



City of New Bedford
ZBA VARIANCE APPLICATION

CASE # 4248

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 checked="" type="checkbox"/>	<input type="checkbox"/>
<input 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 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 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"/>

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: _____

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. VARIANCE SPECIFICS


The undersigned petitions the New Bedford Zoning Board of Appeals [ZBA] to grant a VARIANCE 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			
OWNER INFORMATION			
NAME: VANESSA 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: Check one: BUYER	OWNER <input type="checkbox"/>	CONTRACT VENDEE <input type="checkbox"/>	OTHER Describe <input type="checkbox"/>
MAILING ADDRESS (IF DIFFERENT): 1437 DCUSHNET AVE NEW BEDFORD MA 02746			
TELEPHONE #	401-261-3593		
EMAIL ADDRESS:	billy CABRAL823@GMAIL.COM		

CITY CLERKS OFFICE
NEW BEDFORD, MA

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

08-26-16
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 variance 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

Complete each item that is relevant to your variance request:

	Existing	Allowed/ Required	Proposed
Lot Area (sq ft)			
Lot Width (ft)			
Number of Dwelling Units			
Total Gross Floor Area (sq ft)			
Residential Gross Floor Area (sq ft)			
Non-Residential Gross Floor Area (sq ft)			
Building Height (ft)			
Front Setback (ft)			
Side Setback (ft)			
Side Setback (ft)			
Rear Setback (ft)			
Lot Coverage by Buildings (% of Lot Area)			
Permeable Open Space (% of Lot Area)			
Green Space (% of Lot Area)			
Off-Street Parking Spaces	0	12	0
Loading Bays			
Number of Ground Signs			
Height of Ground Sign			
Proximity of Ground Sign to Property Line			
Area of Wall Sign (sq ft)			
Number of Wall Signs			

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 VARIANCE

Massachusetts General Law Chapter 40A Section 10 requires the "permit granting authority" (which, in this instance is the Zoning Board of Appeals) to make ALL the following findings before a variance can be granted:

A	B	C	D
That there are circumstances relating to the soil conditions, shape or topography which especially affect the land or structure in question, but which do not affect generally the zoning district in which the land or structure is located.	That due to those circumstances especially affecting the land or structure, literal enforcement of the provisions of the Zoning Ordinance or By Law would involve substantial hardship, financial or otherwise, to the petitioner or appellant.	That desirable relief may be granted without nullifying or substantially derogating from the intent or purpose of the Zoning Ordinance or Bylaw.	That desirable relief may be granted without substantial detriment to the public good.

The full text of M.G.L. Chapter 40A, Section 10 can be viewed at: <http://www.mass.gov/legis/laws/mgl/>

Because the ZBA must be able to articulate each of these four findings in order to grant a variance, you must make your case as to WHY your application meets each of these four points. **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 circumstances relating to soil conditions, shape or topography which especially affect the land or structure in question but that doesn't generally affect the zoning district in which your premises is located:

THE BUILDING TAKES UP WHOLE LOT, AND LEAVE
NOT OTHER ROOM FOR A PARKING LOT

B Describe how circumstances unique to your land or structure would mean a substantial hardship to you if the city were to literally enforce the zoning ordinance:

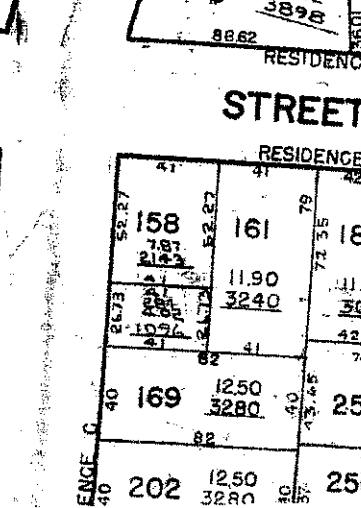
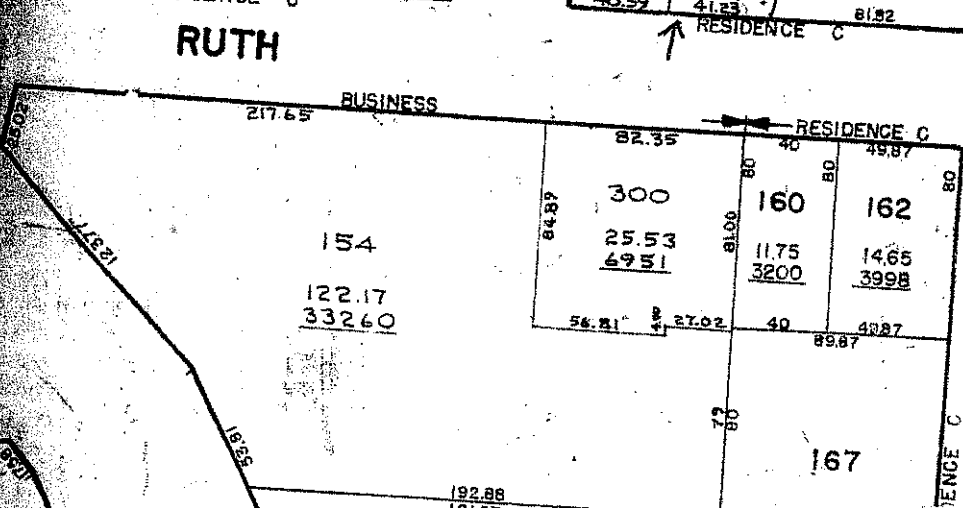
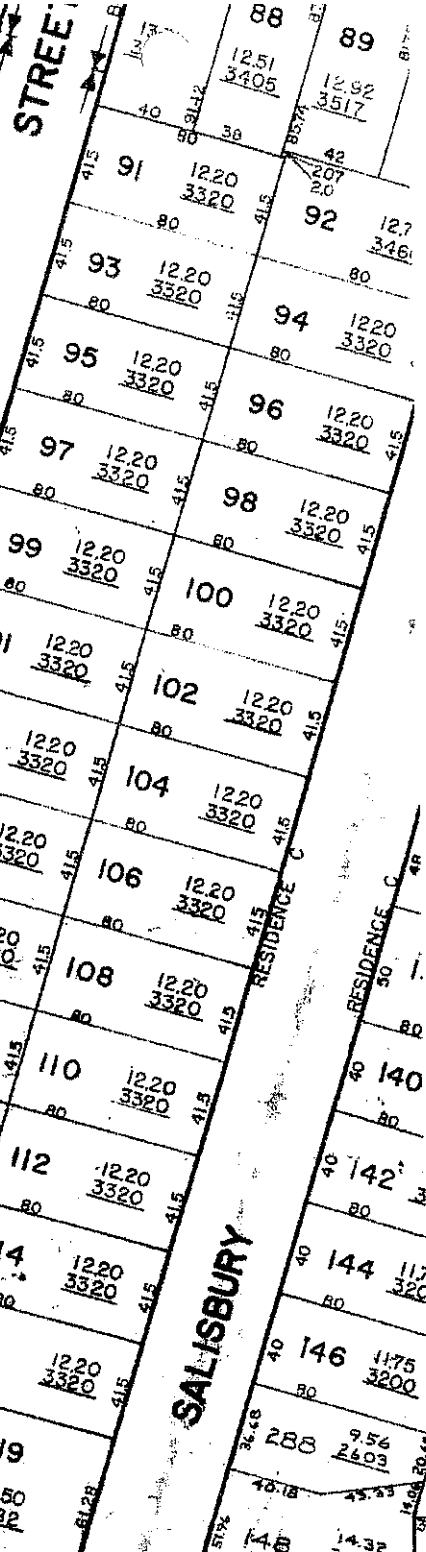
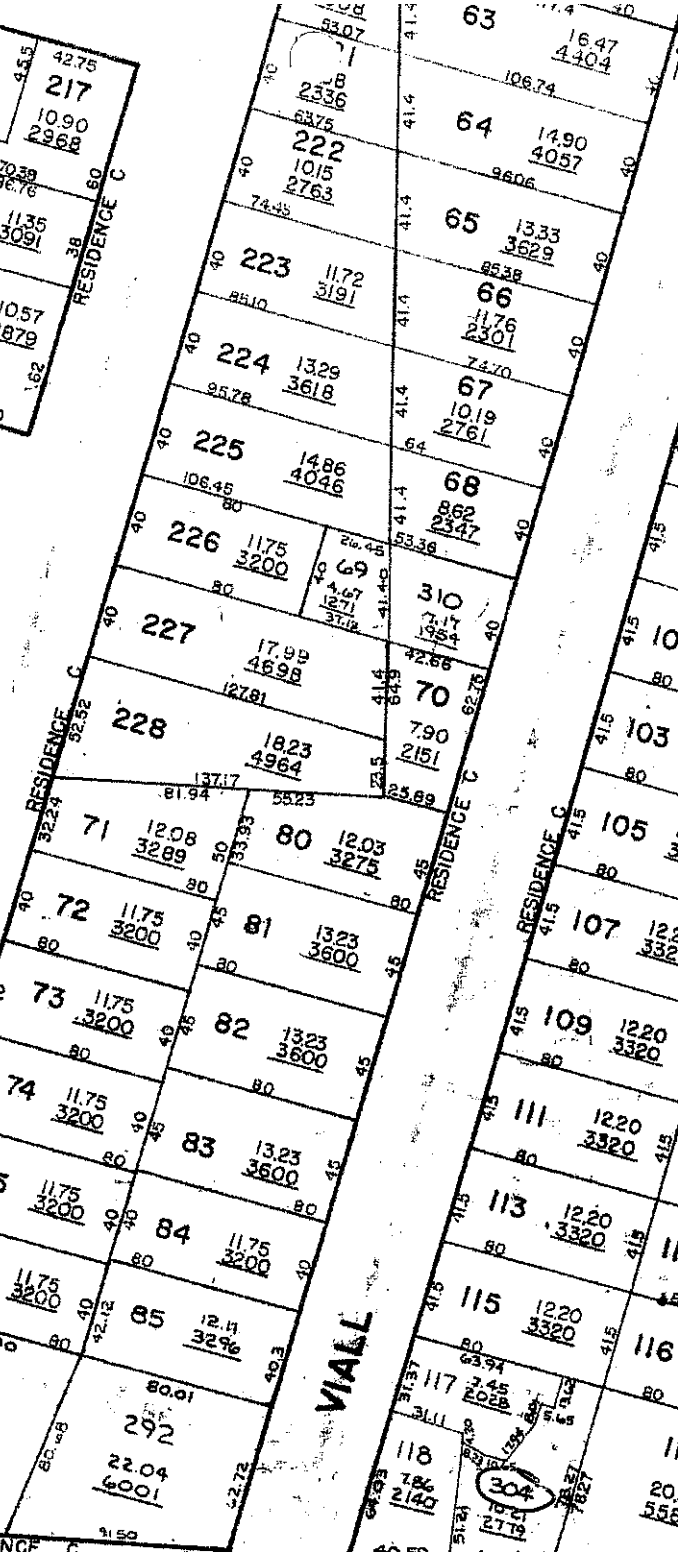
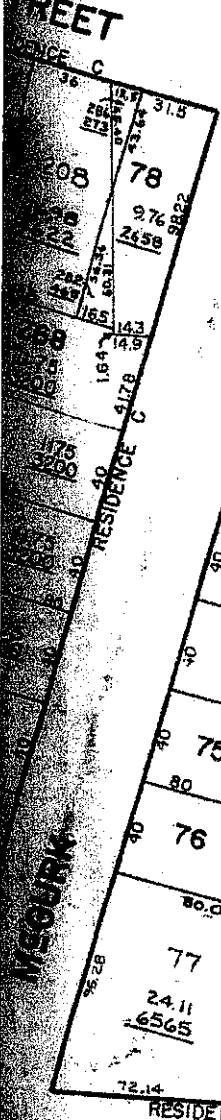
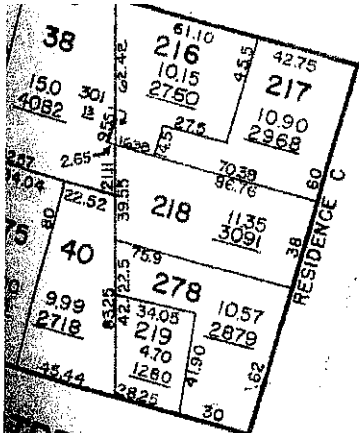
THE STRUCTURE OF THE BUILDING DOESN'T ALLOW ME TO
CREATE PARKING AREA

C Describe how granting you relief would not take away from the purpose of the city's zoning ordinance:

MOST CUSTOMERS WALKS FROM NEIGHBORHOOD AND
STREET CAN BE PARKED ON BOTH SIDES, BUS STOP BY

D Describe why nobody else would be hurt if the city granted your requested zoning relief:

THERE IS NOT OTHER GROCERY STORE LIKE MINE IN
THE AREA, AND WILL BE FOR PEOPLE IN THE NEIGHBOR
HOOD



September 21, 2016

City of New Bedford

To whom it may concern:

I, Vanessa Marques, owner of 111 Ruth St New Bedford, MA do without hesitation authorize Birgillo Cabral of Union Fruit Market, Inc. to apply for a parking variance.

Regards,

Vanessa Marques

Vanessa Marques

Owner

CHRISTINE M. NICKERSON
Notary Public
My Commission Expires August 31, 2018
Commonwealth of Massachusetts



Notary:

Christine M. Nickerson

Date:

9/21/16

QUITCLAIM DEED

I, MARIA A. MARQUES, of New Bedford, Bristol County, Massachusetts for consideration paid and in full consideration of ONE (\$1.00) DOLLAR,

grant to MARIA A. MARQUES, of 362 Pleasant Street, New Bedford, Bristol County, Massachusetts 02740, for and during the term of my natural life, with full power to sell, lease, mortgage and convey the whole or any part thereof, with the remainder to VANESSA MARQUES, of 362 Pleasant Street, New Bedford, Bristol County, Massachusetts 02740.

WITH QUITCLAIM COVENANTS

the land in said New Bedford, with the buildings thereon, bounded and described as follows:

BEGINNING at a point in the northerly line of Ruth Street at the southeast corner of Lot 1 on plan of land hereinafter referred to;

thence N 05° 49' 43" W in line of said Lot 1, fifty-one and 21/100 (51.21) feet to a stake;

thence S 72° 56' 31" E in line of Lot 3 on said plan, eight and 23/100 (8.23) feet to a drill hole;

thence continuing by said Lot 3, S 88° 07' 04" E ten and 65/100 (10.65) feet to a drill hole;

thence continuing by said Lot 3, N 24° 03' 42" E, seventeen and 94/100 (17.94) feet to a drill hole;

thence continuing by said Lot 3, N 04° 34' 32" E, eight and 01/100 (8.01) feet to a drill hole;

thence continuing by said Lot 3, S 87° 51' 21" E, five and 65/100 (5.65) feet to a drill hole;

thence continuing by said Lot 3, N 02° 22' 22" E, thirteen and 62/100 (13.62) feet to land now or formerly of Bernice Guerreiro;

thence S 87° 52' 25" E in line of said Guerreiro land, sixteen and 06/100 (16.06) feet to land now or formerly of Antone Pacheco;

thence S 02° 07' 35" W in line with said Pacheco land, seventy-eight and 27/100 (78.27) feet to the northerly line of Ruth Street;

thence S 80° 02' 26" W in said northerly line of Ruth Street, forty-one and 23/100 (41.23) feet to the point of beginning.

Being shown as Lot 2 on plan of land prepared for Wanda M. Strepek, et al

Property: 111 Ruth St.
New Bedford, MA 02744

The address in this margin is not
a part of this conveyance.
Its accuracy has not been verified.



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
 1-84-216

SUBJECT PROPERTY			
MAP #	15	LOT(S)#	304
ADDRESS: 111 ROTH 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: 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
 2016 SEP 22 P 2:06
 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
 Printed Name


 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 AHMET E, <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



Legend

15-304

15-224

15-67

15-225

15-68

15-226

15-310

15-227

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15-228

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15-81

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15-148

15-207

15-206

15-267

15-294

15-293

McGURK ST

VIALL ST

SALSBURY ST

ASHLEY ST

16-16

16-18

16-20

16-22

16-24

16-152

16-26

15-158

15-161

15-185

15-201

15-284

15-251

15-169

15-250

15-202

15-249

15-150

15-237

15-204

15-236

15-231

13-111

13-106

13-107

13-153

13-102

13-108

15-157

13-80

13-99

13-100

13-116

13-109

15-176

15-189

15-182

15-181

15-272

15-159

15-209

15-279

15-265

15-183

15-203

15-180

15-235

15-17

BROCK AVE

GEORGE ST



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***

111 RUTH ST PLOT: 15 LOT:304

Zoning Code Review as follows:

ZONING BOARD OF APPEALS-VARIANCE

❖ SECTIONS

- SECTION 3000 GENERAL REGULATIONS
- 3100 PARKING AND LOADING
- 3110 APPLICABILITY
- 3130 TABLE OF PARKING AND LOADING REQUIREMENTS
- APPENDIX C 12 SPACES REQUIRED

IX. HOMEOWNER LICENSE EXEMPTION

Supplement #1

The current exemption for "homeowner" was extended to include owner-occupied dwellings of two units or less and to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor. (State Building Code Section 110.5)

DEFINITION OF HOMEOWNER:

Person(s) who own a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one to two family dwelling, attached or detached structures accessory to such use and /or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such "homeowner shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (Section 110.5)

The undersigned "homeowner assumes responsibility for compliance with the State Building Code and other applicable codes, ordinance, rules and regulations, and will comply with the City of New Bedford Building Department minimum inspection procedures and requirements.

HOMEOWNERS SIGNATURE _____

X. CONSTRUCTION DEBRIS DISPOSAL

Supplement #2

In accordance with provisions of Massachusetts General Law C40, S54, debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by Massachusetts General Law C111, S150A

The debris will be disposed of in: ABC DISPOSAL
(Location of Facility)

Burke Cabral
Signature of Permit Applicant

08-17-16
Date

XI. HOME IMPROVEMENT CONTRACTOR LAW AFFIDAVIT

(Residential Use Only) Supplement to Permit Application

Supplement #3

MGLc. 142 A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units... or to structures which are adjacent to such residence of building" be conducted by registered contractors, with certain exceptions, along with other requirements.

Type of Work: SMALL MARKET WITH DELI REMED Est. Cost _____

Address of Work _____

Owner Name: _____ Date of Permit Application: _____

I hereby certify that: Registration is not required for the following reason(s):

_____ Work excluded by law _____ Job under \$1,000 _____ Building not owner-occupied _____ Owner obtaining own permit

Other (specify) _____

Notice is hereby given that: OWNERS OBTAINING THEIR OWN PERMIT OR EMPLOYING UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OF GUARANTY FUND UNDER MGLC. 142A.

signed under penalties of perjury:
I hereby apply for a permit as the agent of the owner:

Date 08-17-16 Contractor Signature Burke Cabral Registration No. _____
OR:
Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:
Date _____ Owner Signature _____

XII. BUILDING COMMISSIONERS REVIEW COMMENTS AND CONDITIONS

C. Building Permit Rejected VARIANCE ZBA No Parking Spaces Fee _____
Reason For Rejection: _____ Permit # _____
See Attachments

Comments and Conditions: _____
Signed William D. Romanowski Date: 8/25 2016
Title Building Commissioner
Not valid unless signed (not stamped) by Building Commissioner