



City of New Bedford
ZBA SPECIAL PERMIT APPLICATION

CASE # *4238*

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 type="checkbox"/>	<u>Sub-Division Plans</u> if Applicable.	<input type="checkbox"/>	<input checked="" 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"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Development Impact Statement (DIS)</u> , if required (per Chapter 9 section 5350 of the City of New Bedford Zoning Code)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Official Use Only:

City of New Bedford, Massachusetts
 Planning Department
 133 William Street, Room 303, New Bedford, MA 02740
 Phone: (508) 979-1488 Fax: (508) 979-1576

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

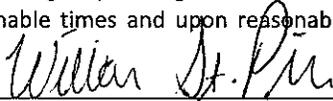
The undersigned petitions the New Bedford Zoning Board of Appeals [ZBA] to grant a SPECIAL PERMIT in the manner and for the reasons set forth here under the provisions of the city's zoning ordinance to the following described premises:

CITY CLERK

APPLICATION SUMMARY (PLEASE PRINT)

SUBJECT PROPERTY			
ASSESSOR'S MAP PLOT#	27	LOT(S)#	54
REGISTRY OF DEEDS BOOK #:	10909	PAGE #	90 151
PROPERTY ADDRESS: 99 Field Street New Bedford MA 02740			
ZONING DISTRICT: RB			
OWNER INFORMATION			
NAME: William St. Pierre			
MAILING ADDRESS: 99 Field Street New Bedford MA 02740			
APPLICANT/CONTACT PERSON INFORMATION			
NAME (IF DIFFERENT):			
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 #	508-994-6777		
EMAIL ADDRESS:	wmstpierre0902@gmail.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.



Signature of Applicant/s

 6/29/16
 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.

Signature of Owner/s

Date



APPLICATION SPECIFICS

DIMENSIONS OF LOT/S:	FRONTAGE 80'	DEPTH 80'	AREA in SQ FT 6000'		
EXISTING BUILDING/S	# OF BLDGS 1	EXISTING SIZE	TOTAL SQ FT BY FLOOR 11790 21790	NUMBER OF FLOORS 3	TOTAL SQ. FT ENTIRE STRUCTURE 1947'
	# OF DWELLING UNITS 2		# OF BEDROOMS 4		
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
EXISTING USE OF PREMISES:	none Two Family house				
PROPOSED USE OF PREMISES:	Driveway				
EXPLAIN WHAT MODIFICATIONS YOU ARE PROPOSING THAT NECESSITATE THE REQUESTED SPECIAL PERMIT:	Curb cut to add driveway				

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

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

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:

~~N/A~~ Removal of cars from street
 Assist City in snow removal

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

eliminates four cars being parked on a congested street and aides snow removal for city plows.

C

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

City workers needed to remove curb

D

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

Many single and multifamily homes without driveways, parking spaces during congested times would be alleviated.

E

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

No impact

F

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

Makes snow removal easier for city plows, increase property value

*

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:

N/A



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 #	27
LOT(S)#	54
ADDRESS:	99 Field St New Bedford, MA 02740
OWNER INFORMATION	
NAME:	William St-Pierre
MAILING ADDRESS:	99 Field St New Bedford, MA 02740
APPLICANT/CONTACT PERSON INFORMATION	
NAME (IF DIFFERENT):	
MAILING ADDRESS (IF DIFFERENT):	
TELEPHONE #	508-994-6777
EMAIL ADDRESS:	WMStPierre0902@gmail.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):

CITY CLERK
JUNE 2 2016
PLANNING DEPARTMENT

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

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

Signature

6/3/2016

Date

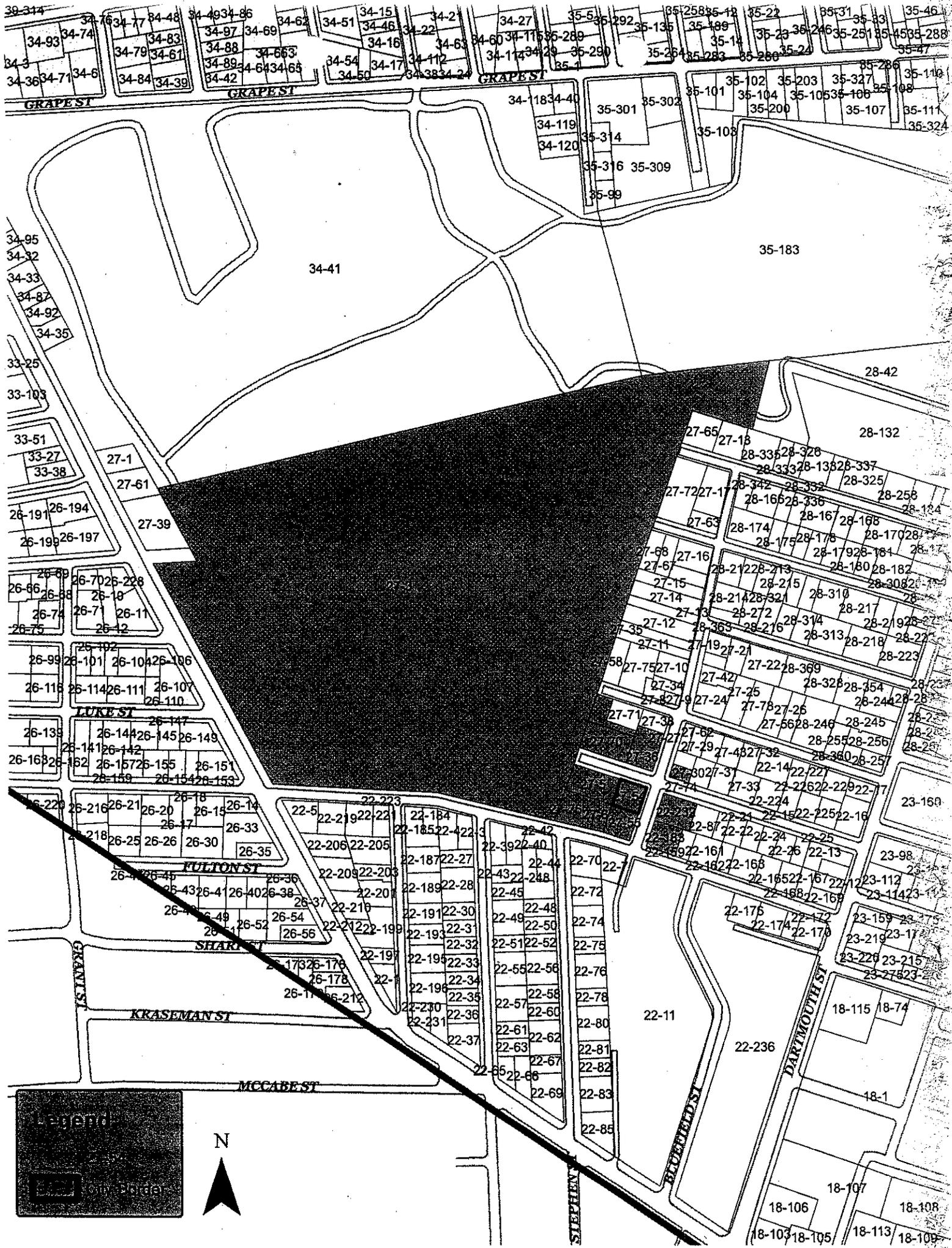
June 3, 2016

Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 99 Field Street (27-54). 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
27-76	87 MATTHEW ST	SILVA TERESA, 87 MATTHEW STREET NEW BEDFORD, MA 02740
27-54	99 FIELD ST	ST PIERRE WILLIAM H, 99 FIELD STREET NEW BEDFORD, MA 02740
27-6	79 MATTHEW ST	SILVA TERESA, 87 MATTHEW STREET NEW BEDFORD, MA 02740
27-5	56 HOLLYHOCK ST	BRUM ROY M, BRUM PATRICIA M 85 OLIVER STREET FAIRHAVEN, MA 02719
27-74	45 HOLLYHOCK ST	ALVES AVELINO J, ALVES MARIA F 45 HOLLYHOCK ST NEW BEDFORD, MA 02740
27-55	83 FIELD ST	BRANCO ANTHONY, BRANCO HILDA S 83 FIELD STREET NEW BEDFORD, MA 02740
27-3	^{ES} ROCKDALE AVE	CITY OF NEW BEDFORD, CEMETERY BOARD 131 WILLIAM ST NEW BEDFORD, MA 02740
22-183	51 MATTHEW ST	BRANCO JOHN C, 53 MATTHEW ST NEW BEDFORD, MA 02740
22-232	40 HOLLYHOCK ST-42	RODRIGUES FERNANDO N, RODRIGUES FERNANDO M 40 HOLLYHOCK STREET NEW BEDFORD, MA 02740
27-36	111 FIELD ST	GALEGO CARL M, GALEGO ALCINA F 111 FIELD ST, NEW BEDFORD, MA 02740
27-70	57 HOLLYHOCK ST	BARODY ANDREW T, BARODY SUSAN A 57 HOLLYHOCK ST NEW BEDFORD, MA 02740



Legend

City Block

N



Location: 99 FIELD ST

Parcel ID: 27 54

Zoning: RB

Fiscal Year: 2016

Current Owner Information:

ST PIERRE WILLIAM H

99 FIELD STREET

NEW BEDFORD, MA 02740

Current Sales Information:

Sale Date:

06/06/2014

Sale Price:

\$120,900.00

Legal Reference:

11092-151

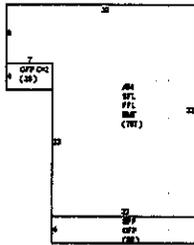
Grantor:

HOUSEHOLD FINANCE CORPORATION ,II

Card No. 1 of 1

This Parcel contains 0.147 acres of land mainly classified for assessment purposes as Two Fam with a(n) Two Family style building, built about 1897, having Vinyl exterior, Asphalt Shingles roof cover and 1902 Square Feet, with 2 unit(s), 8 total room(s), 4 total bedroom(s) 2 total bath(s), 0 3/4 baths, and 1 total half bath(s).

Building Value:	Land Value:	Yard Items Value:	Total Value:
99300	80300	400	180000



Fiscal Year 2016		Fiscal Year 2015		Fiscal Year 2014	
Tax Rate Res.:	16.49	Tax Rate Res.:	15.73	Tax Rate Res.:	15.16
Tax Rate Com.:	35.83	Tax Rate Com.:	33.56	Tax Rate Com.:	31.08
Property Code:	104	Property Code:	104	Property Code:	104
Total Bldg Value:	99300	Total Bldg Value:	96000	Total Bldg Value:	95400
Total Yard Value:	400	Total Yard Value:	400	Total Yard Value:	400
Total Land Value:	80300	Total Land Value:	80300	Total Land Value:	80300
Total Value:	180000	Total Value:	176700	Total Value:	176100
Tax:	\$2,968.20	Tax:	\$2,779.49	Tax:	\$2,669.67

Disclaimer: Classification is not an indication of uses allowed under city zoning.
This information is believed to be correct but is subject to change and is not warranted.

QUITCLAIM DEED

99 Field Street, New Bedford, MA

KNOW ALL MEN BY THESE PRESENTS, that Household Finance Corporation II, having its usual place of business 931 Corporate Center Drive, Pomona, CA 91768

For consideration paid, and in full consideration of ONE HUNDRED TWENTY THOUSAND NINE HUNDRED AND NO/100 (\$120,900.00) DOLLARS, grants to

William H. St. Pierre 188 Kellog Street, Fall River, Massachusetts
with **QUITCLAIM COVENANTS**

The land in New Bedford with buildings thereon bounded and described as follows:
Beginning at the Northeasterly corner thereof at a point formed by the intersection of the southerly line of Hollyhock Street with the westerly line of Field Street;
Thence southerly by said westerly line of Field Street, eight (80) feet to the northeasterly corner of land now or formerly of Joseph J. Figueiredo
Thence Westerly by last-named land, eighty (80) feet to the southeasterly corner of land now or formerly of Guido J. Figueiredo;
Thence northerly by last named land, eighty (80) feet to the said southerly line of Hollyhock Street; and
Thence easterly in said south line of Hollyhock Street, eighty (80) feet to the point of beginning.

Subject to all restrictions, exceptions, reservations, stipulations, conditions, rights of way and easements of record:

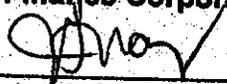
This property has the address of **99 Field Street, New Bedford, MA 02740.**

This sale does not constitute a transfer of all or substantially all of the assets of Household Finance Corporation II.

BEING the same premises conveyed to the Grantor herein by Deed in Lieu of Foreclosure dated September 13, 2013 and recorded on September 26, 2013 in the Bristol County Registry of Deeds in Book 10909 on Page 90.

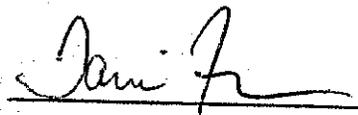
WITNESS, the execution hereof under seal this 3 day of June 2014.

Household Finance Corporation II.

By: 

Jeannie Gray

Vice President and Asst. Secretary
Administrative Services Division

Witness: 

Tami Flores

STATE OF CALIFORNIA

Los Angeles County

On _____ before me _____

personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California, that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

My Commission Expires:

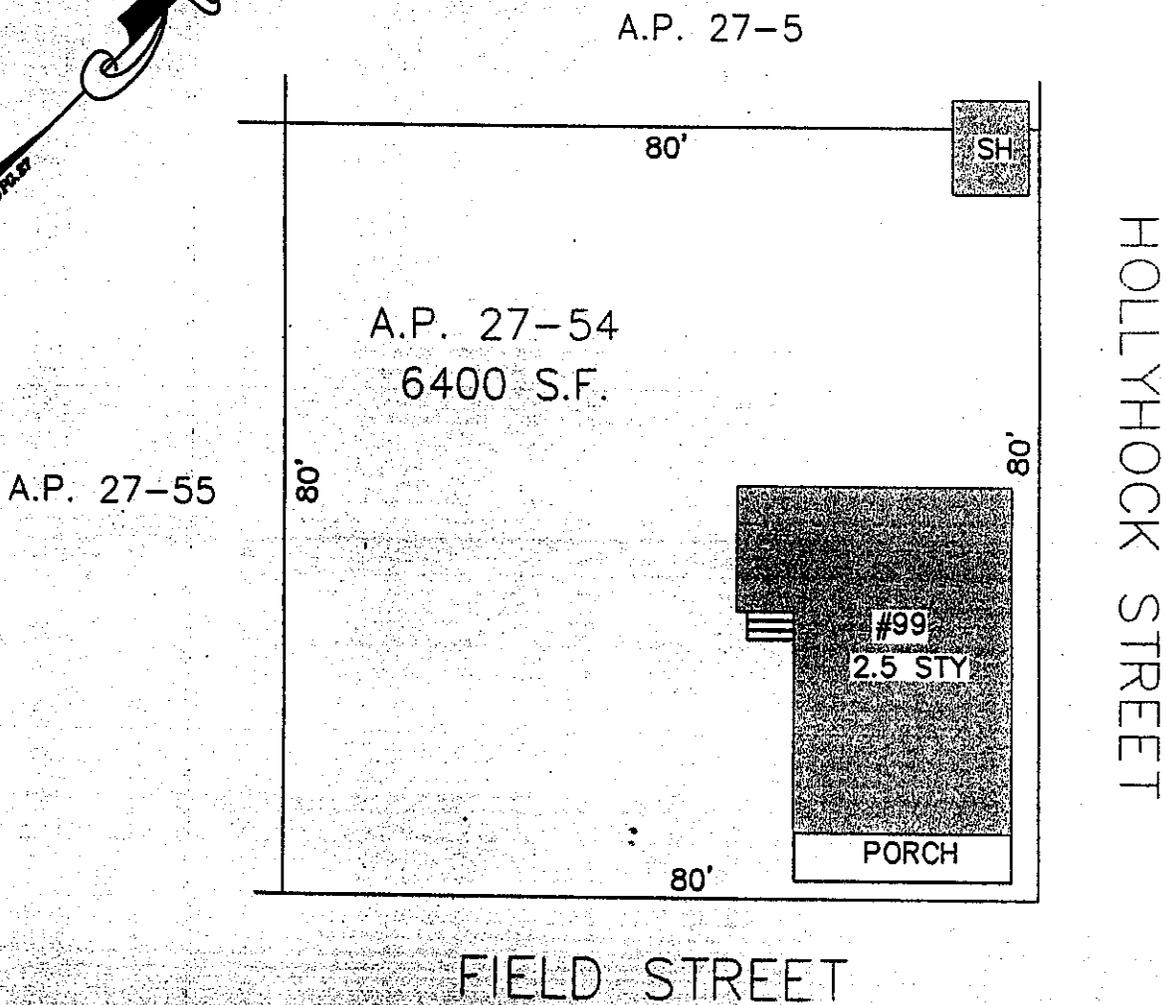
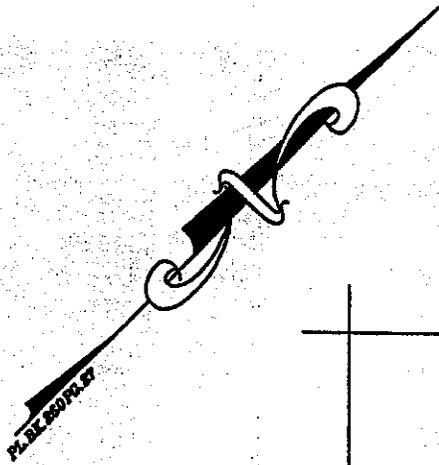
, Notary Public

See Attached

File number: 140519-5	UNREGISTERED LAND		
Attorney: LAW OFFICE OF JOSEPH MICHAUD	<i>Deed Book</i> 10909	<i>Page</i> 90	
Lender: FIRST CITIZENS FEDERAL CREDIT UNION	<i>Plan Book</i>	<i>Page</i>	<i>Lot(s)</i>
Owner: HOUSEHOLD FINANCE CORPORATION, II	REGISTERED LAND		
	<i>Reg. Book</i>	<i>Sheet</i>	<i>Lot(s):</i>
Date: 5/20/2014	<i>Certificate of Title</i>		
Assessor's Map 27	<i>Blk:</i>	<i>Lot</i> 54	<i>Census Tract</i>

MORTGAGE INSPECTION PLAN
99 FIELD STREET, NEW BEDFORD, MA

Scale: 1"=20'



CERTIFICATION

I CERTIFY TO THE ABOVE ATTORNEY, BANK AND THEIR TITLE INSURANCE COMPANY THAT THE MAIN BUILDING, FOUNDATION OR DWELLING WAS IN COMPLIANCE WITH THE LOCAL ZONING BYLAWS IN EFFECT WHEN CONSTRUCTED (WITH RESPECT TO STRUCTURAL SETBACK REQUIREMENTS ONLY) OR IS EXEMPT FROM VIOLATION ENFORCEMENT ACTION UNDER MASS. GENERAL LAW TITLE VII, CHAPTER 40A, SECTION 7.

NOTE: SHED APPEARS TO BE OVER THE PROPERTY LINE. AN EXACT LOCATION WOULD REQUIRE AN INSTRUMENT SURVEY.

FLOOD DETERMINATION

BY SCALE, THE DWELLING SHOWN HERE DOES NOT FALL WITHIN A SPECIAL FLOOD HAZARD ZONE AS DELINEATED ON A MAP OF COMMUN # 25005C0477F AS ZONE X DATED 7-7-2009 BY THE NATIONAL FLOOD INSURANCE PROGRAM.



Olde Stone Plot Plan Service, LLC
P.O. Box 1166
Lakeville, MA 02347
Tel: (800) 993-3302
Fax: (800) 993-3304



PLEASE NOTE: This inspection is not the result of an instrument survey. The structures as shown are approximate only. An instrument survey would be required for an accurate determination of building locations, encroachments, property line dimensions, fences and lot configuration and may reflect different information than shown here. The land as shown is based on client furnished information only or assessor's map & occupation and may be subject to further out-sales, takings, easements and rights of way. No responsibility is extended to the landowner or surveyor, or occupant. This is merely a mortgage inspection and is not to be recorded.