

SUBJECT PROPERTY

City of New Bedford REQUEST for a CERTIFIED ABUTTERS LIST

LOT(S)#

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).

	101.
ADDRESS:	
OWNER INFORMA	ATION
NAME:	
MAILING ADDRESS	S:
APPLICANT/CONT	TACT PERSON INFORMATION
NAME (IF DIFFERE	NT):
MAILING ADDRESS	S (IF DIFFERENT):
TELEPHONE #	
EMAIL ADDRESS:	
REASON FOR THIS	REQUEST: Check appropriate
ZONING BOARD OF APPEALS APPLICATION	
PLANNING B	OARD APPLICATION
CONSERVATI	ION COMMISSION APPLICATION
LICENCING D	OARD APPLICATION
LICENSING B	

Submit this form to the Department of City Planning, Room 303 in City Hall, 133 William Street, or Email to

Angela.Goncalves@newbedford-ma.gov. The applicant is responsible for picking up and paying for the certified abutters list from the

Assessor's Office (city hall, room #109).

Assessor's Office (city fluit, room #205).				
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.				
Michael J. Motta	Michael J Motta (JMS)			
Printed Name	Signature	Date		

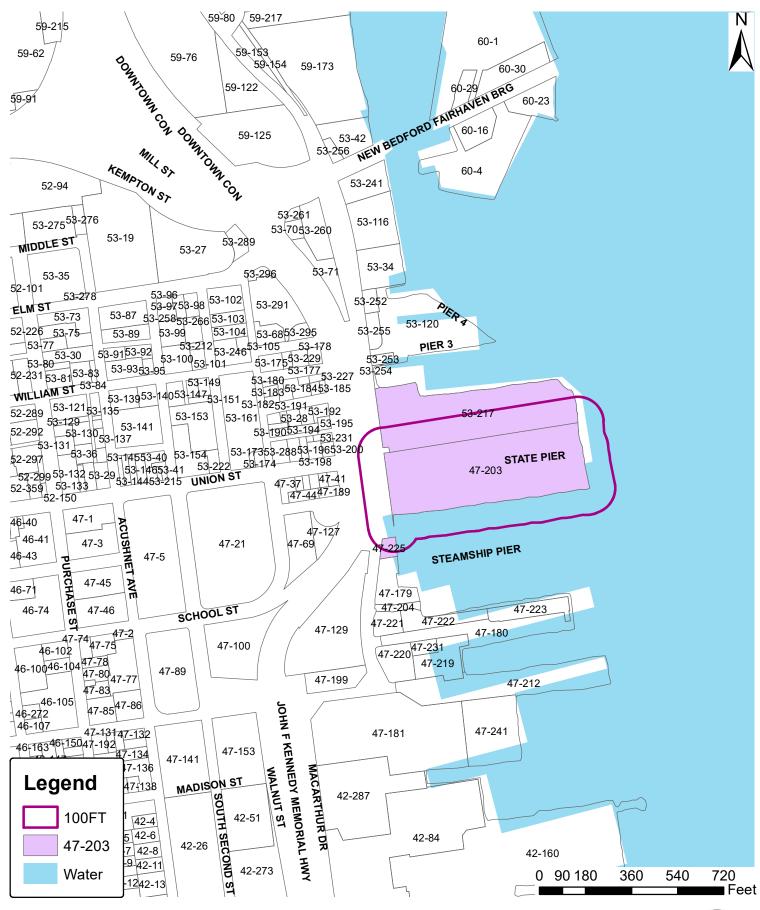
CITY OF NEW BEDFORD Schedule of Departmental Payments to Treasurer Single Charge Code Department/Contact: Date: **GL String:** Treasury: **Charge Code** From Whom Source (cash, check, etc) Amount Total To the City Treasurer: The above is a detailed list of revenue collected by me, amounting in the aggregate of **Dollars** Receipt# Signature: Title: CITY OF NEW BEDFORD **Schedule of Departmental Payments to Treasurer Single Charge Code Department/Contact:** Date: **GL String:** Treasury: Charge Code From Whom Source (cash, check, etc) Amount Total To the Departmental Officer making the Payment Received in Treasurer's Office , the sum of _____ Dollars for collections, as per schedule of this date, filed in my office City Treasurer Receipt# Ву _

July 7, 2022 Dear Applicant,

Please find below the List of Abutters within 100 feet of the property known as <u>49 State Pier (Map: 47, Lot: 203)</u>. 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.

	1	
Parcel	Location	Owner and Mailing Address
47-225	ES MACARTHUR	CITY OF NEW BEDFORD,
	DR	131 WILLIAM ST
		NEW BEDFORD, MA 02740
53-217	49 STATE PIER	COMMONWEALTH OF MASS, STATE PIER BUILDING
		NEW BEDFORD, MA 02740
47-203	ES MACARTHUR	COMMONWEALTH OF MASS, STATE PIER
	DR	133 WILLIAM STREET
		NEW BEDFORD, MA 02740



City of New Bedford, Massachusetts Department of City Planning

