



PLANNING BOARD

CITY OF NEW BEDFORD

JONATHAN F. MITCHELL, MAYOR

SITE PLAN REVIEW APPLICATION INSTRUCTIONS

1. Prior to submitting an application, it is advised that applicants meet with Planning Division Staff to address technical issues, to identify potential concerns and to review information necessary for submittal (including whether a Development Impact Statement or additional studies/reports will be required). Please call (508)979-1488 to schedule a pre-submittal meeting. The applicant may meet with Planning Staff as many times as necessary. Depending on the complexity of a proposal, attendees from additional departments may be invited to attend.
2. Planning Board meeting dates and the corresponding application submittal deadlines are listed on the City of New Bedford website. When possible, the Division prefers that applications requiring multiple Board approvals be reviewed concurrently; please contact Planning Staff for consultation on optimal concurrent review scheduling.
3. A Certified Abutters List must also accompany this application. In advance of submitting an application, an Abutters List must be requested from the Planning Division (Room 303) in person or by fax or email. This request is made by submittal of an Abutters List Request Form, available on the City of New Bedford website or in the Planning Division office (City Hall, Room 303). Once you receive an Abutters List from Planning Staff, you must take it to the Assessor's Office (City Hall, Room 109) to be certified. Once certified, the list may be included in the submittal.
4. All applications must be filled out completely and be submitted with all required materials, as detailed in the Site Plan Review Application Checklist. Incomplete or improperly filed applications will be returned to the applicant for resubmission. Documentation of Deeds, Certificate of Title, Recorded Plans, etc. must also be included in your application. Following a verification of application completeness by Planning Staff (City Hall, Room 303), bring the completed application packets to the City Clerk (City Hall, Room 118), with the required Filing Fee.
5. Unless otherwise noted or determined by Planning Staff to not be required, all information listed in the Site Plan Review Application Checklist must be included in the submittal package for your application. For an application to be accepted, each and every item is required at the time of application submittal.

In certain instances, plans, or portions of plans, may be waived when not applicable for the review of a particular type of development, at the discretion of the City Planner. Requests for any such waiver(s) must be submitted, in writing, to Planning Division for consideration prior to application submittal.

6. A Site Plan Review Application Checklist (and accompanying materials) must be submitted for review and verification by Planning Staff prior to application submittal. As copies of a completed Checklist are required for a complete submittal, the applicant must allow sufficient time for review prior to the

application submittal deadline. The submittal of DRAFT Checklists and materials via email to Planning Staff is highly encouraged well-in-advance of submittal.

7. A non-refundable filing fee is required when submitting the application, payable by check to the City of New Bedford. The fee covers the cost of processing the decision, including legal advertisement.
8. Once a complete application is received, Planning Staff will draft an Abutters Notification Letter for the subject case and provide it to the Applicant for their use to perform the required legal notice to Abutters.
9. The Planning Board will hear all applications within sixty-five days of the application filing date.
10. All applications must be filled out completely and be submitted with all required materials, as detailed in the Site Plan Review Application Checklist. Incomplete or improperly filed applications will be returned to the applicant for resubmission. Documentation of Deeds, Certificate of Title, Recorded Plans, etc. must also be included in your application. Following a verification of application completeness by Planning Staff (City Hall, Room 303), bring the completed application packets to the City Clerk, with the required Filing Fee.
11. The Applicant or an appointed representative **must attend** the public hearing.
12. Applicants may appeal the determination of the Planning Board to the Massachusetts Superior Court.
13. If your petition is granted, and after the official decision is recorded with the City Clerk, there is a twenty (20) day waiting period after which time you may proceed and obtain a building permit if an appeal has not been filed. (The 20 day appeal period commences from the date of the decision's filing with City Clerk, not the date of the decision) And that the project be set forth according to plans submitted with the application and that it be recorded at the Registry of Deeds and a Building Permit be issued by the Department of Inspectional Services and acted upon within one year.



CITY OF NEW BEDFORD
JONATHAN F. MITCHELL, MAYOR

PLANNING BOARD

SUBMIT TO:
Planning Department
133 William Street
Room 303
New Bedford, MA 0274

SITE PLAN REVIEW APPLICATION

The undersigned, being the Applicant, seeks Site Plan Approval for property depicted on a plan entitled: _____ by: _____ dated: _____

1. Application Information

Street Address: _____

Assessor's Map(s): _____ Lot(s) _____

Registry of Deeds Book: _____ Page: _____

Zoning District: _____

Applicant's Name (printed): _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Contact Information: _____

Telephone Number _____ Email Address _____
Applicant's Relationship to Property: Owner Contract Vendee Other _____

List all submitted materials (include document titles & volume numbers where applicable) below:

By signing below, I/we acknowledge that all information presented herein is true to the best of my/our knowledge. I/we further understand that any false information intentionally provided or omitted is grounds for the revocation of the approval (s). I/we also give Planning Department staff and Planning Board Members the right to access the premises (both interior and exterior) at reasonable times and upon reasonable notice for the purpose of taking photographs and conducting other visual inspections.

Date

Signature of Applicant

2. Review Applicability (Check All That Apply to Your Proposal)

Category	Construction	Scale
<input type="checkbox"/> Residential	<input type="checkbox"/> New Construction	<input type="checkbox"/> < 2,000 gross sq feet
<input type="checkbox"/> Commercial	<input type="checkbox"/> Expansion of Existing	<input type="checkbox"/> > 2,000 gross sq feet
<input type="checkbox"/> Industrial	<input type="checkbox"/> Conversion	<input type="checkbox"/> 3 or more new residential units
<input type="checkbox"/> Mixed (Check all categories that apply)	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> 1 or more new units in existing res. multi-unit
		<input type="checkbox"/> Drive Thru Proposed
		<input type="checkbox"/> Ground Sign Proposed
		<input type="checkbox"/> Residential Driveway With > 1 curbcut

3. Zoning Classifications

Present Use of Premises: _____

Proposed Use of Premises: _____

Zoning Relief Previously Granted (Variances, Special Permits, with Dates Granted):

4. Briefly Describe the Proposed Project:

5. Please complete the following:

	<u>Existing</u>	<u>Allowed/Required</u>	<u>Proposed</u>
Lot Area (sq ft)			
Lot Width (ft)			
Number of Dwelling Units			
Total Gross Floor Area (sq ft)			
Residential Gross Floor Area (sq ft)			
Non-Residential Gross Floor Area (sq ft)			
Building Height (ft)			
Front Setback (ft)			
Side Setback (ft)			
Side Setback (ft)			

Rear Setback (ft)			
Lot Coverage by Buildings (% of Lot Area)			
Permeable Open Space (% of Lot Area)			
Green Space (% of Lot Area)			
Off-Street Parking Spaces			
Long-Term Bicycle Parking Spaces			
Short-Term Bicycle Parking Spaces			
Loading Bays			

6. Please complete the following:

	Existing	Proposed
a) Number of customers per day:	_____	_____
b) Number of employees:	_____	_____
c) Hours of operation:	_____	_____
d) Days of operation:	_____	_____
e) Hours of deliveries:	_____	_____
f) Frequency of deliveries: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____		

7. Planning Board Special Permits:

_____ The applicant is also requesting a Special Permit from the Planning Board.

Specify the requested Special Permit(s) below, and set forth within attached Development Impact Statement how the request meets approval criteria listed in §5320 of the zoning code.

8. ZBA Variances and Special Permits:

NOTICE: Checking below does not constitute application for a special permit or a variance. The applicant must also file the proper application form and fee with the Zoning Board of Appeals.

_____ The applicant is also requesting a special permit from the ZBA:

Specify zoning code section & title

_____ The applicant is also requesting a variance from the ZBA:

Specify zoning code section & title

9. OWNERSHIP VERIFICATION

This section is to be completed & signed by the property owner:

I hereby authorize the following Applicant: _____

at the following address: _____

to apply for: _____

on premises located at: _____

in current ownership since: _____

whose address is: _____

for which the record title stands in the name of: _____

whose address is: _____

by a deed duly recorded in the:

Registry of Deeds of County: _____ Book: _____ Page: _____

OR Registry District of the Land Court, Certificate No.: _____ Book: _____ Page: _____

I/we acknowledge that all information presented herein is true to the best of my/our knowledge. I/we further understand that any false information intentionally provided or omitted is grounds for the revocation of the approval(s). I/we also give Planning Department staff and Planning Board Members the right to access the premises (both interior and exterior) at reasonable times and upon reasonable notice for the purpose of taking photographs and conducting other visual inspections.

Date

Signature of Land Owner (If authorized Trustee, Officer or Agent, so identify)

NOTICE BY PUBLICATION & ABUTTERS NOTIFICATION

(Follow Massachusetts General Laws, Chapter 40A, Section 5)

- 1) The applicant shall be responsible for paying for the legal advertisements in the New Bedford Standard-Times once in each of two (2) successive weeks, the first publication to be not less than fourteen (14) days prior to the date of said hearing. This cost is included in the Application Fee. The City of New Bedford Planning Division shall be responsible for placing the legal ad in the New Bedford Standard-Times.
- 2) The applicant shall be responsible for certifying the abutters list and mailing, by Certified Mail, with Return Receipt Requested, a copy of the notice to each affected abutter.
- 3) A Legal Advertisement will be drafted by Planning Staff, including the date, time and location of the public hearing, and provided to the Applicant upon submittal of a complete application. This Legal Advertisement may not be altered or amended by the Applicant prior to use in notifying Abutters.

DEPARTMENT SIGN-OFF SHEET

PLANNING BOARD SITE PLAN REVIEW

<u>DEPARTMENT</u>	<u>COPIES</u>	<u>SIGNATURE</u>	<u>DATE</u>
BOARD MEMBERS CITY HALL, ROOM 303	6	_____	
CITY PLANNING CITY HALL, ROOM 303	1 full size	_____	
CITY CLERK CITY HALL, ROOM 118	1	_____	
CITY SOLICITOR CITY HALL, ROOM 203	1	_____	
HEALTH DEPARTMENT 1213 PURCHASE STREET	1	_____	
INSPECTIONAL SERVICES CITY HALL, ROOM 308	1 full size	_____	
ENGINEERING DEPARTMENT 1105 SHAWMUT AVENUE	1 full size	_____	
PUBLIC INFRASTRUCTURE 1105 SHAWMUT AVENUE	1	_____	
CONSERVATION COMMISSION CITY HALL, ROOM 311	1	_____	
FIRE DEPARTMENT 1204 PURCHASE STREET	1 full size	_____	
SCHOOL DEPARTMENT 455 COUNTY STREET	1	_____	

REQUEST FOR CERTIFIED LIST OF ABUTTERS

Attach the Certified List of Abutters to this certification letter.

The applicant shall complete the request form below, and submit to Planning Department, City Hall, 133 William Street, Room 303, so that a list may be created for use by the applicant.

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

Date: _____

SUBJECT PROPERTY:

MAP _____ LOT _____

LOCATION _____

OWNER'S NAME _____

MAILING ADDRESS _____

CONTACT PERSON _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

REASON FOR REQUEST
