

DEPARTMENT OF INSPECTIONAL SERVICES
133 WILLIAM STREET - ROOM 308
NEW BEDFORD, MA 02740

CITY OF NEW BEDFORD
JONATHAN F. MITCHELL, MAYOR

New Bedford Comprehensive Zoning Code Review Code of Ordinances – Chapter-9

811 Mt Pleasant Street – PLOT: 123A – LOT: 81 – ZONED DISTRICT: MUB

Board of Appeals

2220. Use Regulations

2210. General

2230. Table of Use Regulations, Appendix A.

(C) Commercial (20) Medical Offices, Centers, or Clinics



City of New Bedford, Massachusetts
 Building Department
 Application for Plan Examination
 and Building Permit

JK

FOR BUILDING DEPT. USE

DATE RECEIVED: _____
 RECEIVED BY: _____
 ISSUED BY: NOV 15 2016
 CB

IMPORTANT — COMPLETE ALL ITEMS — MARK BOXES WHERE APPLICABLE — PRINT

Permit No. _____
 Completion Date _____

(AT LOCATION) 811 Mt. Pleasant St.
 (NO) (STREET)
 BETWEEN _____ AND _____
 (CROSS STREET) (CROSS STREET)
 PLOT 123A LOT 81 DISTRICT MUB ACCEPTED STREET _____
 PLANS FILED. YES NO

II. TYPE AND COST OF BUILDING — all applicants complete parts A through D — PRINT

A. TYPE OF IMPROVEMENT

- 1 New Building *COT Chiropractic office*
- 2 Addition (If residential, enter number of new housing units added, if any, in Part D, 14)
- 3 Alteration (If residential, enter number of new housing units added, if any, in Part D, 14) *massage physical therapy*
- 4 Repair, replacement
- 5 Demolition (If multifamily residential, enter number of units in building in Part D, 14, if non-residential, indicate most recent use checking D-18 - D-32) *dup*
- 6 Moving (relocation)
- 7 Foundation only

D1 PROPOSED USE — For demolition most recent use

- | | |
|--|---|
| Residential | Nonresidential |
| 13 <input type="checkbox"/> One family | 19 <input type="checkbox"/> Amusement, recreational |
| 14 <input type="checkbox"/> Two or more family — Enter number of units | 20 <input type="checkbox"/> Church, other religious |
| 15 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units | 21 <input type="checkbox"/> Industrial |
| 16 <input type="checkbox"/> Garage | 22 <input type="checkbox"/> Parking garage |
| 17 <input type="checkbox"/> Carport | 23 <input type="checkbox"/> Service station, repair garage |
| 18 <input type="checkbox"/> Other — Specify <u>NO change from prior</u> | 24 <input type="checkbox"/> Hospital, institutional |
| | 25 <input type="checkbox"/> Office, bank, professional |
| | 26 <input type="checkbox"/> Public utility |
| | 27 <input type="checkbox"/> School, library, other educational |
| | 28 <input type="checkbox"/> Stores, mercantile |
| | 29 <input type="checkbox"/> Tanks, towers |
| | 30 <input type="checkbox"/> Funeral homes |
| | 31 <input type="checkbox"/> Food establishments |
| | 32 <input checked="" type="checkbox"/> Other — Specify <u>Chiropractic office</u> |

B. OWNERSHIP

- 8 Private (individual, corporation, nonprofit institution, etc.)
- 9 Public (Federal, State, or local government)

D.2. Does this building contain asbestos?

- YES NO If yes complete the following:

Name & Address of Asbestos Removal Firm: _____

Submit copy of notification sent to DEQE and the State Dept. of Labor & Industries and results of air sample analysis after asbestos removal is completed.

C. COST

(Omit cents)

- 10. Cost of construction \$ _____
 To be installed but not included in the above cost
- a. Electrical
- b. Plumbing
- c. Heating, air conditioning
- d. Other (elevator, etc.)
- 11. TOTAL VALUE OF CONSTRUCTION NONE
- 12. TOTAL ASSESSED BLDG. VALUE

D.3. Non-residential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

Chiropractic office with licensed Massage therapist, Acupuncturist or Physical therapist

III. SELECTED CHARACTERISTICS OF BUILDING —

For new buildings complete part E through L. For demolition, complete only parts G, H & I. For all others, (additions, alterations, repair, moving, foundation), complete E through I.

E. PRINCIPAL TYPE OF FRAME

- 33 Masonry (wall bearing)
- 34 Wood frame
- 35 Structural steel
- 36 Reinforced concrete
- 37 Other — Specify _____

G. TYPE OF SEWAGE DISPOSAL

- 43 Public or private company
- 44 Private (septic tank, etc.)

J. DIMENSIONS

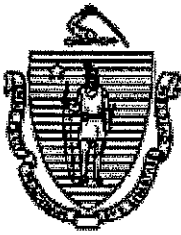
- 53 Number of stories 1
- 54 Height _____
- 55 Total square feet of floor area, all floors based on exterior dimensions _____
- 56 Building length _____
- 57 Building width _____
- 58 Total sq. ft. of bldg. footprint _____
- 59 Front lot line width _____
- 60 Rear lot line width _____
- 61 Depth of lot _____
- 62 Total sq. ft. of lot size _____
- 63 % of lot occupied by bldg. (55-62) _____
- 64 Distance from lot line (front) _____
- 65 Distance from lot line (rear) _____
- 66 Distance from lot line (left) _____
- 67 Distance from lot line (right) _____

F. PRINCIPAL TYPE OF HEATING FUEL

- 38 Gas
- 39 Oil
- 40 Electricity
- 41 Coal
- 42 Other — Specify _____

I. TYPE OF MECHANICAL

- Is there a fire sprinkler system?
- 47 YES 48 NO
- Will there be central air conditioning?
- 49 Yes 50 No
- Will there be an elevator?
- 51 Yes 52 No



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information Please Print Legibly

Name (Business/Organization/Individual): Costa Chiropractic (David Costa)
 Address: 811 Mt. Pleasant St
 City/State/Zip: New Bedford Phone #: 508 951-7101

Are you an employer? Check the appropriate box:

- | | |
|---|---|
| <p>1. <input checked="" type="checkbox"/> I am a employer with <u>1-2</u> employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|---|

Type of project (required):

6. New construction
 7. Remodeling
 8. Demolition
 9. Building addition
 10. Electrical repairs or additions
 11. Plumbing repairs or additions
 12. Roof repairs
 13. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: Norfolk + Dedham INS.
 Policy # or Self-ins. Lic. #: WE 131 794A Expiration Date: 7/31/17
 Job Site Address: 811 Mt. Pleasant St. City/State/Zip: New Bedford, MA 02745

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: 11/16/16
 Phone #: 508 951-7101

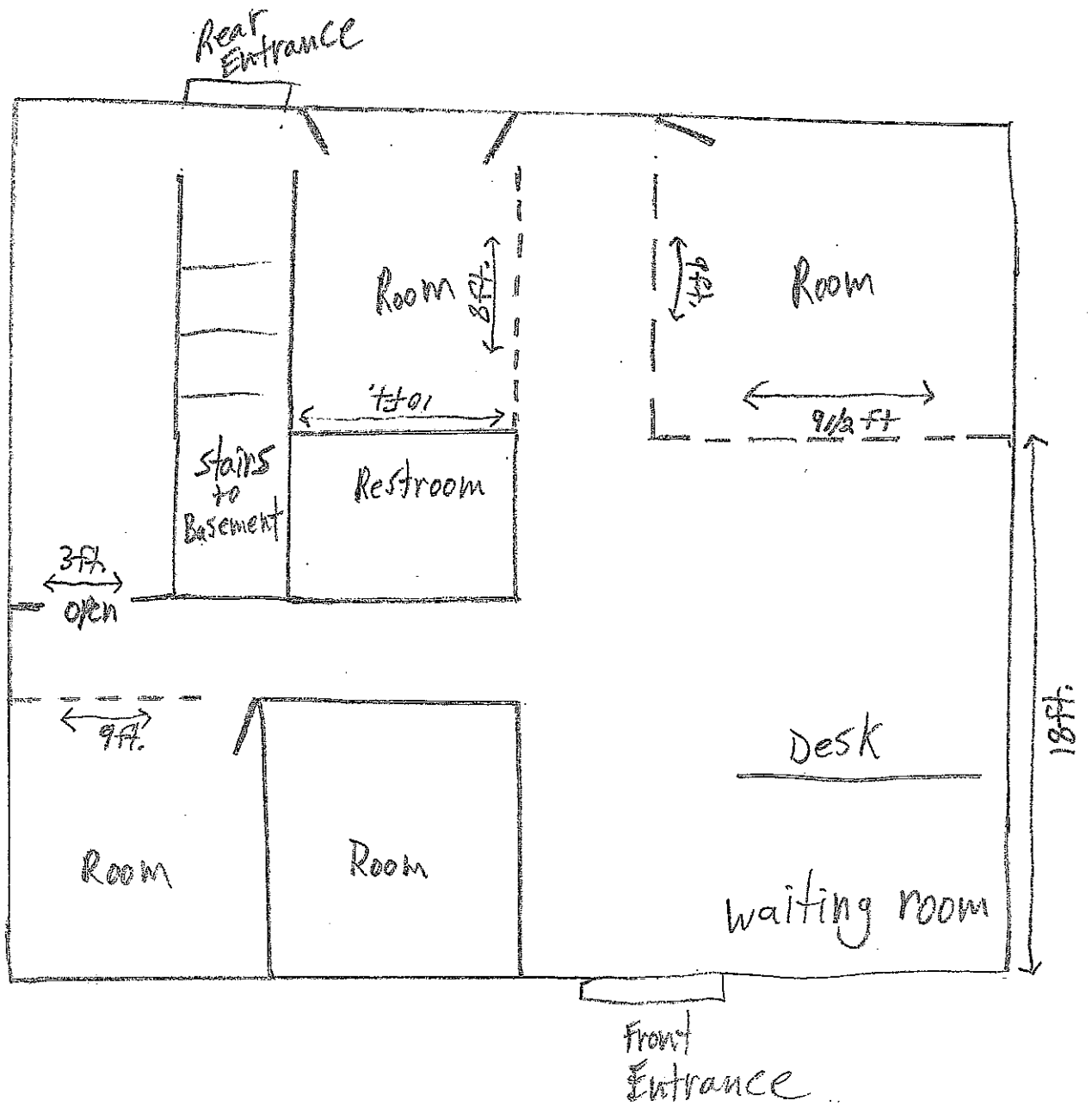
Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
 6. Other _____

Contact Person: _____ Phone #: _____



7B-16-1179



JONATHAN F. MITCHELL
MAYOR

City of New Bedford

ZONING BOARD OF APPEALS

133 William Street, New Bedford
Massachusetts 02740
Telephone: (508) 979.1488
Facsimile: (508) 979.1576

Registry of Deeds Use Only:



2016 00021447

Bk: 11810 Pg: 183 Pg: 1 of 5 BS
Doc: SP 09/06/2016 01:08 PM

NOTICE OF DECISION

Case Number:	#4237			
Request Type:	Special Permit			
Address:	811 Mount Pleasant Street			
Zoning:	Mixed Use Business Zoning District			
Recorded Owner:	Arthur J. Hardy, Jr. and Norma M. Hardy, Trustees of the Hardy Family Nominee Trust u/d/t			
Owner's Address:	74 Apple Tree Lane New Bedford, MA 02740			
Applicant:	David Costa			
Applicant's Address:	157 Gammons Road Acushnet, MA 02743			
Application Submittal Date	Public Hearing Date(s)	Decision Date		
June 16 th , 2016	July 21 st , 2016	July 21 st , 2016		
Assessor's Plot Number	Lot Number(s)	Book Number	Page Number	Certificate Number
123A	81	5417	306	

CITY CLERK
2016 AUG -11
NEW BEDFORD MA
9:35

Special Permit under chapter 9 comprehensive zoning sections 2220 (use regulations), 2210 (general), 2230 (table of use regulations-appendix-A (C) commercial #20-medical offices, center, or clinic) and 5300-5330 & 5360-5390 (special permits); relative to property located at 811 Mount Pleasant Street assessor's map 123A lot 81 in a mixed-use-business [MUB] zoned district. To allow the petitioner to operate a chiropractic office as plans filed.

Action: **GRANTED, WITH CONDITIONS**, for the reasons set forth in the attached decision with the conditions as described in the attached decision. (See Attachment)

A copy of this Decision was filed with the City Clerk of the City of New Bedford on August 4th, 2016. Any person aggrieved by this decision has twenty (20) days to appeal the decision in accordance with the procedures set forth in Section 17 of Chapter 40A of the General Laws of Massachusetts.

Aug 4, 2016
Date

Allen Decker
Clerk, Zoning Board of Appeals

Following the petitioner's testimony, Chair Trahan invited to the podium anyone wishing to speak in favor of the application. No one in attendance spoke in support of the petition or wished to be recorded in favor of the petition.

NOTE: The Board received the following verbal statement from City Council President Linda Morad (133 William Street New Bedford, MA 02740) during the July 21st, 2016 meeting but prior to the subject case hearing. Chair Trahan allowed Councilor Morad to make her statement at that time, as due to the City Council meeting which she was chairing, she would not be able to come back to speak for this case.

In her comments, City Council President Linda Morad explained that Dr. David Costa currently operates a business out of leased space in the city, and he is making an investment by purchasing a building that is currently vacant in the north end of the city – where he plans to move his chiropractic office. He employs people in the City of New Bedford and is purchasing a piece of commercial property in the city which “will be fine within the neighborhood.” The gentleman does not operate on extended business hours, only within normal business hours, she said. Councilor Morad noted that Dr. Costa also owns property in Wareham for his business which is “immaculate,” and she suggested not seeing any reason why his property here in the city wouldn't be the same. Councilor Morad asked for the board's favorable consideration as the city tries to build a business base here in New Bedford with people like Dr. David Costa willing to invest in the city.

Chair Trahan invited to the podium anyone wishing to speak in opposition of the petition. No one in attendance spoke in opposition of the petition or wished to be recorded in opposition of the petition.

With no further questions or concerns, Chair Trahan closed the hearing.

Board members indicated their readiness to vote.

4.) FINDINGS

The Board found that in accordance with City of New Bedford Code of Ordinances Chapter 9 Section 5320, 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 included consideration of each of the following:

- *Social, economic, or community needs which are served by the proposal;*
 - The Board found the proposed use will serve a need in the immediate community, not currently being served.
- *Traffic flow and safety, including parking and loading;*
 - The Board found this use is neutral to this issue as it is adequately addressed by the use.
- *Adequacy of utilities and other public services;*
 - The Board found the proposal is neutral to this issue as no change is needed.

concerning adequacy of utilities and other public services; the Board has found the proposal is neutral to this issue as no change is needed. Concerning 5324, concerning neighborhood character and social structures; the board found the use fits the character of the neighborhood. 5325 concerning the impacts on the natural environment; the Board found the petition to be neutral to this issue as no change is needed. 5326 concerning the potential fiscal impact, including impact on City services, tax base, and employment; the Board has found the use will have a small business operating in the city thereby increasing the city's tax base. In light of its review of the specifics noted within this motion, the board's finding that the material presented is complete and its careful consideration of the petitioner's request, the Zoning Board of Appeals finds that the petition satisfactorily meets the basis of the requested relief, with the following conditions:

- a. That the project be set forth according to the plans submitted with the application.
- b. That the notice of decision be recorded at the Registry of Deeds and
- c. A building permit be issued by the Department of Inspectional Services and acted upon within one year from the date of this decision.

On a motion by A. Decker seconded by L. Schick to grant the requested Special Permit, the vote carried 5-0 with members L. Schick, S. McTigue, R. Schilling, A. Decker and D. Trahan voting in the affirmative, no member voting in the negative. (Tally 5-0)

Filed with the City Clerk on:

Aug. 4, 2016

Date

Allen Decker

Allen Decker, Clerk of the Zoning Board of Appeals

MT. PLEASANT ST.

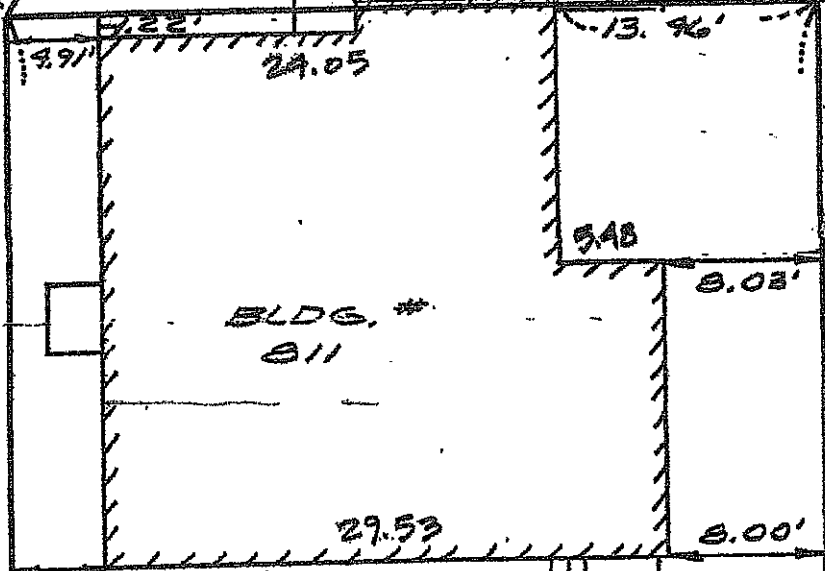
S 8°-10'-19" E 42.42'

0.26' OVER 0.15' OVER

P.K. NAIL (SET)

P.K. NAIL (SET)

ST.



N 81°-59'-41" E 80.00'

PAVED PARKING AREA

A = 3394 s.f.
(PLAT 123A LOT 81)

S 81°-59'-41" W 80.00'

JOHN A., JR. & JOSEPHINE D. SEARALA
(PLAT 123A LOT 80)

STAKE (SET)

STAKE (SET)

42.42'

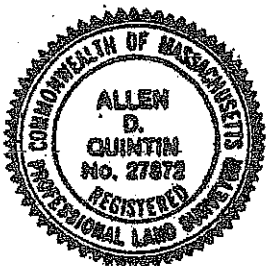
N 8°-10'-19" W

ROBERT & BEATRICE W. ANDRADE
(PLAT 123A LOT 82)

PLAN OF LAND

IN

NEW BEDFORD, MA.



Allen D. Quintin