



City of New Bedford ZBA SPECIAL PERMIT APPLICATION

CASE # 4252

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. | <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</u> Packet (<i>Containing Rejected Building Permit and all information submitted with Building Permit Application</i>) | <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

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: 10/6/16

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.

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 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. 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:

APPLICATION SUMMARY (PLEASE PRINT)

| SUBJECT PROPERTY | | | |
|---|---|---|--|
| ASSESSOR'S MAP PLOT# | 15 | LOT(S)# | 304 |
| REGISTRY OF DEEDS BOOK #: | 7972 | PAGE # | 187 |
| PROPERTY ADDRESS: | 111 RUTH ST | | |
| ZONING DISTRICT: | R C | CITY | 2016 OCT - NEW BED |
| OWNER INFORMATION | | | |
| NAME: | JONESSA MARQUES | | |
| MAILING ADDRESS: | 362 PLEASANT ST. NEW BEDFORD MA 02740 | | |
| APPLICANT/CONTACT PERSON INFORMATION | | | |
| NAME (IF DIFFERENT): | UNION FRUIT MARKET INC. / BIRGILIO CABRAL | | |
| APPLICANT'S RELATIONSHIP TO THE PROPERTY: | OWNER <input type="checkbox"/> | CONTRACT VENDEE <input type="checkbox"/> | OTHER Describe <input type="checkbox"/> |
| Check one: | BUYER | | |
| MAILING ADDRESS (IF DIFFERENT): | 1437 ACUSHNET AVE NEW BEDFORD MA 02746 | | |
| TELEPHONE # | 401-261-3593 | | |
| EMAIL ADDRESS: | billycabral823@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.

Birgilio Cabral
Signature of Applicant/s

OCT-04-16
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 41.23' | DEPTH 78.27' | AREA in SQ FT 2779 | | |
| EXISTING BUILDING/S | # OF BLDGS 1 | EXISTING SIZE 2,453 ^{sq} FT | TOTAL SQ FT BY FLOOR 2453 | NUMBER OF FLOORS 1 | TOTAL SQ. FT ENTIRE STRUCTURE 2453 |
| | # OF DWELLING UNITS 0 | | # OF BEDROOMS 0 | | |
| PROPOSED BUILDING/S SAME | # 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: | VACANT | | | | |
| PROPOSED USE OF PREMISES: | MARKET | | | | |
| EXPLAIN WHAT MODIFICATIONS YOU ARE PROPOSING THAT NECESSITATE THE REQUESTED SPECIAL PERMIT: | <hr/> <hr/> <hr/> <hr/> | | | | |

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

| | EXISTING | | PROPOSED | |
|--|----------------------------------|---------------------------------|----------------------------------|--|
| NUMBER OF CUSTOMERS PER DAY | | | 50 TO 75 | |
| NUMBER OF EMPLOYEES | | | 4 TO 5 | |
| HOURS OF OPERATION | | | 8:00 AM TO 8:00 PM | |
| DAYS OF OPERATION | | | 7 | |
| HOURS OF DELIVERIES | | | MORNINGS | |
| FREQUENCY OF DELIVERIES (Check frequency) | <input type="checkbox"/> DAILY | <input type="checkbox"/> WEEKLY | <input type="checkbox"/> DAILY | <input checked="" 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:

NO

3. PARCEL LEGAL DOCUMENTATION

Title Reference to Property DEED
(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:

- A**

Social, economic, or community needs which are served by the proposal
- B**

Traffic flow and safety, including parking and loading
- C**

Adequacy of utilities and other public services
- D**

Neighborhood character and social structures
- E**

Impacts on the natural environment
- F**

Potential fiscal impact, including impact on City services, tax base, and employment

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:

THIS TYPE OF GROCERY STORE & FRESH CUT MEAT
WE DONT HAVE IN THE NEIGHBORHOOD

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

ROUTE IS WIDE ENOUGH TO HAVE DELIVERY TRUCKS AND
MOST CUSTOMERS WALK TO THE STORE

C

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

I HAVE ELECTRICITY, GAS, WATER AND SEWER FOR THE BUSINESS

D

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

THE TYPE OF TROPICAL PRODUCE THAT I SELL ARE POPULAR TO EXISTING POPULATION ON THE NEIGHBORHOOD

E

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

THE 2 YARDS CONTAINERS WILL BE PICK UP TWICE A WEEK

F

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

VACANT PROPERTY ACTIVE AGAIN EMPLOYING 4 OR MORE PEOPLE

*

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:

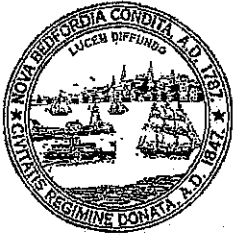
THE NEIGHBORHOOD IS EXCITED ABOUT THE IMPROVEMENT OF THE BUSINESS ON THE AREA



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 | 1 (Original) | | |
| CONSERVATION COMMISSION City Hall #304 | 1 | | |
| INSPECTIONAL SERVICES City Hall #308 | 1 | | |
| CITY SOLICITOR City Hall #203 | 1 | | |
| DEPT OF PUBLIC INFRASTRUCTURE 1105 Shawmut Avenue | 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.



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).

PLANNING
 DEPARTMENT
 24-216

| SUBJECT PROPERTY | |
|---|-------------------------------------|
| MAP # | 15 |
| LOT(S)# | 304 |
| ADDRESS: 111 20TH ST | |
| OWNER INFORMATION | |
| NAME: | |
| MAILING ADDRESS: | |
| APPLICANT/CONTACT PERSON INFORMATION | |
| NAME (IF DIFFERENT): BIRGILIO CABRAL | |
| MAILING ADDRESS (IF DIFFERENT): | |
| TELEPHONE # | 401-261-3593 |
| EMAIL ADDRESS: | |
| REASON FOR THIS REQUEST: <i>Check appropriate</i> | |
| <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:
 2016 SEP 22 P 2:06
 CITY CLERKS OFFICE
 NEW BEDFORD, MA
 CITY CLERKS OFFICE
 NEW BEDFORD, MA

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

Carlos Amado
 Signature

Date

August 26, 2016

Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 111 Ruth Street (15-304). 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 |
|--------|-----------------|--|
| 15-114 | 29 SALISBURY ST | GAP PROPERTIES LLC, 47 PARK STREET ATTLEBORO, MA 02703 |
| 15-115 | 32 VIAL ST | GUERREIRO JOSE D, 32 VIAL ST NEW BEDFORD, MA 02744 |
| 15-116 | 31 SALISBURY ST | TICHON R DAVID, 7 RIDGECREST AVENUE FAIRHAVEN, MA 02717 |
| 15-117 | 34 VIAL ST | MARTIN PHILIP D, HEGGLAND ELIN-MARI P O BOX 3708 WESTPORT, MA 02790 |
| 15-304 | 111 RUTH ST | MARQUES VANESSA, 362 PLEASANT STREET NEW BEDFORD, MA 02740 |
| 15-154 | 890 BROCK AVE | DIRIGAN ALMETE, <i>Peacefully At Home Wellness And Healthcare Inc</i> 726 COUNTY STREET NEW BEDFORD, MA 02740 |
| 15-300 | 116 RUTH ST | COMMUNITY ACTION FOR BETTER HOUSING INC, 1600 BAY STREET FALL RIVER, MA 02724 |
| 15-160 | 106 RUTH ST | MARQUES JEFFREY G, 106 RUTH STREET APT # 1 NEW BEDFORD, MA 02740 |
| 15-162 | 102 RUTH ST | LFAA REALTY LLC, 305 DAVIS STREET NEW BEDFORD, MA 02746 |
| 15-118 | 115 RUTH ST | TROMMENSCHLAGER ROGER J "TRS", 115 RUTH STREET REALTY TRUST P O BOX 80642 S DARTMOUTH, MA 02748 |
| 15-119 | 103 RUTH ST | MARQUES RUSSELL, 1055 SHEFFIELD STREET NEW BEDFORD, MA 02745 |
| 15-113 | 30 VIAL ST | SILVA MANUEL J, SILVA MARIA J 30 VIAL ST NEW BEDFORD, MA 02744 |



15-16
15-18
16-20
16-22
16-24
16-152
16-26



VIALL ST

SALISBURY ST

ASHBEY ST

MCGURK ST

BROCK AVE

GEORGE ST

Legend

15-304

15-224 15-67
15-225 15-68
15-226 15-310
15-227 15-70
15-228
15-71 15-80
15-72 15-81
15-73 15-82
15-74 15-83
15-75 15-84
15-76 15-85
15-77 15-292

15-99 15-98
15-101 15-102
15-103 15-104
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15-117 15-119
15-118 15-304
15-118

15-134 15-135
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15-288 15-143
15-148

15-207
15-206
15-267
15-294
15-293

15-185 15-201
15-158 15-161 15-251
15-284 15-250
15-169 15-249
15-202 15-237
15-150 15-236
15-204 15-231
15-231 13-111
13-106
13-107
13-108
13-153
13-102
13-80
13-99
13-100
13-116
13-106

15-176
15-189
15-182
15-181
15-272
15-159
15-209
15-279
15-265
15-183
15-203
15-17
15-180 15-235

15-154
15-160
15-162
15-167
15-157
13-80
13-99
13-100

