



City of New Bedford
ZBA VARIANCE APPLICATION

CASE # **4223**

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"/>	A <u>Proposed Site Plan</u> showing all proposed alterations or additions with side, front and rear set property lines identified.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Sub-Division Plans</u> if Applicable. <i>N/A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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"/>

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 BUT YOU DO NOT NEED 11 COPIES OF IT; just the original is enough.
 Please remove the instruction pages when submitting your completed application packet but keep this as your first page.

If your petition is denied, after the official decision is recorded with the City Clerk, there is a twenty (20) day period you may appeal to the Massachusetts Superior Court. (*The 20 day appeal period begins from the date of the decision's filing with the City Clerk, not the date of the decision.*) The procedures for appeal are set forth in Massachusetts General Laws Chapter 40A Section 17.

WHAT IF I NEED TO REQUEST A POSTPONMENT?

All requests for postponement will be considered on the scheduled hearing date. The petitioner must appear before the Board. If that is not possible an appointed representative of the petitioner must appear with a signed letter of authorization to act on their behalf. The appointed representative must be authorized to sign an extension of time limits of approximately 30-90 days. If the Board grants the postponement, an agreed upon hearing date will be set and announced at that time, to accommodate the petitioner and the abutters. The Board will not re-advertise or re-notify abutters of the newly scheduled hearing. The Notice of Hearing will be posted at the City Clerk's Office at City Hall for informational purposes.

CAN I WITHDRAW MY APPLICATION?

You may withdraw your application without prejudice prior to the publication of the notice of a public hearing. If you withdraw prior to the publication of the notice, your filing fee is refundable.

If the public hearing notice has been published, the ZBA must approve your request to withdraw without prejudice at the scheduled hearing date. Once the notice has been published—even if it is only once—no part of the filing fee is refundable.

2. VARIANCE SPECIFICS

The undersigned petitions the New Bedford Zoning Board of Appeals [ZBA] to grant a VARIANCE 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#	89	LOT(S)#	150
REGISTRY OF DEEDS BOOK:	2587	PAGE #	51
PROPERTY ADDRESS: 72 Topham St, New Bedford, MA 02740			
ZONING DISTRICT: RB			
OWNER INFORMATION			
NAME: Cheryl Giovannini			
MAILING ADDRESS: SAME			
APPLICANT/CONTACT PERSON INFORMATION			
NAME (IF DIFFERENT): SAME			
APPLICANT'S RELATIONSHIP TO THE PROPERTY: Check one:	OWNER <input checked="" type="checkbox"/>	CONTRACT VENDEE <input type="checkbox"/>	OTHER Describe <input type="checkbox"/>
MAILING ADDRESS (IF DIFFERENT):			
TELEPHONE #	508-994-1047		
EMAIL ADDRESS:	mscherylgb8@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.

Cheryl Giovannini
Signature of Applicant/s

2/10/2016
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 variance must be recorded and acted upon within one year.

Signature of Owner/s

Date

APPLICATION SPECIFICS

DIMENSIONS OF LOT/S:	FRONTAGE 43	DEPTH 80.04	AREA in SQ FT 3,442		
EXISTING BUILDING/S	# OF BLDGS 1	EXISTING SIZE 1144	TOTAL SQ FT BY FLOOR	NUMBER OF FLOORS 1 1/2	TOTAL SQ. FT ENTIRE STRUCTURE 1 1/2
	# OF DWELLING UNITS 1		# OF BEDROOMS 2		
PROPOSED BUILDING/S	# 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 Finished Bsmt
EXISTING USE OF PREMISES:	SF				
PROPOSED USE OF PREMISES:	SF w/Fin Bsmt				
EXPLAIN WHAT MODIFICATIONS YOU ARE PROPOSING THAT NECESSITATE THE REQUESTED VARIANCE:	<p>A Family Room, Laundry Room, full Bathroom, and Closet in the basement has been added. I am not raising the Building I just am finishing the basement for more living space.</p>				

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

	EXISTING		PROPOSED	
NUMBER OF CUSTOMERS PER DAY				
NUMBER OF EMPLOYEES				
HOURS OF OPERATION				
DAYS OF OPERATION				
HOURS OF DELIVERIES				
FREQUENCY OF DELIVERIES (Check frequency)	<input type="checkbox"/> DAILY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> DAILY	<input type="checkbox"/> WEEKLY
	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> OTHER	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> OTHER

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

Complete each item that is relevant to your variance request:

	Existing	Allowed/ Required	Proposed
Lot Area (sq ft)	3,442	SAME	SAME
Lot Width (ft)	80.04 x 43	SAME	SAME
Number of Dwelling Units	1	1	1
Total Gross Floor Area (sq ft)			
Residential Gross Floor Area (sq ft)			
Non-Residential Gross Floor Area (sq ft)			
Building Height (ft) # of stories	2 2	2 1/2	3
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	1	1	1
Loading Bays			
Number of Ground Signs			
Height of Ground Sign			
Proximity of Ground Sign to Property Line			
Area of Wall Sign (sq ft)			
Number of Wall Signs			

3. PARCEL LEGAL DOCUMENTATION

Title Reference to Property

Book 2587, Page 51

(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 VARIANCE

Massachusetts General Law Chapter 40A Section 10 requires the "permit granting authority" (which, in this instance is the Zoning Board of Appeals) to make ALL the following findings before a variance can be granted:

A

That there are circumstances relating to the soil conditions, shape or topography which especially affect the land or structure in question, but which do not affect generally the zoning district in which the land or structure is located.

B

That due to those circumstances especially affecting the land or structure literal enforcement of the provisions of the Zoning Ordinance or Bylaw would involve substantial hardship financial or otherwise to the petitioner or appellant.

C

That desirable relief may be granted without nullifying or substantially derogating from the intent or purpose of the Zoning Ordinance or Bylaw.

D

That desirable relief may be granted without substantial detriment to the public good.

The full text of M.G.L. Chapter 40A, Section 10 can be viewed at: <http://www.mass.gov/legis/laws/mgl/>

Because the ZBA must be able to articulate each of these four findings in order to grant a variance, you must make your case as to WHY your application meets each of these four points. **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 circumstances relating to soil conditions, shape or topography which especially affect the land or structure in question but that doesn't generally affect the zoning district in which your premises is located:
There will be no changes to the exterior of the building and the home will continue to be used as a single family house with 1 car driveway. Changes only in basement because lot is too small to increase anywhere else.
- B** Describe how circumstances unique to your land or structure would mean a substantial hardship to you if the city were to literally enforce the zoning ordinance:
If I can't get this variance, I will not be able to sell my house because the people buying will only buy if they have more living space. I have to sell because I have Fibroid Myalgia and cannot climb stairs anymore. This home is very small for a growing family.
- C** Describe how granting you relief would not take away from the purpose of the city's zoning ordinance:
The house will only be affected on the inside in the basement for more living space. There will not be any exterior changes. It will still be a single family.
- D** Describe why nobody else would be hurt if the city granted your requested zoning relief:
I have already obtained an electrical permit and am in the process of obtaining a plumbing permit. This finished basement will be all set when we are done and will be to code. I also have a certificate from Fire Department for smokes.



(PG 1)
← 72 Topham St
New Bedford, MA

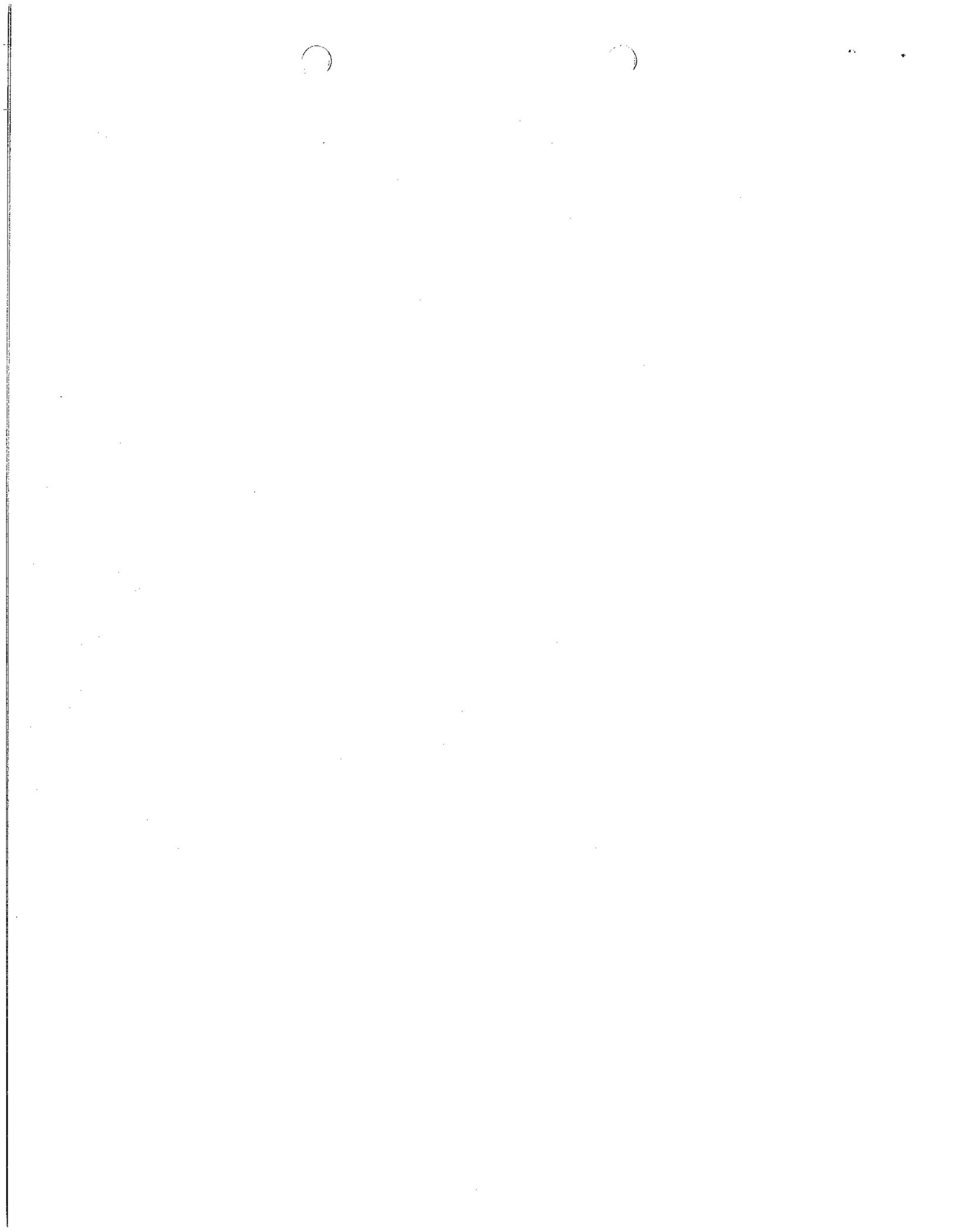
Subject
Property
↓



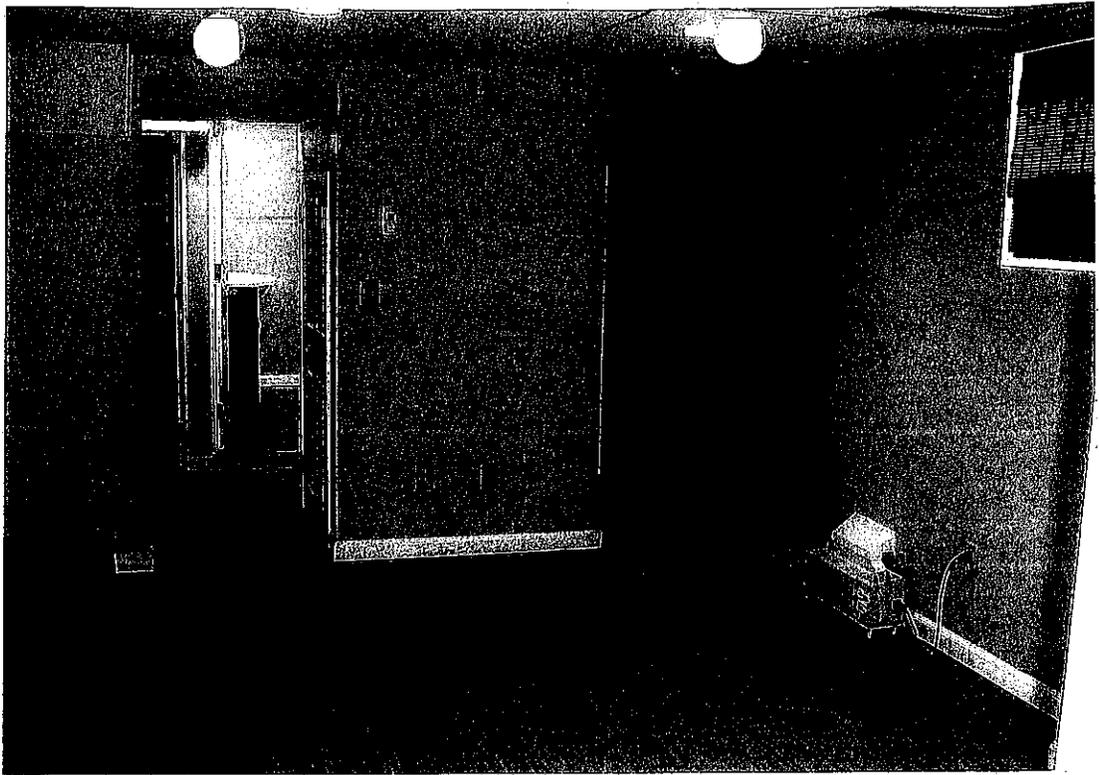
Looking
up the street
→



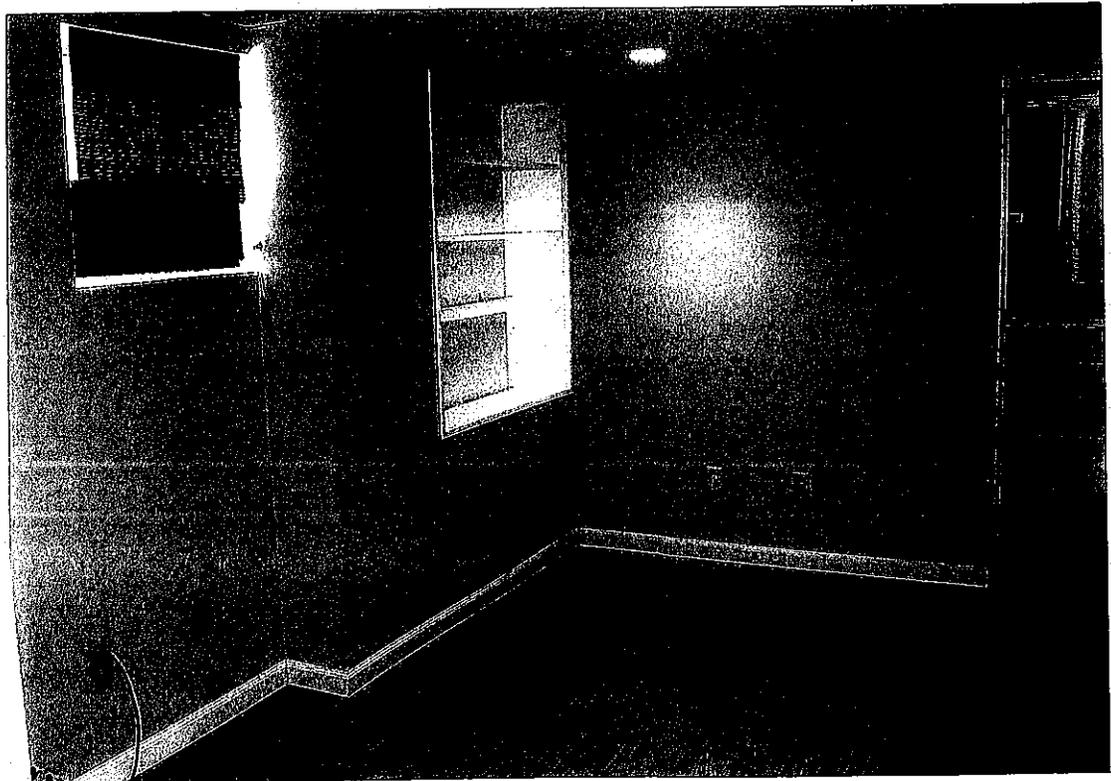
LOOKING
DOWN
Street
←



72 Toplam St.
New Bedford
Basement
Fl 2

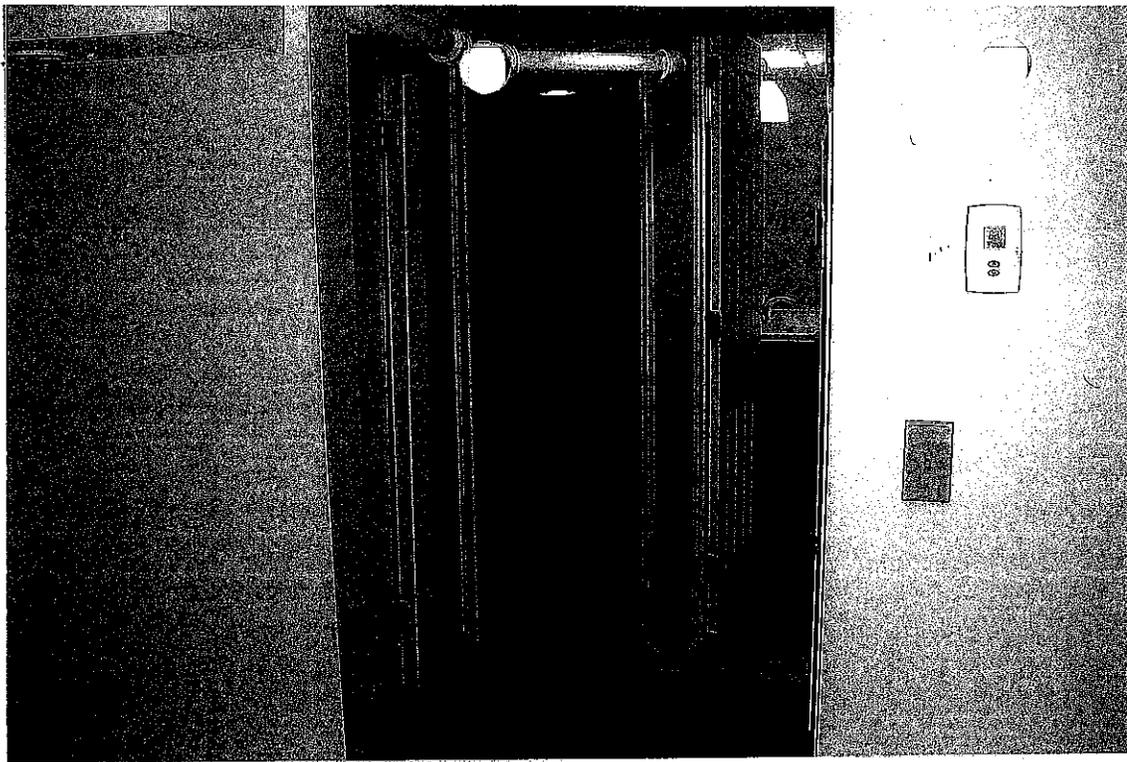


FAMILY ROOM IN BSMT
LOOKING INTO BATHROOM, CLOSET, LEADING
INTO STORAGE AREA



Other side Family Room leading
to LAUNDRY ROOM

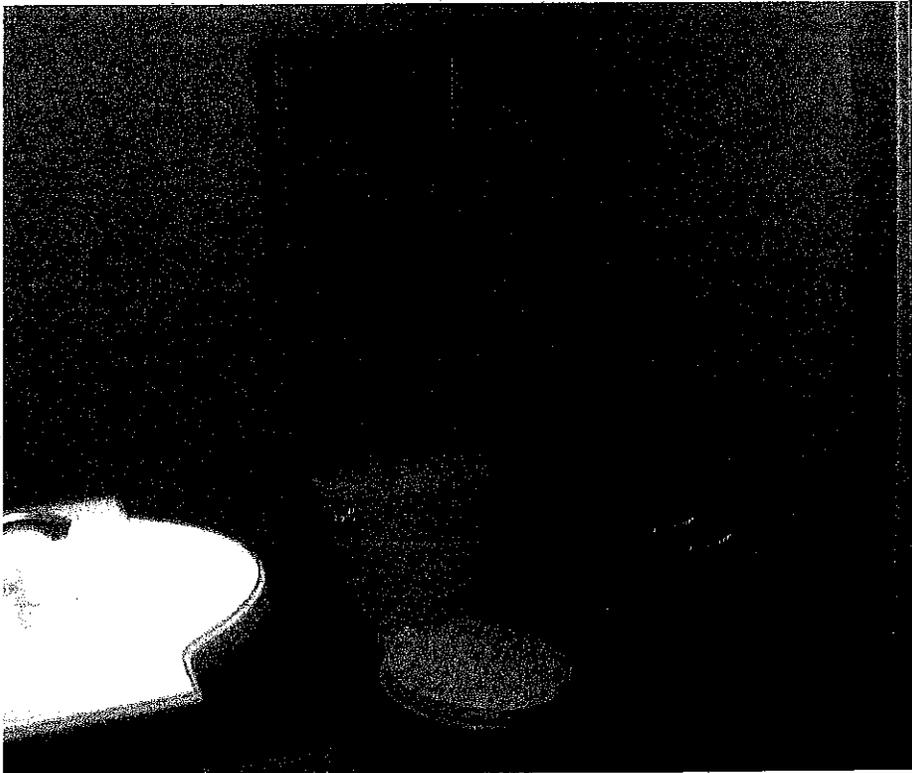




72 Topham St
New Bedford

BASEMENT
(Pg 3)

ENTRANCE TO Storage, Closet + Bathroom
IN Basement



BATH ROOM IN
Basement





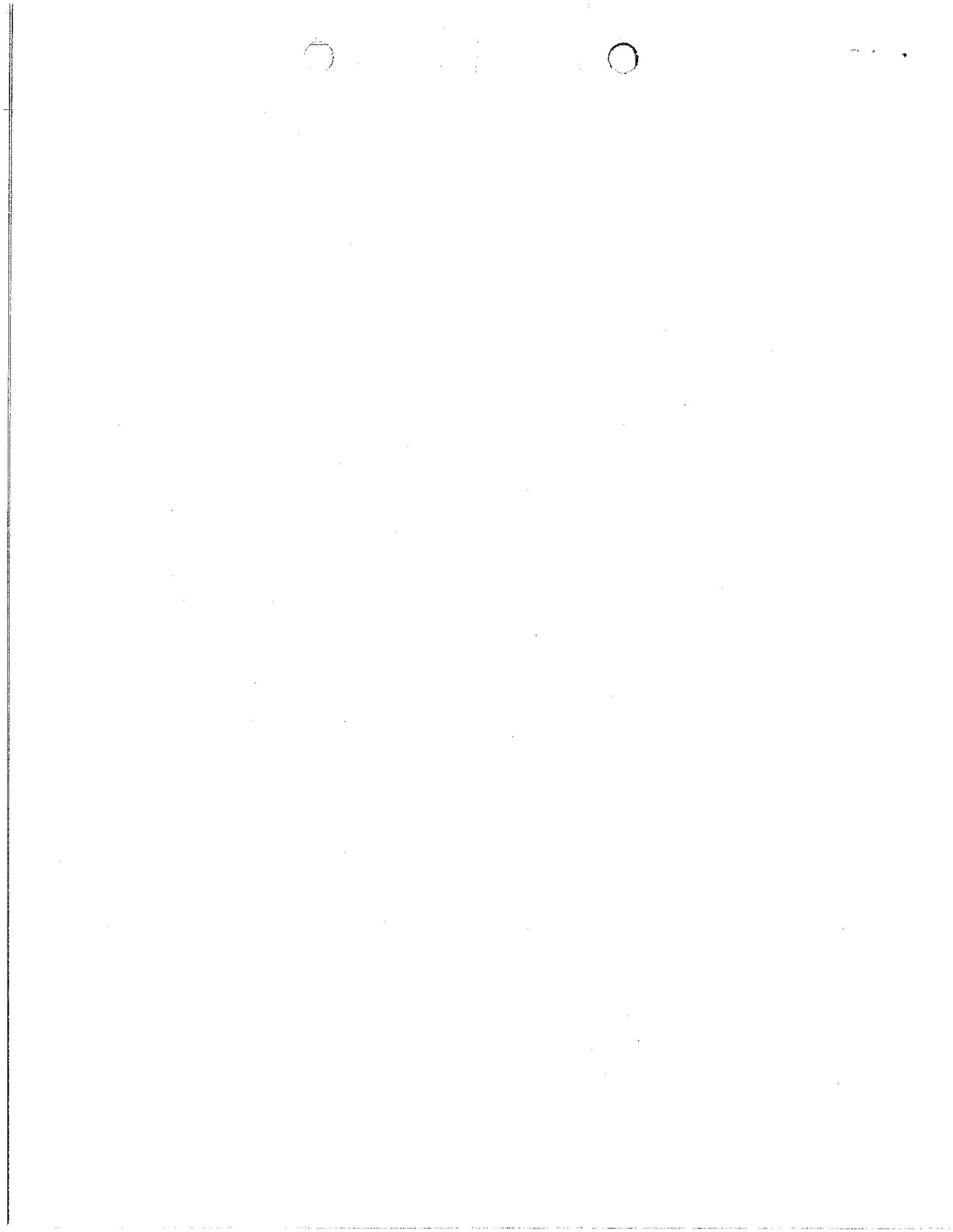
72 Topham St
New Bedford
ENTRANCE
to STORAGE/UTILITY
Room in Bsmt
(Pg 4)



→
RT SIDE
OF UTILITY/STORAGE
Room in Bsmt



←
LEFT SIDE
OF UTILITY/
STORAGE
Room in
Basement





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 #	89	LOT(S)#	150
ADDRESS: 72 Topham St. New Bedford, MA 02746			
OWNER INFORMATION			
NAME: Cheryl Giovannini			
MAILING ADDRESS: SAME			
APPLICANT/CONTACT PERSON INFORMATION			
NAME (IF DIFFERENT): MARIA M. Boisvert			
MAILING ADDRESS (IF DIFFERENT): 1096 Ashley Blvd New Bedford, MA 02745			
TELEPHONE #	508-995-2676		
EMAIL ADDRESS:	mmboisvert@comcast.net		
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):		

CITY CLERK'S OFFICE
NEW BEDFORD, MA
2016 FEB 19 PM 12:26

**PLANNING
FEB 10 2016
DEPARTMENT**

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

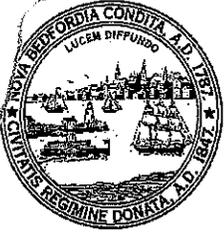
This sheet is NOT part of your ZBA application but you will need to submit this form to the Planning Division Room 303 in City Hall, 133 William Street. You, as applicant, are responsible for picking up and paying for the certified abutters list from the assessor's office (city hall, room #109).

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  2/10/2016

Printed Name Signature Date



City of New Bedford
DEPARTMENT SIGN OFF SHEET

DEPARTMENT	COPIES	SIGNATURE	DATE
ZBA BOARD MEMBERS City Hall #303	5		
CITY PLANNING City Hall #303	1		
CITY CLERK City Hall #118	Original		
CITY SOLICITOR City Hall #203	1		
INSPECTIONAL SERVICES City Hall #308	1		
DEPT OF PUBLIC INFRASTRUCTURE 1105 Shawmut Avenue	1		
CONSERVATION COMMISSION City Hall #304	1		
FIRE PREVENTION 1204 Purchase Street	1		
TOTAL COPIES	12		

This sheet is NOT part of your ZBA application but you will need to deliver your applications to the appropriate departments once you have been given the go-ahead by planning staff and have the respective departments sign/date this sheet for you. Once this sheet is completed you will need to turn this into the city's planning division at city hall.

February 10, 2016

Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 72 Topham Street (89-150). 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
89-21 NS	COGGESHALL ST	HOGAN AMBROSE J JR "TRUSTEE", HOGAN KRISTEN R "TRUSTEE" 804 PHILLIPS ROAD NEW BEDFORD, MA 02745
89-171	681 COGGESHALL ST	GIOVANNINI KRISTEN B, ARAUJO COLBY R 681 COGGESHALL STREET NEW BEDFORD, MA 02746
89-266	675 COGGESHALL ST	MILLER DONALD W, MILLER PAULINE R 675 COGGESHALL ST NEW BEDFORD, MA 02746
89-130	78 TOPHAM ST	LEDOUX THOMAS J, LEDOUX MARK C 78 TOPHAM STREET NEW BEDFORD, MA 02746
89-173	669 COGGESHALL ST	SPIRLET DONALD, 305 BRALEY HILL ROAD ROCHESTER, MA 02770
89-203	76 TOPHAM ST	BROWNE ROBERT R, BROWNE MARY-LOU "TRUSTEE" 76 TOPHAM STREET NEW BEDFORD, MA 02746
89-150	72 TOPHAM ST	GIOVANNINI CHERYL, 72 TOPHAM ST NEW BEDFORD, MA 02740
89-151	70 TOPHAM ST	AGUIAR REGINA, 70 TOPHAM ST NEW BEDFORD, MA 02740
89-100	62 TOPHAM ST	SEZURES DELFINA, 62 TOPHAM ST NEW BEDFORD, MA 02746
89-155	77 TOPHAM ST	PHIPPS MARILYN J, 77 TOPHAM ST NEW BEDFORD, MA 02746
89-161	73 TOPHAM ST	GORCZYCA RICHARD, GORCZYCA CAROL A 73 TOPHAM ST NEW BEDFORD, MA 02746
89-162	71 TOPHAM ST	NOENICKX CHRISTINE M, 71 TOPHAM STREET NEW BEDFORD, MA 02746







