



CITY OF NEW BEDFORD
JONATHAN F. MITCHELL, MAYOR

PLANNING BOARD

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

SPECIAL PERMIT APPLICATION

The undersigned, being the Applicant, seeks Special Permit 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. Zoning Classifications

Present Use of Premises: _____

Proposed Use of Premises: _____

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

3. Briefly Describe the Proposed Project and Specify all Requested Special Permits:

4. 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			

5. 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: Daily Weekly Monthly Other: _____

6. 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)

Planning Board Special Permit Application Checklist

- 1. Completed Application Form** (with all required signatures; Original plus 15 Copies)
- 2. Plans**
 - Four (4) stapled and folded sets of full-sized plans (24" x 36") and Twelve (12) sets of reduced plans (11" x 17") are required for all applications. Staff reserves the right to require additional copies.
 - One (1) electronic copy (PDF & CAD) of all proposed activity plans (See Section 10 of Checklist for Requirements)
 - All plans oriented so that north arrow points to top of sheet
 - Plans shall be drawn at a minimum scale of 1" = 40' or less
 - All plans shall be stamped by Commonwealth of Massachusetts-registered Professional Engineer, Professional Land Surveyor, and/or Professional Landscape Architect, as appropriate
 - Plan sets shall be comprised of separate sheets as listed below unless otherwise approved by the City Planner
 - All plans shall have a title block comprised of the following: Project Title, Sheet Title, Sheet Number; Registrant Stamp (i.e. PE, PLS, LA); Registrant's name and address; Street addresses of the project area parcels; Scale at which the plan is drawn; Plan Issue Date; and all plan revision dates (with corresponding revision descriptions).
- 3. Certified Abutters List** (4 copies)
- 4. Proof of Ownership** (Deed(s) for All Involved Parcels; 4 Copies)
- 5. Photos Depicting Existing Conditions** (Minimum of 3, In Color, 1 Aerial + 2 Other Views; 16 Copies)
- 6. Development Impact Statement (DIS)**, completed per §5350 of Zoning Code, (16 Copies), if required by Board
- 7. Traffic Impact & Access Study (TIAS)** (16 Copies), if required by Board
- 8. Electronic PDF and AutoCAD Files**
 - Shall consist of a CD with a printed CD Label in a CD case
 - CAD files shall be 2010 format or the latest revision of AutoCAD Civil 3D
 - All project submissions shall include the following file types. All project related Drawing Files shall be provided in all 2 supported formats, listed below.
 - AutoCAD Drawing format (.dwg)
 - Adobe Portable Document Format (.pdf)

- PDF files shall be created from within the AutoCAD environment and contain Layer information.
- It is a requirement that each project drawing/sheet created for a project shall be published/plotted to DWG and PDF, and placed in the appropriate folder in the CD submission. All external references (DWG, DWF, DGN, PDF, TIFF, MrSID, JPG, etc.) which are used in support of the creation of these project sheets shall be stored within the XREF folder only (Subfolder of DWG) on the CD. Also the AutoCAD support files (fonts, plot style, etc.) should be supplied on the CD.

- **File Naming:**

The following file naming standard for all CAD related files created, used, or submitted to the Planning Department shall be followed. This applies to all CAD drawings, DWF's, PDF's used in support of, or used in conjunction with this CAD Standard.

File names shall begin with their project Planning Board Case number assigned (available through the Planning Department), followed by an underscore and the appropriate discipline code. In the instance where there is more than one file, assign an appropriate sequential number to the end (ex. 1,2,3). Special characters are not permitted except for the following; hyphens [-], underscores [_], and/or parenthesis [()].

Example 1.

A set of engineering design plans and documents were prepared for project file number 12-34; acceptable filenames would be as follows:

- 12-34_Existing Conditions1.dwg
- 12-34_Existng Conditions2.dwg
- 12-34_General1.dwg
- 12-34_Generale.dwg

9. Completed Department Sign-Off Sheet (1 original copy)

10. Application Fee (All fees are due at time of application submission)

Official Use Only:

For the Planning Board, this application has been received by the Planning Division of the Department of Planning, Housing & Community Development on the date specified below:

Review date: _____ All materials submitted: Yes No

Signature: _____ Fee _____

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 SPECIAL PERMIT 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 SERVICE 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 304	1	_____	
FIRE DEPARTMENT 1204 PURCHASE STREET	1 full size	_____	
SCHOOL DEPARTMENT 455 COUNTY STREET	1	_____	

REQUEST FOR CERTIFIED LIST OF ABUTTERS

Attach & Submit 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
