

City of New Bedford
ZBA SPECIAL PERMIT APPLICATION

CASE # 4215

1. SUBMITTAL CHECKLIST

The following documentation must be submitted, in duplicate (1 Original and 11 Copies):

Have you included...			Planning staff review finds...	
Yes	No		Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A <u>Completed and Signed Application</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	An <u>Existing Conditions Site Plan</u> , drawn to a scale not less than 1 inch: 40 feet, identifying positioning of existing structures must be provided. Your site plan must show footprint and dimensions of rear, front and side distances between structure(s) and boundary lines.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/> N/A	A <u>Proposed Site Plan</u> showing all proposed alterations or additions with side, front and rear set property lines identified. <i>NO ALTERATIONS</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A	<u>Sub-Division Plans</u> if Applicable.	<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A <u>Certified Abutter's List</u> prepared by planning staff and certified by the Assessor's Office.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Plot Plan</u> as provided through Department of Inspectional Services or through the Assessor's Office (in person or online through parcel lookup).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Filing Fee</u> in check form made payable to the City of New Bedford.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copy of <u>Building Permit Rejection Packet</u> (Containing Rejected Building Permit and all information submitted with Building Permit Application)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Owner's Verification</u> including owner's signature and parcel deed for all involved parcels.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A	<u>Development Impact Statement (DIS)</u> , if required (per Chapter 9 section 5350 of the City of New Bedford Zoning Code)	<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A

Official Use Only:

Review of submittal compliance performed by [Signature] of the city's Division of Planning.
 Staff review found the application packet to be complete incomplete on this date: _____

This is page 1 of your ZBA Application.

Please remove the instruction pages when submitting your completed application packet but keep this as your first page.

2. SPECIAL PERMIT SPECIFICS

The undersigned petitions the New Bedford Zoning Board of Appeals [ZBA] to grant a SPECIAL PERMIT in the manner and for the reasons set forth here under the provisions of the city's zoning ordinance to the following described premises:

APPLICATION SUMMARY (PLEASE PRINT)

SUBJECT PROPERTY			
ASSESSOR'S MAP PLOT#	M0137	LOT(S)#	B0076
REGISTRY OF DEEDS BOOK #:	128	PAGE #	97
PROPERTY ADDRESS:	4334 Acushnet Ave. New Bedford Ma. 02745		
ZONING DISTRICT:			
OWNER INFORMATION			
NAME:	Melissa F Coelho		
MAILING ADDRESS:	4334 Acushnet Ave. New Bedford, MA 02745		
APPLICANT/CONTACT PERSON INFORMATION			
NAME (IF DIFFERENT):	Heather Brito		
APPLICANT'S RELATIONSHIP TO THE PROPERTY: Check one:	OWNER <input type="checkbox"/>	CONTRACT VENDEE <input type="checkbox"/>	OTHER Describe <input checked="" type="checkbox"/> Trying to Purchase
MAILING ADDRESS (IF DIFFERENT):	47 Charlotte St. New Bedford ma. 02740		
TELEPHONE #	508-725-6525		
EMAIL ADDRESS:	HBrito525@yahoo.com		

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 division staff and ZBA 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.

Heather Brito

Signature of Applicant/s

12-13-15

Date

If the applicant differs from the owner, this section must be completed/signed by the property owner/s:

I hereby authorize the applicant represented above and throughout this application to apply and to represent my/our interests on my/our behalf for the relief requested herein for the premises I/we own noted as "property address" above and presented throughout this application. Furthermore, by signing this application I/we acknowledge having read and understood this application and the accompanying instructions and information. If petition is granted, I/we understand the approvals are specific to the plans submitted, unless the Board states otherwise and that if granted, that the special permit must be recorded and acted upon within one year.

Melissa F. Coelho

Signature of Owner/s

12-13-15

Date

APPLICATION SPECIFICS

DIMENSIONS OF LOT/S:	FRONTAGE <i>44.6</i>	DEPTH	AREA in SQ FT <i>1685</i>		
EXISTING BUILDING/S	# OF BLDGS <i>2 including garage</i>	EXISTING SIZE	TOTAL SQ FT BY FLOOR	NUMBER OF FLOORS <i>1</i>	TOTAL SQ. FT ENTIRE STRUCTURE <i>17,680 sq. ft</i> <i>0.41 Acres</i>
	# OF DWELLING UNITS <i>1</i>		# OF BEDROOMS <i>3</i>		
PROPOSED BUILDING/S <i>- staying same</i>	# OF BLDGS	PROPOSED SIZE	TOTAL SQ FT BY FLOOR	NUMBER OF FLOORS	TOTAL SQ. FT ENTIRE STRUCTURE
	# OF DWELLING UNITS		# OF BEDROOMS		EXTENT OF PROPOSED ALTERATIONS
EXISTING USE OF PREMISES:	<i>residential</i>				
PROPOSED USE OF PREMISES:					
EXPLAIN WHAT MODIFICATIONS YOU ARE PROPOSING THAT NECESSITATE THE REQUESTED SPECIAL PERMIT:	<i>Change of use from Residential to Counseling - Outpatient.</i>				

If there's a commercial use existing and/or proposed, please complete the following:

	EXISTING	PROPOSED
NUMBER OF CUSTOMERS PER DAY		<i>100</i>
NUMBER OF EMPLOYEES		<i>4</i>
HOURS OF OPERATION		<i>M-Th 9am-9p F-8-7 S-8-4 - Sunday Closed</i>
DAYS OF OPERATION		<i>6</i>
HOURS OF DELIVERIES	<i>N/A</i>	
FREQUENCY OF DELIVERIES (Check frequency) <i>N/A</i>	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER

If you are also requesting site plan review and special permit/s from the planning board, please specify here:

N/A

3. PARCEL LEGAL DOCUMENTATION

Title Reference to Property _____

(Attach copy of Deed, Certificate of Title & most recent Recorded Plans showing affected lot or lots)

Is the applicant also the owner? Yes No

If no, please attach the following three items to your application and indicate they are attached:

A notarized authorization letter on letterhead from the owner to tenant/buyer for application of this permit.

If the Applicant is Not the Owner, Provide:

A copy of the Purchase & Sale Agreement or lease, where applicable.

A copy of the deed or deeds of abutting parcels if said parcels have been held in common ownership with the subject property at any time since January 1, 1976.

4. REQUIRED FINDINGS FOR GRANTING A SPECIAL PERMIT

City of New Bedford Code of Ordinances Chapter 9 Section 5320 requires the ZBA to find the benefit to the City and the neighborhood outweighs the adverse effects of the proposed use, taking into account the characteristics of the site and of the proposal in relation to that site.

This determination includes consideration of each of the following:

<p>A</p> <p>Social, economic, or community needs which are served by the proposal</p>	<p>B</p> <p>Traffic flow and safety, including parking and loading</p>	<p>C</p> <p>Adequacy of utilities and other public services</p>
<p>D</p> <p>Neighborhood character and social structures</p>	<p>E</p> <p>Impacts on the natural environment</p>	<p>F</p> <p>Potential fiscal impact, including impact on City services, tax base, and employment</p>

The full text of New Bedford Code of Ordinances can be accessed from: www.newbedford-ma.gov

Because the ZBA must be able to articulate their findings on each of the items listed above in order to grant a special permit, you must make your case as to HOW your application affects each of the criteria for consideration. ***This is an extremely important question and it is recommended that you answer this VERY carefully.*** You may use an additional sheet if needed.

A Describe any social, economic, or community needs which are served by your proposal:

I am proposing to move my counseling practice to proposed location and add therapists which helps the community both socially and economically.

B Describe how traffic flow and safety, including parking and loading, are addressed in your proposal:

There are nine proposed parking spaces which is adequate for the space, there is one entrance, and two points of exit.

C Describe the utilities and other public services necessary for your proposal, and explain how these are adequately available for your proposal:

NONE out of the norm.

D Describe the neighborhood character and social structures surrounding your proposed location, and how your proposal will fit in this area:

There is another counseling location two doors down, a pizza restaurant, insurance company, and wellness center with massage etc.

E Describe any impacts on the natural environments your proposal may have:

NONE

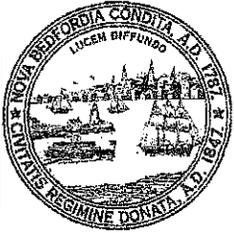
F Describe any potential fiscal impact, including impact on City services, tax base, and employment your proposal may have:

N/A

***** Please review the section(s) of the zoning ordinance under which your Special Permit request is made, there may be additional criteria required for your request.

Describe how your proposal meets any additional criteria required under zoning ordinance:

It meets the change of use and fits into the structure of the existing neighborhood.



City of New Bedford
REQUEST for a CERTIFIED ABUTTERS LIST

This information is needed so that an official abutters list as required by MA General Law may be created and used in notifying abutters. You, as applicant, are responsible for picking up and paying for the certified abutters list from the assessor's office (city hall, room #109).

SUBJECT PROPERTY	
MAP #	137B
LOT(S)#	76
ADDRESS:	4334 Acushnet Ave New Bedford Ma. 02745
OWNER INFORMATION	
NAME:	Melissa Cohelo
MAILING ADDRESS:	4334 Acushnet Ave New Bedford ma. 02745
APPLICANT/CONTACT PERSON INFORMATION	
NAME (IF DIFFERENT):	Heather Brito
MAILING ADDRESS (IF DIFFERENT):	47 Charlotte St. New Bedford Ma. 02740
TELEPHONE #	508-725-6525
EMAIL ADDRESS:	Hbrito525@yahoo.com
REASON FOR THIS REQUEST: Check appropriate	
<input checked="" type="checkbox"/>	ZONING BOARD OF APPEALS APPLICATION
<input type="checkbox"/>	PLANNING BOARD APPLICATION
<input type="checkbox"/>	CONSERVATION COMMISSION APPLICATION
<input type="checkbox"/>	LICENSING BOARD APPLICATION
<input type="checkbox"/>	OTHER (Please explain):

2015 DEC 18 A 9:52

CITY CLERK'S OFFICE
NEW BEDFORD, MA.

PLANNING

DEC 15 2015

DEPARTMENT

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

This sheet is NOT part of your ZBA application but you will need to submit this form to the Planning Division Room 303 in City Hall, 133 William Street. You, as applicant, are responsible for picking up and paying for the certified abutters list from the assessor's office (city hall, room #109).

Official Use Only:

As Administrative Assistant to the City of New Bedford's Board of Assessors, I 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.

Carlos Amado
Printed Name

Carlos Amado
Signature

12/17/2015
Date

December 15, 2015

Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 4334 Acushnet Ave (137B-76). 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
136A-60	4339 ACUSHNET AVE	ORLOWSKI PETER J, 4339 ACUSHNET AVE NEW BEDFORD, MA 02745
137B-76	4334 ACUSHNET AVE	COELHO MELISSA F, 4334 ACUSHNET AVENUE NEW BEDFORD, MA 02745
136A-64	1006 MEADOW ST	MACEDO CESAR C, MACEDO NANCY 1006 MEADOW STREET NEW BEDFORD, MA 02745
137B-75	4338 ACUSHNET AVE	FERNANDES TRACY L "TRUSTEE", TRACY FERNANDES NOMINEE TRUST 4338 ACUSHNET AVE NEW BEDFORD, MA 02745
137A-177	4364 ACUSHNET AVE	DM PROPERTIES LLC, 4364 ACUSHNET AVENUE NEW BEDFORD, MA 02745
137A-181	986 CRESCENT ST	STONEHOUSE RUSSELL P, 986 CRESCENT STREET NEW BEDFORD, MA 02745
137A-185	35 PLANTE ST	LEROUX CYNTHIA, LEROUX ANDRE 35 PLANTE ST NEW BEDFORD, MA 02745
137B-1	27 PLANTE ST	BOISVERT PAUL R, BOISVERT LILLIAN R 27 PLANTE ST NEW BEDFORD, MA 02745
136A-56	4329 ACUSHNET AVE - 4331	TETRAULT PAUL T "TRUSTEE", TETRAULT SUSAN L "TRUSTEE" 1070 TOBEY ST NEW BEDFORD, MA 02745
137B-84	979 MAY ST	SOARES ILIDIO E, Julie Deakin 979 MAY ST NEW BEDFORD, MA 02745
137B-77	4326 ACUSHNET AVE	DIMITRIADIS ARISTIDIS, DIMITRIADIS HARRIET P O BOX 704 ASSONET, MA 02702
137B-90	15 PLANTE ST	BELANGER BRIAN J, BELANGER ANN MARIE D 15 PLANTE STREET NEW BEDFORD, MA 02745
137B-91	21 PLANTE ST	FILEK DAVID T "TRS", 21 PLANTE STREET NOMINEE TRUST 46 TRUMAN AVENUE 21 Plante St Kyle Desousa NO DARTMOUTH, MA 02747 New Bedford, MA 02745

I Melissa F. Coelho authorize Heather L. Brito to submit an application for the said property and do whatever is required by the city of New Bedford to complete this pending sale.

DATED this the 14th day December, 2015

Melissa F. Coelho
Signature of Affiant

SWORN to subscribed before me, this 14th day of December 2015


NOTARY PUBLIC

My Commission Expires:

COMMONWEALTH OF MASSACHUSETTS

Melissa F. Coelho

personally appeared before me, the undersigned notary public, and proved to me his/her identity through satisfactory evidence, which were license and swore or affirmed the attached document's contents are truthful and accurate to the best of his/her knowledge on this 14th day of December 2015



EDDIE J. LOPEZ, Notary Public
My Commission Expires October 14, 2022



MASSACHUSETTS (Quitclaim)

revised 01/02/92
REO#P1003GG

FEDERAL NATIONAL MORTGAGE ASSOCIATION A/K/A "FANNIE MAE", a corporation organized under an Act of Congress and existing pursuant to the Federal National Mortgage Association Charter Act, having its principal office in the City of Washington, District of Columbia, and an office for the conduct of business at 14221 Dallas Parkway, Suite 1000, Dallas, Texas 75254-2916 (hereinafter called the Grantor)

for consideration of ONE HUNDRED NINETY TWO THOUSAND AND 00/100 Dollars (\$192,000.00) paid,

grants to Melissa F. Coelho, Individually, now of 184 Davis Street, New Bedford, MA 02746,

with quitclaim covenants,

The land in New Bedford, Bristol County, and Commonwealth of Massachusetts, with the buildings thereon, bounded and described as follows:

Westerly by Acushnet Avenue, one hundred twenty and 16/100 (120.16) feet; thence

Northerly by Lot 312 on plan hereinafter mentioned, one hundred fifty-two and 80/100 (152.80) feet; thence

Easterly by Lots 310 and 309 on said plan, one hundred fifteen and 39/100 (115.39) feet; and thence

Southerly by Lot 314 on said plan, one hundred forty-eight and 83/200 (148.83) feet.

Said land is shown as Lot 313 on subdivision plan 4469H, drawn by James M. McQuade, Surveyor, dated March 9, 1963, and filed in the Land Registration Office at Boston, a copy of which is filed in the Bristol County Southern District Registry of Deeds, in Land Registration Book 42, Page 345, with Certificate of Title No. 8236.

Said Lot 313 is subject to restrictions as set forth in deed from Frank Kmiec to Adolphe Plante registered as Document No. 22679, to the extent same may be still in force and applicable.

Property Address:
4334 Acushnet Avenue
New Bedford, MA 02745

For Title Reference, see Foreclosure Deed recorded in the Bristol (Southern) Registry of Deeds, Document No. 106555, Certificate No. 22301 on 4/9/10.

UNDER AND SUBJECT to any existing covenants, easements, encroachments, conditions, restrictions, and agreements affecting the property.

THIS DEED is given in the usual course of the Grantor's business and is not a conveyance of all or substantially all of the Grantor's assets in Massachusetts.

The Grantor is exempt from paying the Massachusetts state excise stamp tax by virtue of 12 United States Code §1452, §1723a, or §1825.

TOGETHER WITH all and singular the improvements, ways, streets, alleys, passages, water, watercourses, right, liberties, privileges, hereditaments, and appurtenances whatsoever hereto belonging or in anywise appertaining and the reversions and remainders, rents, issues and profits thereof, and all the estate, right, title, interest, property, claim and demand whatsoever of the said Grantor in law, equity, or otherwise howsoever, of and to the same and every part thereof.

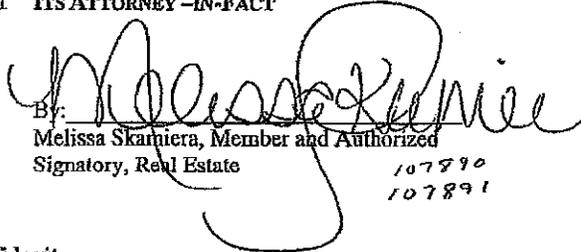
Property Address: 4334 Acushnet Avenue, New Bedford, MA 02745

107893

Executed as a sealed instrument this 1st day of DECEMBER, 20 10.

For Authority see Limited Power of Attorney recorded in the Suffolk County Registry of Deeds at Document 775223 and Delegation of Authority and Appointment recorded in said registry at Document 776825

FEDERAL NATIONAL MORTGAGE ASSOCIATION
BY ORLANS MORAN PLLC
ITS ATTORNEY-IN-FACT

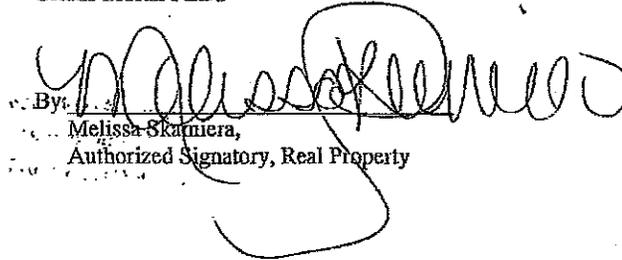
By: 
Melissa Skamiera, Member and Authorized Signatory, Real Estate

107890
107891

Affidavit

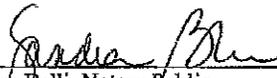
Orlans Moran PLLC, under the pains and penalties of perjury on oath deposes and says that it does not have knowledge of revocation or termination of the Power of Attorney by the principal or by termination of the existence of the principal.

Orlans Moran PLLC

By: 
Melissa Skamiera,
Authorized Signatory, Real Property

STATE OF MICHIGAN
County of Oakland, ss.

On this 1st day of December, 20 10, before me, the undersigned notary public, personally appeared MELISSA SKAMIERA, Member and Authorized Signatory, Real Estate, of ORLANS MORAN PLLC, as Attorney-in-Fact for FEDERAL NATIONAL MORTGAGE ASSOCIATION a/k/a "Fannie Mae" whom I have personal knowledge of identity, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that she signed it voluntarily for its stated purpose, and who swore or affirmed to me that the contents of the document truthful and accurate to the best of her knowledge and belief.


Sandra Belli, Notary Public
My Commission Expires: 4/10/2013

SANDRA BELLI
Notary Public, State of Michigan
County of Macomb
Commission Expires April 10, 2013
Acting in Oakland County

Property Address: 4334 Acushnet Avenue, New Bedford, MA 02745

N.B. City 22301, Accessible Ave (e) Lot 313 Pl. 4469H

Weld on City 22301 B. 27 P. 72

107893
So. Bristol Land Court
12/10/10 03:40
Your Settlement Ctr. 22476
Book 128 Page 97

Sanders and Associates, LLC
35 Arnold Street
New Bedford, MA 02740

3

12/10/10 03:40
Settlement Center
22476
Book 128 Page 97