



City of New Bedford
ZBA SPECIAL PERMIT APPLICATION

CASE # 4407

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 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"/>
<input type="checkbox"/>	<input checked="" 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: _____.

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.

CITY CLERKS OFFICE
NEW BEDFORD, MA

2019 DEC 23 A. 11:30

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:

2019 DEC 23 A 11:27

CITY CLERK

APPLICATION SUMMARY (PLEASE PRINT)

SUBJECT PROPERTY			
ASSESSOR'S MAP PLOT#	58	LOT(S)#	157
REGISTRY OF DEEDS BOOK #:	11945	PAGE #	95
PROPERTY ADDRESS: 109 Hillman St			
ZONING DISTRICT: mixed-use business			
OWNER INFORMATION			
NAME: City of New Bedford			
MAILING ADDRESS: 133 William St			
APPLICANT/CONTACT PERSON INFORMATION			
NAME (IF DIFFERENT): Waterfront Historic Area League (WHAL) Tere Burnett			
APPLICANT'S RELATIONSHIP TO THE PROPERTY: Check one:	OWNER <input type="checkbox"/>	CONTRACT VENDEE <input type="checkbox"/>	OTHER Describe <input checked="" type="checkbox"/> Purchase & Sale Agreement
MAILING ADDRESS (IF DIFFERENT): 15 Johnny Cake Hill			
TELEPHONE #	508-997-1776		
EMAIL ADDRESS:	tburnett@waterfrontleague.org		

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

Date

7.3.2019

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

Associate Solicitor

6/18/19

APPLICATION SPECIFICS

DIMENSIONS OF LOT/S:	FRONTAGE 50	DEPTH 129	AREA in SQ FT 6450		
EXISTING BUILDING/S	# OF BLDGS 1	EXISTING SIZE	TOTAL SQ FT BY FLOOR 1st: 2600 2nd: 2390 3rd: 1837	NUMBER OF FLOORS 2 1/2	TOTAL SQ. FT ENTIRE STRUCTURE 6827
	# OF DWELLING UNITS 0		# OF BEDROOMS 0		
PROPOSED BUILDING/S	# OF BLDGS 1	PROPOSED SIZE	TOTAL SQ FT BY FLOOR 1st: 2600 2nd: 2390 3rd: 1837	NUMBER OF FLOORS 2 1/2	TOTAL SQ. FT ENTIRE STRUCTURE 6827
	# OF DWELLING UNITS 9		# OF BEDROOMS 12		EXTENT OF PROPOSED ALTERATIONS
EXISTING USE OF PREMISES:	vacant ; historically: fire station, civil defense HQ				
PROPOSED USE OF PREMISES:	residential				
EXPLAIN WHAT MODIFICATIONS YOU ARE PROPOSING THAT NECESSITATE THE REQUESTED SPECIAL PERMIT:	reuse of an existing building for residential use				

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"/> MONTHLY <input type="checkbox"/> OTHER	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <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:

site plan review & special permits - change of use to residential (9 units),
density requirement relief, partial relief of required parking

3. PARCEL LEGAL DOCUMENTATION



Title Reference to Property _____

(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:

Renovating & reusing this building will prevent the demolition of a building that is approximately 125 years old, which will preserve the history, character and existing density of the surrounding neighborhood. The rehab & reuse project will also provide the city with six units of quality affordable housing.

B

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

The proposal includes a dedicated lot with six spaces of on-site parking, which will help alleviate the parking needs that the addition of residential units would create. The six parking spaces will be assigned to six of the proposed units. For the additional three units, there is ample on-street parking nearby.

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

There is evidence of water, sewer, and gas in the building. Given
their condition, all will likely need to be replaced.

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

The North Bedford Historic District / Audshnick Heights neighborhood
is a dense, primarily residential district of 2- to 2 1/2-story wood
frame houses that span the 19th & early 20th centuries and represent
a variety of architectural styles. This project will rehabilitate & reuse
one of these existing historic buildings, saving it from demolition. The
building was one of many neighborhood fire stations constructed in the
city during the late-19th and early-20th centuries, and it contributes to
the history & character of the surrounding neighborhood.

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

The proposed project will restore and rehabilitate an existing building.
The greenest building is often one that is already built—especially a pre-
1930s historical building, like 109 Hillman. Building reuse almost always
yields fewer environmental impacts than new construction when
comparing buildings of similar size. Additionally, for the proposed project,
efforts will be taken to use sustainable building materials and systems
where possible.

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

The proposed project will take a vacant, city-owned property
that is currently generating no property taxes and transform
it into an occupied taxable property. The restoration and
rehabilitation process will also create approx. 70 construction
and specialist jobs, and the property will create 1 permanent
job involving the management of the building.

- *** 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:

MAY 10 2019



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 #	58
LOT(S)#	157
ADDRESS: 109 HILLMAN ST	
OWNER INFORMATION	
NAME: CITY OF NEW BEDFORD	
MAILING ADDRESS: 133 WILLIAM ST	
APPLICANT/CONTACT PERSON INFORMATION	
NAME (IF DIFFERENT): TERI BERNERT	
MAILING ADDRESS (IF DIFFERENT): 15 JOHNNY CAKE HILL	
TELEPHONE #	508-264-2648
EMAIL ADDRESS:	
REASON FOR THIS REQUEST: Check appropriate	
<input checked="" type="checkbox"/>	ZONING BOARD OF APPEALS APPLICATION
<input checked="" type="checkbox"/>	PLANNING BOARD APPLICATION
<input type="checkbox"/>	CONSERVATION COMMISSION APPLICATION
<input type="checkbox"/>	LICENSING BOARD APPLICATION
<input type="checkbox"/>	OTHER (Please explain):

CITY CLERKS OFFICE
 NEW BEDFORD, MA
 2019 DEC 23 A 11: 27
 CITY CLERK

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

Carlos Amado

Signature

5/20/2019

Date

May 13, 2019
Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 109 Hillman Street (Map: 58, Lot: 157). 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
58-148	186 MAXFIELD ST	BORGES LISA, 186 MAXFIELD STREET NEW BEDFORD, MA 02740
58-151	SUMMER ST	WELCH KEVIN E, 1128 ACUSHNET AVENUE 283 Sawyer St. Apt # 1E NEW BEDFORD, MA 02746
58-259	563 COUNTY ST	ST LAWRENCE CHURCH CORP, PARSONAGE P O BOX 2577 FALL RIVER, MA 02720
58-523	562 COUNTY ST	CHADWICK DAVID W, CHADWICK LINDA J GEH Central Heating and Air 8 GARDNER STREET 700 Kempton St. Conditioning Corporation FAIRHAVEN, MA 02719 New Bedford, MA 02740

