



City of New Bedford ZBA VARIANCE APPLICATION

CASE # 4244

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 type="checkbox"/>	<u>Sub-Division Plans</u> if Applicable.	<i>N/A</i>	<input 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 Packet</u> (Containing Rejected Building Permit and all information submitted with Building Permit Application)	<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"/>

Official Use Only:

Review of submittal compliance performed by J.S. 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#	76	LOT(S)#	126
REGISTRY OF DEEDS BOOK:	1788	PAGE #	1085
PROPERTY ADDRESS: 176 SHAWMUT AVE			
ZONING DISTRICT:			
OWNER INFORMATION			
NAME: Dennis Costa			
MAILING ADDRESS: 176 Shawmut Ave. New Bedford, MA 02740			
APPLICANT/CONTACT PERSON INFORMATION			
NAME (IF DIFFERENT):			
APPLICANT'S RELATIONSHIP TO THE PROPERTY: Check one:	OWNER <input checked="" type="checkbox"/>	CONTRACT VENDEE <input type="checkbox"/>	OTHER Describe <input type="checkbox"/>
MAILING ADDRESS (IF DIFFERENT):			
TELEPHONE #	508-971-0661		
EMAIL ADDRESS:			

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.

Dennis Costa

Signature of Applicant/s

8-14-16

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 51.65	DEPTH 98.94/87.29	AREA in SQ FT 4,639		
EXISTING BUILDING/S	# OF BLDGS 1	EXISTING SIZE 30'7" X 24'7"	TOTAL SQ FT BY FLOOR 7200'	NUMBER OF FLOORS 1	TOTAL SQ. FT ENTIRE STRUCTURE 7200'
	# OF DWELLING UNITS		# OF BEDROOMS 2		
PROPOSED BUILDING/S	# OF BLDGS 1	PROPOSED SIZE 18' X 20'	TOTAL SQ FT BY FLOOR 3,600	NUMBER OF FLOORS 1	TOTAL SQ. FT ENTIRE STRUCTURE 3,600
	# OF DWELLING UNITS		# OF BEDROOMS		EXTENT OF PROPOSED ALTERATIONS
EXISTING USE OF PREMISES:	Residential				
PROPOSED USE OF PREMISES:	Residential				
EXPLAIN WHAT MODIFICATIONS YOU ARE PROPOSING THAT NECESSITATE THE REQUESTED VARIANCE:	In stall a garage variance: side yard				

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

	EXISTING		PROPOSED	
NUMBER OF CUSTOMERS PER DAY				
NUMBER OF EMPLOYEES				
HOURS OF OPERATION				
DAYS OF OPERATION				
HOURS OF DELIVERIES				
FREQUENCY OF DELIVERIES (Check frequency)	<input type="checkbox"/> DAILY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> DAILY	<input 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:

Complete each item that is relevant to your variance request:

	Existing	Allowed/ Required	Proposed
Lot Area (sq ft)	4,639	—	—
Lot Width (ft)	51.65	—	—
Number of Dwelling Units	1		
Total Gross Floor Area (sq ft)	720	—	—
Residential Gross Floor Area (sq ft)	720	—	—
Non-Residential Gross Floor Area (sq ft)	—	—	—
Building Height (ft)	1 STORY		
Front Setback (ft)			
Side Setback (ft)		10'	4' 2 1/2"
Side Setback (ft)		12'	4' 4"
Rear Setback (ft)		4'	18'
Lot Coverage by Buildings (% of Lot Area)	720'		1090'
Permeable Open Space (% of Lot Area)	3559'		2629' 2629'
Green Space (% of Lot Area)	3559'		3559'
Off-Street Parking Spaces	—		
Loading Bays	—		
Number of Ground Signs	N/A		
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

BOOK 1788, P. 1085

(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

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.

B

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.

C

That desirable relief may be granted without nullifying or substantially derogating from the intent or purpose of the Zoning Ordinance or Bylaw.

D

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:

Do to the placement of my home the garage will only fit as proposed plan

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:

By placing the garage door facing the street it would ^{mean} I would be able to drive the vehicle into the garage with out any problem to me

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

it would take any city zoning ordinance, this doesn't impact on my neighbor

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

There will not be any issue with the neighbor or there gault of life

Location: 176 SHAWMUT AVE

Parcel ID: 76 126

Zoning: RB

Fiscal Year: 2016

Current Owner Information:
COSTA DENNIS

Current Sales Information:

Sale Date:

12/31/1989

Sale Price:

\$0.00

Card No. 1 of 1

176 SHAWMUT AVE

Legal Reference:

NEW BEDFORD, MA 02740

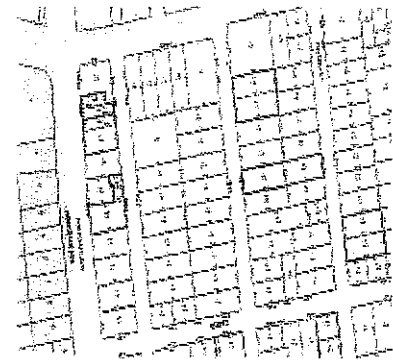
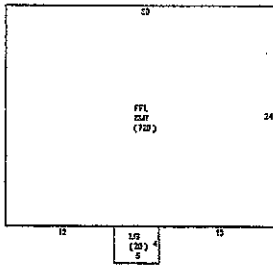
1788-1085

Grantor:

N/A

This Parcel contains 0.107 acres of land mainly classified for assessment purposes as Single Fam with a(n) RANCH style building, built about 1952, having Vinyl exterior, Asphalt Shingles roof cover and 720 Square Feet, with 1 unit(s), 4 total room(s), 2 total bedroom(s) 1 total bath(s), 0 3/4 baths, and 0 total half bath(s).

Building Value:	Land Value:	Yard Items Value:	Total Value:
49400	62000	200	111600



Fiscal Year 2016		Fiscal Year 2015		Fiscal Year 2014	
Tax Rate Res.:	16.49	Tax Rate Res.:	15.73	Tax Rate Res.:	15.16
Tax Rate Com.:	35.83	Tax Rate Com.:	33.56	Tax Rate Com.:	31.08
Property Code:	101	Property Code:	101	Property Code:	101
Total Bldg Value:	49400	Total Bldg Value:	48200	Total Bldg Value:	48600
Total Yard Value:	200	Total Yard Value:	200	Total Yard Value:	200
Total Land Value:	62000	Total Land Value:	62000	Total Land Value:	60300
Total Value:	111600	Total Value:	110400	Total Value:	109100
Tax:	\$1,840.28	Tax:	\$1,736.60	Tax:	\$1,653.96

Disclaimer: Classification is not an indication of uses allowed under city zoning. This information is believed to be correct but is subject to change and is not warranted.

8306

MICHAEL E. PYPEC AND KATHLEEN M. PYPEC, husband and wife
of 176 Shawmut Avenue, New Bedford, County, Massachusetts,
being unmarried, for consideration paid, and in full consideration of \$26,900.00
grants to Dennis & Sharon Costa, joint tenants *HTW*
of 94 Trinity Street, New Bedford, Mass. with quitclaim covenants
the land in New Bedford, Bristol County

[Description and encumbrances, if any]

BEGINNING in the easterly line of Shawmut Avenue at the northwesterly corner of the herein described parcel of land, said corner is located 9° 33' E fifty-one and 65/100 (51.65) feet from a drill hole in a stone bound set at the intersection of said easterly line of Shawmut Avenue and the southerly line of Trinity Street;

THENCE by land supposed to be owned by Killigrew S 85° 08' E ninety-eight and 94/100 (98.94) feet to a corner;

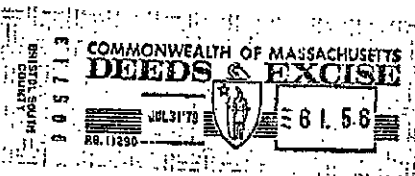
THENCE by land of parties unknown S 3° 26' W fifty and 47/100 (50.47) feet to a corner

THENCE by the remaining land of Adrein Rock N 89° 17' W eighty-five and 86/100 (85.86) feet to said Shawmut Avenue.

THENCE by said Shawmut Avenue N 9° 33' W fifty-eight and 52/100 (58.52) feet to the point of beginning.

Containing 4,967 square feet of land.

Being the same premises conveyed to Grantors by deed dated May 6, 1966 and recorded with Bristol County (S.D.) Registry of Deeds, Book, 1714, Page 397.



Witness *our* hands and seal this 31st day of July 1979

Michael E. Pypec
Kathleen M. Pypec

The Commonwealth of Massachusetts

BRISTOL ss.

JULY 31 1979

Then personally appeared the above named MICHAEL E. PYPEC
and acknowledged the foregoing instrument to be HIS free act and deed before me

Rec'd. & recorded July 31, 1979
at 10 hrs. & 51 min. A.M.

Kenneth J. Connolly
Notary Public - Commonwealth of Massachusetts

My commission expires

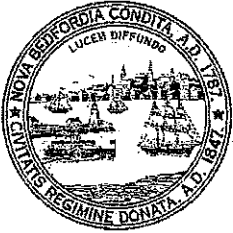
Nov 29 1981
Register

BOOK 1788 PAGE 1085

Attest:

John Jones

(*Individual—Joint Tenants—Tenants in Common—Tenants by the Entirety.)



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).

SUBJECT PROPERTY	
MAP #	76
LOT(S)#	126
ADDRESS: 176 Shawmut Ave	
OWNER INFORMATION	
NAME: Dennis Costa	
MAILING ADDRESS: 176 Shawmut Ave - New Bedford	
APPLICANT/CONTACT PERSON INFORMATION	
NAME (IF DIFFERENT):	
MAILING ADDRESS (IF DIFFERENT):	
TELEPHONE #	508-971-0661
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):

PLANNING DEPARTMENT
 AUG 12 2016
 2016 AUG 17 P 1:49
 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

8/15/2016

Date

August 15, 2016

Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 176 Shawmut Avenue (76-126). 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.

<u>Parcel</u>	<u>Location</u>	<u>Owner and Mailing Address</u>
76-132	172 SHAWMUT AVE	AMARAL JOSE M "TRUSTEE", AMARAL MARIA A "TRUSTEE" 1166 MYSTIC COURT SPRING HILL, FL 34609
76-135	307 AUSTIN ST	O'TOOLE ALLISON BERRY-, O'TOOLE TERRENCE V 32 TANGLEWOOD DRIVE SCITUATE, MA 02066
76-126	176 SHAWMUT AVE	COSTA DENNIS, 176 SHAWMUT AVE NEW BEDFORD, MA 02740
76-35	181 SHAWMUT AVE	GAUTREAU ROGER A, GAUTREAU LYNNE M 181 SHAWMUT AVENUE NEW BEDFORD, MA 02740
76-125	94 TRINITY ST	MARTINS JOSE RUI, 94 TRINITY STREET NEW BEDFORD, MA 02740
76-128	88 TRINITY ST	EVANGELISTA MARIA D, 88 TRINITY STREET NEW BEDFORD, MA 02740
76-129	86 TRINITY ST	NHEM SARAH E, PEREIRA SERGIO 86 TRINITY ST NEW BEDFORD, MA 02740
76-127	174 SHAWMUT AVE	DASILVA DEBBIE "TRUSTEE", MARIA C DASILVA IRREVOCABLE TRUST 174 SHAWMUT AVE NEW BEDFORD, MA 02740
76-183	177 SHAWMUT AVE	MENDOZA JESUS, 177 SHAWMUT AVE NEW BEDFORD, MA 02740
76-36	175 SHAWMUT AVE	MARTINS JAMES, REAL-MARTINS TAHAIS I 175 SHAWMUT AVENUE NEW BEDFORD, MA 02740

82-110

82-31

82-131

76-6

76-193

76-188

76-8

76-9

76-12

DURFEE ST

N

76-224

76-117

76-197

76-177

76-194

76-110

76-113

76-114

76-115

76-116

76-247

76-202

76-31

76-111

76-199

76-200

76-112

76-118

76-181

76-119

76-121

76-122

76-123

76-124

76-32

76-120

76-216

TRINITY ST

76-218

76-34

76-191

76-219

76-125

76-130

76-198

76-187

76-220

76-35

76-126

76-128

76-129

76-131

76-183

76-127

76-17

76-222

76-36

76-132

76-135

76-136

76-137

76-138

76-182

76-41

76-43

76-45

76-47

76-50

76-52

76-133

76-134

76-250

AUSTIN ST

AUSTIN ST

76-69

76-155

76-156

76-173

76-15

76-58

76-60

76-62

76-64

76-67

76-68

76-71

76-157

76-162

76-75

76-79

76-80

76-82

76-85

76-89

76-161

WILLOW ST

76-95

76-98

76-101

76-104

76-106

Legend

76-126

70-1

70-190

