft.

S  
16014sq. ft.

S  
15735sq. ft.

825

210

174

1001

1001

161

522

79

001

100

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131

89

171

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1001

95

58

26

88

90

115

19

15

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## WATUPPA HEIGHTS REDEVELOPMENT

**LEGISLATION:** An Act Relative to the Implementation of a Housing Improvement Plan in the City of Fall River was enacted by the Senate and House of Representatives to determine the terms and process under which the 100 unit Watuppa Heights state public housing development can be demolished and redeveloped. The Act was passed on July 31, 2002.

The Act requires that a minimum of 26 single family units be built at the site and all of which must be affordable to families earning less than 80% of the Area Median Income (AMI), at least half of which, or 13 units must be affordable to person earning less than 50% of the AMI. The Act also stipulates that the Housing Improvement Plan must provide for the relocation of for all the existing 100 units either on site or off site.

**SITE:** The site consists of roughly nine (9) acres and is set between Buffington, Rodman and Warren Streets with the Queequechan River providing the rear boundary.

**ASSUMPTIONS:** Assuming that that the land can be transferred at a no cost to a private not-for-profit housing developer and further assuming that the existing roadway layout has suitable water and sewer infrastructure, I am confident that the site can accommodate a minimum of 27 total single family units to consist of twenty two (23) single family and four (4) duplex townhouse units. Each housing unit will be developed as a three (3) bedroom 1500 s/f affordable home with two off street parking spaces on 10,000+ s/f lots. (see attached map)

### **80% AMI AFFORDABLE PER UNIT DEVELOPMENT COSTS:**

Home Construction Cost Affordable Units 1500 s/f @ 100 s/f	\$150,000
Roadway Overlay, lot site prep, utility laterals and overhead electric	30,000
Developer Profit 10%	18,000
Non-profit management fee	12,000
50% AMI Subsidy	20,000
Total	\$230,000

### **INCOME LIMIT 80% OF AMI**

May 2014 Four Person Adjusted Income and Rent Limits 2014	\$ 57,750
-----------------------------------------------------------	-----------

### **RECOMMENDED PERCENTAGE OF INCOME AND EXPENSES**

Housing 36%	\$ 20,700
Food 15%	8,625

Utilities 10%	5,750
Transportation 15%	8,625
Clothing/Entertainment 10%	5,750
Savings 10%	5,750
Total	\$55,200

MONTHLY MORTGAGE PAYMENT, PMI, TAXES, INSURANCE \$ 1,724\*

5.00 interest rate, \$10,000 First Time Homeowner Grant

**AFFORDABLE PURCHASE PRICE \$237,004**

**50% AMI AFFORDABLE PER UNIT DEVELOPMENT COSTS:**

Home Construction Cost Affordable Units 1500 s/f @ 100 s/f	\$150,000
Roadway Overlay, lot site prep, utility laterals and overhead electric	30,000
Developer Profit 10%	18,000
Non-profit management fee	6,000
Total	\$204,000

**INCOME LIMIT 50% OF AMI**

May 2014 Four Person Adjusted Income and Rent Limits 2014 \$ 36,100

**RECOMMENDED PERCENTAGE OF INCOME AND EXPENSES**

Housing 36%	\$ 12,996
Food 15%	5,415
Utilities 10%	3,610
Transportation 15%	5,415
Clothing/Entertainment 10%	3,610

Savings 10%	3,610
Total	\$34,656

**MONTHLY MORTGAGE PAYMENT, PMI, TAXES, INSURANCE** \$ 1,083\*

**AFFORDABLE PURCHASE PRICE** **\$150,445**

5.00 interest rate, \$33,000 First Time Homeowner Grant, \$20,000 Development Subsidy from higher priced and sold 80% AMI units

Fall River Community Development Agency  
 Watuppa Heights Replications Units (Affordable Housing Restriction needs to be amended to 30 year affordability)

Group	Loan #	Date of Loan	Property Address	Owner Name	Telephone	Housing Restriction		Size of Units	1BR	2BR	3BR	4BR	Property Notes
						Term	# of Units						
73	732803055	12/11/2012	1004-1012 Eastern Avenue	Montiz, Abel	(508) 676-9463	20	7	(6) 2 Bedroom (1) 1 Bedroom	1	6			Accept
73	732903014	5/11/2013	241 Barnes Street	Cornier, Richard	(508) 679-5687	10	3	(3) 3 Bedroom			3		Accept
73	733509029	1/11/2013	249 Division Street	Ponte, Joseph	(508) 328-8500	15	10	(4) 2 Bedroom (3) 3 Bedroom (2) 1 Bedroom (1) Studio		4			Not Accepted Not Accepted Not Accepted Not Accepted
73	733308038	5/11/2013	1015-1019 Stanford Road	Martin, Thomas	(508) 676-1301	5	8	(7) 1 Bedroom (1) 2 Bedroom (3) 3 Bedroom	7	1		3	Not Accepted Accept Accept
73	733509008	5/11/2013	151 Whipple Street	Martin, Thomas	(508) 676-1301	15	4	(4) 1 Bedroom				4	Not Accepted
73	733509015	5/11/2013	474-482 Vale Street	Carreiro, Mario	(401) 323-6260	15	3	(3) 3 Bedroom				3	Accept
73	733509022	6/11/2013	185 Raymond Street	Community Action For	(508) 997-7337	15	3	(2) 2 Bedroom (1) 3 Bedroom		2			Accept Accept
73	733509022	6/11/2013	11 North Court Street	Community Action For	(508) 994-4681	15	3	(3) 3 Bedroom				1	Accept
73	733509020	6/25/2010	21 Tower Street	Community Action For	(508) 994-4681	15	3	(2) 2 Bedroom (1) 3 Bedroom		2			Accept Accept
73	733813014	3/6/2013	886 Eastern Avenue	Community Action For	(508) 994-4681	20	6	(6) 3 Bedroom				6	Accept
73	733510027	5/11/2013	2389 South Main Street	Martin, Thomas	(508) 676-1301	15	3	(3) 3 Bedroom				3	Accept
73	733610006	10/27/2011	420 Quequechan Street	Curtain Loft LLP	(617) 239-4406	45	11	(9) 1 Bedroom (2) 2 Bedroom	9	2			Not Accepted Accept
73	730000101	11/20/2001	20 Lafayette Drive	Lafayette Place LMTD Partnership	(617) 769-0900	10	11	(8) 2 Bedroom (3) 1 Bedroom	3	8			Accept Accept
73	733711020	5/11/2013	351-353 Hope Street	Martelly, Philip	(774) 930-2272	10	6	(6) 2 Bedroom	27	31	26	0	Accept
								Total Units	27	31	26	0	
								Units Accepted	0	27	23	0	

Could be Converted to Opportunity Zone

Not an Opportunity Zone

Opportunity Zone

Project - Address (Basics)	Date Completed	Reservation	Bedroom Distribution	Total HUs	Deed Restriction	Required 0-30% Occupancy	Required 0-40% Occupancy	Required 0-50% Occupancy	Required 0-60% Occupancy	Required 0-60% Occupancy	Total HOME Approved Units	Actual 0-30% Occupancy	Actual 30-50% Occupancy	Actual 50-60% Occupancy	Actual 60-80% Occupancy	Vacant HU	Type of Restriction
1899-Rev. LP - Wade, John, Tucumseh St.;	12/2/2002	2/13/13;2/13/14	1-3; 2-4; 3-3; 4-2	12	30	0	3	9	0	11	11	7	4	0	0	0	Local Restriction
Niagara Court, Rodman & Baker St.;	12/21/2002	12/16/12 - 12/16/13	2-26; 3-14	40	30	0	20	0	16	11	11	27	6	2	2	3	DHCD Approved Model Restriction
TGB CR I - Wade, John, Fifth St.;	6/11/2004	6/21/13 - 6/21/14	1-2; 2-6; 3-6	14	50	0	3	11	0	11	11	7	5	0	1	1	DHCD Approved Model Restriction
TGB CR I - Wade, Fifth, Fifth St.;	2/18/2004	4/2/13 - 4/2/14	1-2; 2-7; 3-4	13	50	0	3	10	0	11	11	3	7	0	0	3	DHCD Approved Model Restriction
FRCHRB (CHDO) - Harwell St.;	10/19/2005	5/8/12 - 5/8/13	2-6; 3-4; 4-1	11	30	0	11	0	0	11	11	5	1	0	0	5	Local restriction
St. Dominic's Apartments, Inc., - 618 Middle St.;	8/26/2008	8/26/12-8/26/13	1-18;	18	40	0	18	0	0	18	18	12	6	0	0	0	40 Year Local Restriction
Michael - 285 County St.;	2/24/2005	5/14/12 - 5/24/13	1-1; 2-3	4	30	0	0	4	0	4	4	3	0	1	0	0	Local Restriction
FRCHRB (CHDO) - Fifth St.;	3/21/2007	6/8/12-6/8/13	3-2	2	N/A	0	0	0	0	0	0	0	0	0	0	0	FTHB Units - Not Applicable
FRCHRB (CHDO) - 47 Mason St.;	11/6/2009	11/6/12-11/6/13	1-6; 2-6	14	128	0	0	14	0	14	14	8	3	0	0	0	Local Restriction
FRCHRB (CHDO) - 210 County St.;	7/16/2009	6/16/12-6/16/13	3-6;	6	30	0	0	6	0	6	6	4	2	0	0	0	Local Restriction
FRCHRB (CHDO) - Reeves & Warren St.;	12/14/2011	12/14/11 - 12/14/12	1-1;2-3; 3-2	6	30	0	0	6	0	6	6	4	1	1	0	0	Local Restriction
Carbain Lofts	1/25/2012	1/25/13 - 1/25/14	3-1	1	N/A	0	0	0	0	0	0	0	0	0	0	0	FTHB Unit - Not Applicable
Eagle Community Care Estates LLC	Planned	N/A	1-57; 2-6	63	45	10	0	53	0	11	11	11	0	0	0	0	DHCD Approved Model Restriction
Vantippe Heights	Planned	N/A	2-12; 3-5	17	50 Years & Months	8	0	9	0	11	10	10	1	0	0	0	DHCD Approved Model Restriction
Totals			1-82; 2-76; 3-74; 4-3	248	N/A	18	71	122	23	151	151	101	36	7	3	12	N/A

98

GOALS per Legislation  
 30 Year Restriction 100  
 Units to Replicate 90  
 Not more than 50% of AMI 10  
 Not more than 80% AMI

Cherts Replication 26  
 A or Below 80% AMI 13  
 A or below 50% AMI 13

First-time homebuyer projects that are not applicable for replication  
 Units required to be 0-50% AMI  
 Units required to be 0-80% AMI

## Chapter 235 of the Acts of 2002

### AN ACT RELATIVE TO THE IMPLEMENTATION OF A HOUSING IMPROVEMENT PLAN IN THE CITY OF FALL RIVER.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

**SECTION 1.** Notwithstanding chapters 30B and 121B of the General Laws or any other general or special law to the contrary, and notwithstanding any contract or agreement existing between the commonwealth and the Fall River housing authority, the Fall River housing authority may transfer ownership of a certain parcel of land located in the city of Fall River, more commonly known as the Watuppa Heights state-aided public housing development, to a nonprofit corporation, organized for the purpose of developing affordable housing, to develop the parcel in accordance with this act. Buildings on the parcel shall be demolished and a mixed income, single family housing development with home ownership opportunities for persons of low and moderate income shall be constructed on the parcel. Outstanding state housing bonds, the proceeds of which were invested in the Watuppa Heights development, need not be repaid at the time of the transfer of the parcel.

**SECTION 2.** The Fall River housing authority shall provide the department of housing and community development with a development plan, referred to in this act as the Housing Improvement Plan, for the new mixed-income, single-family housing development, which shall allow for 26 single family homes, all of which shall be made available to families with incomes falling at or below 80 per cent of the area's median family income and half of which shall be made available to families whose incomes fall at or below 50 per cent of the area's median family income. The Housing Improvement Plan shall: (1) provide for the relocation of all existing residents of the Watuppa Heights development to appropriate alternative and decent, safe and sanitary housing, within the purview of the Fall River housing authority, for those residents who choose this alternative; and (2) include the creation of recreational or open-space opportunities for neighborhood use. The Housing Improvement Plan shall also provide for not less than 30 years in the city of Fall River, for not fewer than an additional 100 housing units, including the 26 referred to above, which are affordable by families whose income is not more than 80 per cent of area median family income, of which not fewer than 90 units shall be affordable by families whose income is not more than 50 per cent of area median family income. These additional housing units may include renovated housing units not occupied as of January 1, 2002. Within 90 days after receipt of the Housing Improvement Plan, the department of housing and community development shall determine whether the plan provides for 100 additional housing units which meet the affordability levels required by this act and shall notify the mayor and city council of Fall River of its determination. Before any of the actions authorized by section 1 are undertaken the department of housing and community development shall first determine that the plan provides for 100 additional housing units meeting the affordability levels required by this act, and the mayor and city council of Fall River shall have approved the Housing Improvement Plan.

**SECTION 3.** The department of housing and community development shall establish an annual assistance fund of \$210,000 to be allocated from the Fall River housing authority's existing operating subsidy and to be used by the city of Fall River and the Fall River housing authority to implement the Housing Improvement Plan. Funds shall be diverted to the annual assistance fund from the operating subsidy only to the extent that the existing operating subsidy is no longer necessary pursuant to this act

and the Housing Improvement Plan. As a part of the Housing Improvement Plan, the Fall River housing authority shall provide a funding schedule for this assistance and shall develop a process for transferring operating subsidy funding currently provided to the Fall River housing authority into funding for assistance as provided in this section.

**SECTION 4.** The department of housing and community development may re-allocate funds currently set aside for the Watuppa Heights renovation project to be used for demolition of Watuppa Heights, implementation of the Housing Improvement Plan, rehabilitation of other state-aided, family housing developments in Fall River, or rehabilitation or creation of housing units in other communities where there is a demonstrated need.

**SECTION 5.** This act shall take effect upon its passage.

**House of Representatives, July 31, 2002.**

This Bill having been returned by the Lieutenant-Governor, Acting Governor with her objections thereto in writing (see House 5303) has been passed by the House of Representatives, notwithstanding said objections, two-thirds of the House (101 yeas to 48 nays) having agreed to pass the same.

Sent to the Senate for its action.  
Thomas M. Finneran, Speaker.  
Steven T. James, Clerk.

**Senate, July 31, 2002.**

Passed by the Senate, notwithstanding the objections of the Lieutenant-Governor, Acting Governor, two-thirds of the members present (26 yeas to 13 nays) having approved the same.

Thomas F. Birmingham, President.  
Patrick F. Scanlan, Clerk.

**Approved July 31, 2002.**

Return to:  
List of Laws passed in 2002 Session  
General Court home page, or  
Commonwealth of Massachusetts home page.



# City of Fall River, Massachusetts

## PLANNING DEPARTMENT

ELIZABETH DENNEHY  
PLANNING DIRECTOR

June 10, 2014

Fall River City Council  
One Government Center  
Fall River, MA 02722

RE: STREET ACCEPTANCE **MORSE PLACE**

At a public hearing of the Fall River Planning Board held on June 9, 2014, the Board made the following recommendation:

1. **VOTED TO RECOMMEND** - The acceptance of Morse Place extending from Bay Street to Bowen Street.

Should you have any questions regarding this matter, please feel free to contact me.

Sincerely,

Elizabeth R. Dennehy  
Planning Director

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2014 JUN 10 A 10:53  
CITY CLERK  
FALL RIVER, MA

City of Fall River, *In City Council*

The City Council hereby recommends that the City Engineer prepare plans for the acceptance of Morse Place, from Bay Street to Bowen Street.

CITY OF FALL RIVER  
IN CITY COUNCIL

APR 22 2014

*Referred to the Planning  
Board and the Committee  
on Public Works and  
Transportation*

*C. P. Cook 4-23-14  
Eng. C. C. J.*

2



# City of Fall River, Massachusetts

## PLANNING DEPARTMENT

ELIZABETH DENNEHY  
PLANNING DIRECTOR

June 10, 2014

Fall River City Council  
One Government Center  
Fall River, MA 02722

CITY CLERK  
FALL RIVER, MA  
2014 JUN 10 A 10:54  
RECEIVED

RE: STREET DISCONTINUANCE **LIBERTY STREET**

At a public hearing of the Fall River Planning Board held on June 9, 2014, the Board made the following recommendation:

1. **VOTED TO RECOMMEND** - The discontinuance of Liberty Street extending from Center Street northerly 261.4 feet.

Should you have any questions regarding this matter, please feel free to contact me.

Sincerely,

Elizabeth R. Dennehy  
Planning Director

City of Fall River, *In City Council*

The City Council hereby recommends that the City Engineer prepare plans for the discontinuance of Liberty Street from Center Street northerly 261.4 feet.

CITY OF FALL RIVER  
IN CITY COUNCIL

MAY 13 2014

*Referred to the Planning  
Board and the Committee  
on Public Works and  
Transportation*

5-15-14  
C: All Cs.  
Engineering  
Planning Bd.

City of Fall River, *In City Council*

4

(Councilor Raymond A. Mitchell)

WHEREAS, the implementation of "Pay as you Throw" in the City of Fall River is an increase in fees paid by the residents, and

WHEREAS, fees are controlled by ordinance, and

WHEREAS, the City Council has received a legal opinion in this matter and there is disagreement with this opinion, now therefore

BE IT RESOLVED, that a second opinion be requested by the City Council in this matter.

# City of Fall River, *In City Council*

11

ORDERED, that regular meetings of the City Council during 2014 shall be held as follows, and

BE IT FURTHER ORDERED that at said meetings the Committee on Finance shall begin at 6:00 PM, and the Regular Meeting of the City Council shall begin at 7:00 PM.

July 15

August 12

September 9  
September 23

October 14  
October 28

November 18

December 9  
December 23

All meetings shall be held in the Council Chamber, Government Center.



13

RECEIVED

City of Fall River  
Notice of Claim

2014 JUN -6 P 12:17

CITY CLERK 14-212  
FALL RIVER, MA

1. Claimant's name: Brendon Andrade
2. Claimant's complete address: 111 Ash Ave., Tiverton, RI 02878
3. Telephone number: Home: (401) 418-1894 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
Pothole Claim
5. Date and time of accident: 5/20/2014 Amount of damages claimed: \$ 143.27
6. Exact location of the incident: (include as much detail as possible):  
Woodman St. (near the old Belisle School)
7. Circumstances of the incident: (attach additional pages if necessary):  
Driving from Bay St. up Woodman St. I hit a gigantic pothole, which blew out my tire and alignment. I had to get both fixed in order to operate my car again. My car is still off since I need to replace two tires. I have attached the tire and alignment cost as damages caused by the pothole.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 5/30/2014

Claimant's signature: [Signature]

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:						
Copies forwarded to:	<input type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input type="checkbox"/> City Council	<input type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPA	Date: <u>6/06/14</u>

Counsel

SETTLEMENT AGREEMENT AND RELEASE RECEIVED

WITNESSETH

2014 JUN 10 P 1:06

WHEREAS, Justin Dubois ("Mr. Dubois") and the City of Fall River ("Fall River") 14-213  
CITY CLERK  
FALL RIVER, MA  
desire to resolve any and all claims against Fall River in a claim filed against the City of Fall River on April 2, 2014 (the "Claim").

WHEREAS, the Claim asserted by Mr. Dubois against Fall River concerns a vehicle accident with a city vehicle at the intersection of William St., Fall River, MA which allegedly caused damage to Mr. Dubois' 2005 Chevy Cobalt (The "Incident").

NOW, THEREFORE, in consideration of the recitals set forth above, and the promises, agreements, covenants, and provisions contained herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, it is hereby agreed that the Claim shall be settled and compromised in full upon the following terms and conditions:

1. Payment by Fall River to Mr. Dubois. Fall River shall pay Mr. Dubois \$4,872.44 (the "Payment") within forty-five (45) days of the date of the last signatory by providing a check in said amount to "Justin Dubois", 33 Woodstock St., Fall River, MA 02724.

2. Release. Mr. Dubois, for himself and his legal representatives, beneficiaries, assigns and successors in interest, hereby knowingly and voluntarily release, remise and forever discharge Fall River and its, officers, employees, agents, insurers, sureties, attorneys and representatives, whether in their individual or official capacities from any and all actions or causes of action, suits, debts, dues, sums of money, claims, complaints, contracts, controversies, agreements, promises, payments, damages, claims for attorneys' fees, costs, interest, punitive damages, judgments and demands whatsoever, in law or equity, that they now have, may have, ever had, or ever will have, whether known or unknown, suspected or unsuspected, asserted or unasserted, from the beginning of the world to the Date of this Settlement arising out of or relating to (a) the Incident or (b) the Claim.

1+orig - LAW  
1- City Admin  
1- City Council  
1- DPW  
1- city clerk



RECEIVED

City of Fall River  
Notice of Claim

2014 JUN 10 P 4:09

1. Claimant's name: Christopher Grande CITY CLERK 14-214  
FALL RIVER, MA
2. Claimant's complete address: 112 Bates St New Bedford, MA 02745
3. Telephone number: Home: 508-717-7905 Work: \_\_\_\_\_
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
damage done to automobile due to pothole
5. Date and time of accident: 05/14/14 4:00 PM Amount of damages claimed: \$ 1,065.62
6. Exact location of the incident: (include as much detail as possible):  
Intersection of Bay St. and Middle St. - turned right from Bay St to Middle St
7. Circumstances of the incident: (attach additional pages if necessary):  
Made a right turn from Bay St. on to Middle St. and couldn't avoid pothole due to traffic on Middle St. After I hit the pothole, I heard an unusually loud noise coming from my car. I was leaving school (Kuss Middle) where I work as a teacher.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 06/09/2014

Claimant's signature: Christopher Grande

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

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For official use only:	Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> <u>Daw</u>	Date: <u>6/10/14</u>
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RECEIVED

City of Fall River  
Notice of Claim

2014 JUN 13 A 10:30

CITY CLERK 14-215  
FALL RIVER, MA

1. Claimant's name: MARCIO TAVARES
2. Claimant's complete address: 491 CHARLES STREET, FALL RIVER, MA 02724
3. Telephone number: Home: 508-631-1213 Work: 617-889-4402 EXT. 144
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
DAMAGE TO VEHICLE STRUTS + MUFFLER
5. Date and time of accident: JAN THRU PRESENT Amount of damages claimed: \$ 1580.26  
ACTUAL - 5-29-14
6. Exact location of the incident: (include as much detail as possible):  
411/471 CHARLES ST., FALL RIVER, MA
7. Circumstances of the incident: (attach additional pages if necessary):  
THERE ARE LARGE POT HOLES BETWEEN BOVEN ST. + KING ST.  
THAT ARE NOT AVOIDABLE DUE TO POTHOLES BEING DEEPER THAN  
8" + WIDER THAN 2' TO 3' WIDE. PARKED VEHICLES DO NOT ALLOW  
TO MANEUVER AROUND - CONSTANT DAMAGE TO UNDER CAR DUE TO LARGE  
POT HOLES - REPEATED DAMAGE TO CAR
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 6-2-14

Claimant's signature: Marcio Tavaras

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

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For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk	<input type="checkbox"/> Law
<input type="checkbox"/> City Council	<input type="checkbox"/> City Administrator
<input checked="" type="checkbox"/> DPW	Date: <u>6/13/14</u>



**City of Fall River  
Notice of Claim**

RECEIVED

2014 JUN 13 P 2:21

CITY CLERK 14-216  
FALL RIVER, MA

1. Claimant's name: William Freeman
2. Claimant's complete address: 307 Tuttle Street #2
3. Telephone number: Home: 2403757711 Work: 4016195050
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
pot hole
5. Date and time of accident: 05/27/14 Amount of damages claimed: \$ 42.50  
+ time lost from work to fix tire
6. Exact location of the incident: (include as much detail as possible):  
Extra large Pot hole on Stafford Road.
7. Circumstances of the incident: (attach additional pages if necessary):  
While driving and dodges<sup>ing</sup> several other pot holes. I hit one that couldn't be avoided, causing the seal on my tire to pop.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 6-13-14

Claimant's signature: WILLIAM FREEMAN

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

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For official use only:	<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input checked="" type="checkbox"/> City Council	<input checked="" type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW	Date: <u>6/13/14</u>
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COMCAST: GBR-SOUTH-13364

CMR: 1071787

RECEIVED

2014 JUN 17 A 10: 58

CITY CLERK 14-217  
FALL RIVER, MA

### City of Fall River Notice of Claim

1. Claimant's name: COMCAST; CMR CLAIMS TPA
2. Claimant's complete address: 726 W SHERIDAN AVE OKC OK 73102
3. Telephone number: Home: N/A Work: 800-321-4158
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
PROPERTY DAMAGE
5. Date and time of accident: 08/22/2013 Amount of damages claimed: \$ 2,588.81
6. Exact location of the incident: (include as much detail as possible):  
872 PLYMOUTH AVE, FALL RIVER
7. Circumstances of the incident: (attach additional pages if necessary):  
CITY OF FALL RIVER WATER DEPARTMENT DAMAGED A COMCAST BURIED CABLE  
AND CONDUIT WHILE EXCAVATING.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 6.12.14

Claimant's signature: [Signature]

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

**Return this from to : City Clerk, 2<sup>nd</sup> Fl., One Government Center, Fall River, MA 02722**

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For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> <u>Water</u>	Date: <u>6/17/14</u>



RECEIVED

2014 JUN 18 A 10:28

City of Fall River CITY CLERK 14-218  
Notice of Claim FALL RIVER, MA

1. Claimant's name: Kaylin Arneida
2. Claimant's complete address: 1710 D. main St. Apt #5 Fall River, MA 02780
3. Telephone number: Home: 774-301-1775 Work: 774-301-1775
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
property damage
5. Date and time of accident: May 7th @ 10:45 pm Amount of damages claimed: \$ \_\_\_\_\_
6. Exact location of the incident: (include as much detail as possible):  
Davol Street in front of Dunkin Dounts
7. Circumstances of the incident: (attach additional pages if necessary):  
I was heading down davol street late at night. I was slowing down to the light by the time I seen the pothole it was too late and my front right tire hit it. This is the 2nd time my Kim/tire
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 6/14/14

Claimant's signature: Kaylin Arneida

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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For official use only:

Copies forwarded to:  City Clerk  Law  City Council  City Administrator  DPW

Date: 6/18/2014

BRIAN R. CUNHA, ESQ.\*\*  
NELIA CAMARA DE STEFANO, ESQ.\*\*

HONEY POLNER, ESQ., R.N.  
KAREN A. ALEGRIA, ESQ.\*\*  
MONICA MAINA, ESQ.  
SHARON D. SYBEL, ESQ. \*\*  
MATTHEW A. DURFEE, ESQ. \*\*\*

\*\*MEMBER MA & RI BAR  
\*\*\* MEMBER MA, RI, & CT BAR

LAW OFFICES

**BRIAN CUNHA**  
& ASSOCIATES

311 PINE STREET  
FALL RIVER, MASSACHUSETTS 02720  
(508) 675-9500

FAX: (508) 679-6360

WEBSITE: www.briancunha.com

June 18, 2014

**NOTICE PURSUANT TO MASSACHUSETTS GENERAL LAWS**  
**ANNOTATED CHAPTER 84**

Elizabeth Sousa, Corporation Counsel  
Law Department  
One Government Center, Room 627  
Fall River, MA 02722  
**Certified Mail Return No. 7010 1870 0002 6973 6102**

Alison M. Bouchard, City Clerk  
One Government Center, Room 227  
Fall River, MA 02722  
**Certified Mail Return No. 7010 1870 0002 6973 6119**

The Honorable William A. Flanagan  
One Government Center, Room 619  
Fall River, MA 02722  
**Certified Mail Return No. 7010 1870 0002 6973 6126**

RECEIVED  
2014 JUN 19 A 11:03  
CITY CLERK  
FALL RIVER, MA  
14-219

RE: Venilde Batista  
Personal Injury - May 26, 2014

Dear Sir/Madam:

Notice is hereby given to the Corporation Counsel, pursuant to Massachusetts General Laws Annotated Chapter 84, that on May 26, 2014, at approximately 9:30 p.m., Ms. Batista was caused to fall down on the sidewalk/driveway in front of 271 - 285 Jencks Street, Fall River, Massachusetts, as said sidewalk/driveway contained large cracks and depressions in it.

Our client, Ms. Batista, claims that said accident was directly and proximately caused by the failure of the City of Fall River to maintain a safe and hazardous free premise.

As a result of said accident, Ms. Batista sustained serious and permanent injuries for which we are making a claim.

As such, would you kindly contact our office with regard to an amicable settlement of this matter. Your anticipated courtesy and cooperation is greatly appreciated.

Very truly yours,  
BRIAN CUNHA & ASSOCIATES, P.C.

Sharon D. Sybel, Esquire

SDS/mcp



RECEIVED

2014 JUN 19 A 10:59

City of Fall River  
Notice of Claim

CITY CLERK 14-220  
FALL RIVER, MA

1. Claimant's name: NICOLA MICHAEL FERRARA
2. Claimant's complete address: 350 SHARPS LOT RD SWANSEA MA 02777
3. Telephone number: Home: 508-314-3751 Work: 508-326-5112
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):  
DAMAGE TO VEHICLE FROM A POT HOLE
5. Date and time of accident: 6/8/14 9:30AM Amount of damages claimed: \$ 495.88
6. Exact location of the incident: (include as much detail as possible):  
SEABURRY ST, 2 BLOCKS UP FROM BEDFORD ST
7. Circumstances of the incident: (attach additional pages if necessary):  
WHILE DRIVING ON SEABURRY ST I STRUCK A DEEP POT HOLE. THIS CAUSED MY VEHICLE TO BOTTOM OUT. IMMEDIATELY AFTER, MY VEHICLE BEGAN TO STALL & BLACK SMOKE CAME OUT OF ~~ENGINE~~ EXHAUST. I WAS ABLE TO DRIVE THE CAR TO "FAWZIE'S" AUTO ON BEDFORD STREET ABOUT 2-3 BLOCKS AWAY.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:  Yes  No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 6-11-14 Claimant's signature: [Signature]

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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Date:	<u>6/19/14</u>