



CITY OF NEW BEDFORD
JONATHAN F. MITCHELL, MAYOR

CITY CLERKS OFFICE
NEW BEDFORD, MA

PLANNING BOARD

2017 SEP 15 P 2:43

CITY CLERK

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

SITE PLAN REVIEW APPLICATION

The undersigned, being the Applicant, seeks Site Plan Approval for property depicted on a plan entitled: See attached list of drawings by: Prime Engineering, Inc. dated: August 21, 2017

1. Application Information

Street Address: A vacant parcel fronting on Bolton Street

Assessor's Map(s): Map 23, Lot 158 & Lot(s) Map 19, Lot 1

Registry of Deeds Book: 7223 Page: 263

Zoning District: Mixed Use Business

Applicant's Name (printed): HOWLAND PLACE REALTY TRUST

Mailing Address: 651 Orchard Street - Suite 200 New Bedford MA 02744
(Street) (City) (State) (Zip)

Contact Information: Telephone Number Email Address

Applicant's Relationship to Property: ☐ Owner ☐ Contract Vendee ☒ Other Proposed Buyer

List all submitted materials (include document titles & volume numbers where applicable) below:

See attached letter

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.

8/24/17

Date

Jonathan F. Mitchell
Signature of Applicant

City Hall • 133 William Street • Room 303 • New Bedford, MA 02740 • www.newbedford-ma.gov

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PLANNING

SEP 15 2017

DEPARTMENT

Case 35-17
09/15/2017

2. Review Applicability (Check All That Apply to Your Proposal)

Category

- ☐ Residential
☒ Commercial
☐ Industrial
☐ Mixed (Check all categories that apply)

Construction

- ☒ New Construction
☐ Expansion of Existing
☐ Conversion
☐ Rehabilitation

Scale

- ☐ < 2,000 gross sq feet
☐ > 2,000 gross sq feet
☐ 3 or more new residential units
☐ 1 or more new units in existing res. multi-unit
☐ Drive Thru Proposed
☐ Ground Sign Proposed
☐ Residential Driveway With > 1 curbcut

3. Zoning Classifications

Present Use of Premises: Vacant land

Proposed Use of Premises: Parking lot

Zoning Relief Previously Granted (Variances, Special Permits, with Dates Granted):
None

4. Briefly Describe the Proposed Project:

In order to decrease the amount of on street parking that is currently occurring on Bolton Street and nearby side streets, an off street parking lot is being proposed.

5. Please complete the following:

	<u>Existing</u>	<u>Allowed/Required</u>	<u>Proposed</u>
Lot Area (sq ft)	44,645	N/A	44,738
Lot Width (ft)	134	N/A	134
Number of Dwelling Units	0	N/A	0
Total Gross Floor Area (sq ft)	0	N/A	0
Residential Gross Floor Area (sq ft)	0	N/A	0
Non-Residential Gross Floor Area (sq ft)	0	N/A	0
Building Height (ft)	0	100	N/A
Front Setback (ft)	0	0	N/A
Side Setback (ft)	0	10	N/A
Side Setback (ft)	0	12	N/A

Rear Setback (ft)	0	10	N/A
Lot Coverage by Buildings (% of Lot Area)	0	N/A	0
Permeable Open Space (% of Lot Area)	100	N/A	N/A
Green Space (% of Lot Area)	100	0	19
Off-Street Parking Spaces	0	0	119
Long-Term Bicycle Parking Spaces	0	0	0
Short-Term Bicycle Parking Spaces	0	0	0
Loading Bays	0	0	0

6. Please complete the following:

	Existing	Proposed
a) Number of customers per day:	200	200
b) Number of employees:	0	0
c) Hours of operation:	0	7 am - 10 pm
d) Days of operation:	N/A	7
e) Hours of deliveries:	N/A	N/A
f) Frequency of deliveries: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:_____		

7. Planning Board Special Permits:

☐ The applicant is also requesting a Special Permit from the Planning Board.

Specify the requested Special Permit(s) below, and set forth within attached Development Impact Statement how the request meets approval criteria listed in §5320 of the zoning code.

8. ZBA Variances and Special Permits:

NOTICE: Checking below does not constitute application for a special permit or a variance. The applicant must also file the proper application form and fee with the Zoning Board of Appeals.

☐ The applicant is also requesting a special permit from the ZBA:

Specify zoning code section & title

☐ The applicant is also requesting a variance from the ZBA:

Specify zoning code section & title

9. OWNERSHIP VERIFICATION

This section is to be completed & signed by the property owner:

I hereby authorize the following Applicant: Howland Place Realty Trust

at the following address: 651 Orchard Street-suite 200, New Bedford, MA 02744

to apply for: Site Plan Review

on premises located at: Bolton Street, assessors map 23, lot 158, map19. lot 1

in current ownership since: October 11, 2004

whose address is: 651 Orchard Street

for which the record title stands in the name of: Clark's Cove Development Co., LLC

whose address is: 651 Orchard Street, New Bedford, MA 02744

by a deed duly recorded in the:

Registry of Deeds of County: Bristol Book: 7223 Page: 263

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.

8/24/17

Date

Signature of Land Owner (If authorized Trustee, Officer or Agent, so identify)

MANAGER
CLARKS COVE DEVELOPMENT CO., LLC