



# City of New Bedford

## ZBA VARIANCE APPLICATION

CASE # 4410

### 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"/>

#### 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.

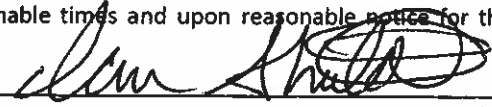
## 2. VARIANCE SPECIFICS

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)

<b>SUBJECT PROPERTY</b>			
ASSESSOR'S MAP PLOT#	045	LOT(S)#	212
REGISTRY OF DEEDS BOOK:	11079	PAGE #	179
PROPERTY ADDRESS: 142 Arnold Street, New Bedford, MA, 02740			
ZONING DISTRICT: MUB			
<b>OWNER INFORMATION</b>			
NAME: Ian Shields			
MAILING ADDRESS: P.O. Box 51204, Boston, MA, 02205			
<b>APPLICANT/CONTACT PERSON INFORMATION</b>			
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 #	617-835-1516		
EMAIL ADDRESS:	i_shields@hotmail.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.

  
\_\_\_\_\_  
Signature of Applicant/s

1/14/20  
\_\_\_\_\_  
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 ~60 FT.	DEPTH ~36 FT.	AREA in SQ FT ~2,160 SQ FT.		
EXISTING BUILDING/S	# OF BLDGS 1	EXISTING SIZE ~3,646 SQ FT.	TOTAL SQ FT BY FLOOR ~1,823	NUMBER OF FLOORS 2	TOTAL SQ. FT ENTIRE STRUCTURE ~3,646 SQ FT.
	# OF DWELLING UNITS 3		# OF BEDROOMS 3 Total		
PROPOSED BUILDING/S	# 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:	MUB				
PROPOSED USE OF PREMISES:					
EXPLAIN WHAT MODIFICATIONS YOU ARE PROPOSING THAT NECESSITATE THE REQUESTED VARIANCE:	No changes. A reduction in parking required is requested.				

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

	EXISTING	PROPOSED
NUMBER OF CUSTOMERS PER DAY	NA	~90
NUMBER OF EMPLOYEES		1-3
HOURS OF OPERATION		~7AM - 7PM
DAYS OF OPERATION		SUN. - SAT.
HOURS OF DELIVERIES		~7AM - 4PM
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 checked="" 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:

NA

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	19	0
Loading Bays	0	2	0
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 Please see attached.  
 (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:

Please see attached responses that follow.

**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:

**C**

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

**D**

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

City of New Bedford – ZBA Variance Application  
Section 4. Required Findings For Granting A Variance

**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:**

While this question may not be applicable to my request, I believe that my request stems from the fact that my property was built in 1927 and built to lay on the full footprint of the lot. It doesn't allow room for off-street parking and is the result of having more foot traffic in the neighborhood historically.

**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.**

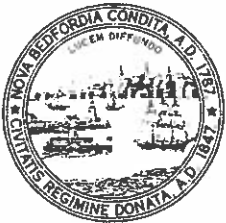
Due to the structure covering the majority of the parcel, it could be considered unique, leaving no space for parking without demolishing a portion of the building. I believe that similar to many structures in New Bedford, in particular downtown New Bedford and this building's location in the West End, that due to the historical layout of the city and the age of its structures, the streets were built and evolved around citizens doing more walking with community in mind versus using autos and parking. If the zoning ordinance were enforced, this would create a substantial financial hardship due to a need to either 1) demolish a portion of the building as stated above, or 2) find vacant land abutting the store and pay for such land. As a result, I would definitely not be able to proceed and open Coastal Provisions due to financial constraints and the feasibility for such a business at that point. Further to these primary reasons, I anticipate the majority of the customers coming into the store will be walking patrons from their surrounding homes in the West End and from Downtown. I anticipate only a few customers from further areas of the city and tourists coming to the store occasionally.

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

I believe a decision to not enforce the ordinance on my building, given the characteristics described in the previous response around greater density and the historical characteristics of the area, shouldn't impede on the city enforcing the ordinance for other properties in New Bedford that are in much less dense neighborhoods with more rural characteristics and where a substantial financial hardship would not be incurred.

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

I believe nobody would be hurt as I anticipate the majority of all customers will be local neighbors walking to this type of store. In addition, there typically are open parking spots on the street surrounding the building and in multiple spots along Ash Street. I do not foresee an issue of surrounding residents finding parking in the neighborhood with the addition of the occasional 1-2 cars of customers that may be shopping at this type of store on occasion at any given time.



*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).

SEP 13 2019

SUBJECT PROPERTY	
MAP #	45
LOT(S)#	212
ADDRESS: 138-142 ARNOLD ST. NEW BEDFORD, MA 02740	
OWNER INFORMATION	
NAME: IAN SHIELDS	
MAILING ADDRESS: 23 WARREN ST. #3 NEW BEDFORD, MA. 02744	
APPLICANT/CONTACT PERSON INFORMATION	
NAME (IF DIFFERENT):	
MAILING ADDRESS (IF DIFFERENT):	
TELEPHONE #	617-835-1516
EMAIL ADDRESS:	ishields@hotmail.com
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'S OFFICE  
NEW BEDFORD, MA  
2020 JAN 17 A 10:34

Once obtained, the Certified List of Abutters must be attached to this Certification Letter.

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.

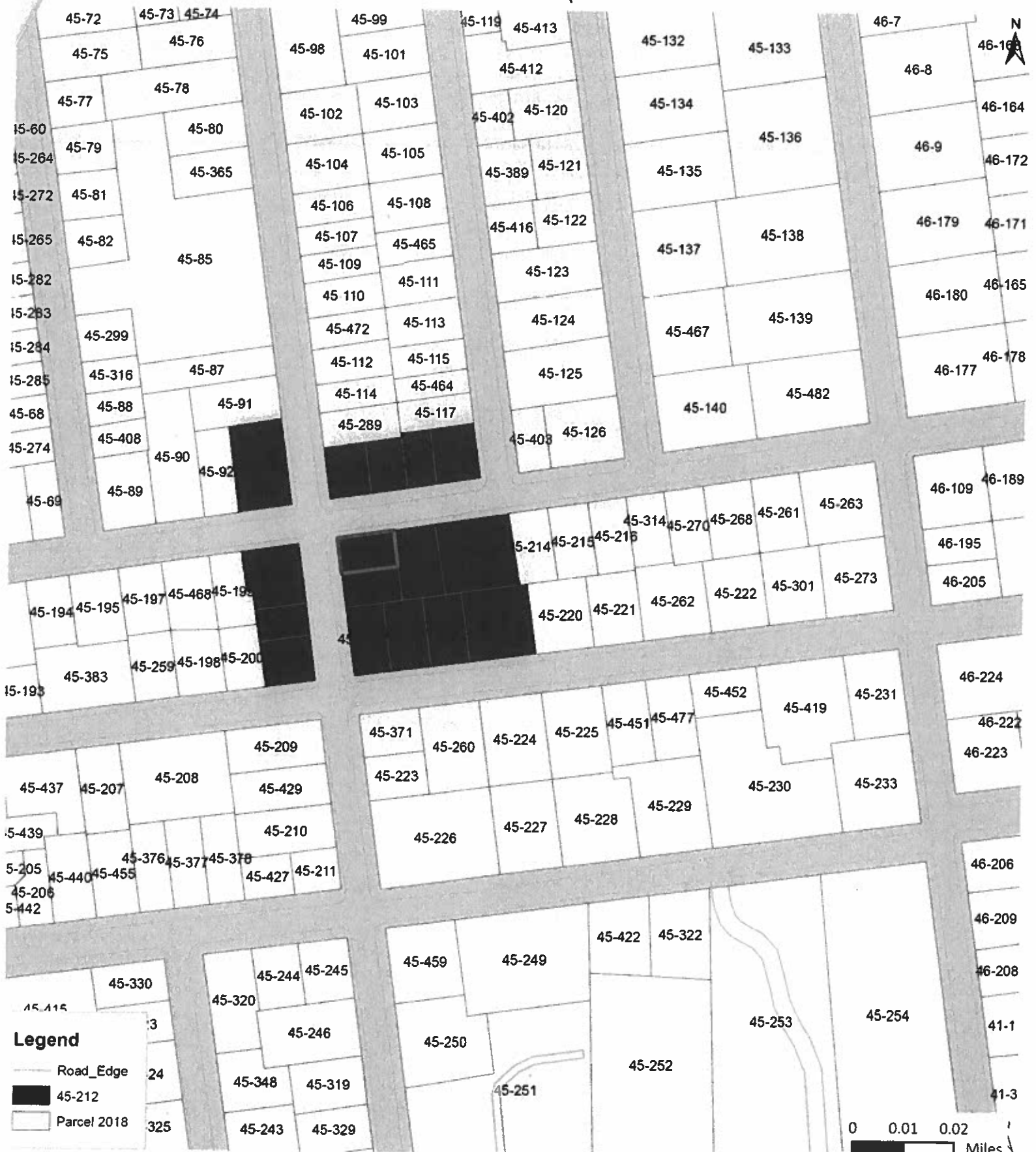
Michael J. Motta

Printed Name

*[Signature]*  
Signature

9-17-19

Date





September 13, 2019

Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 138-142 Arnold Street (Map: 45, Lot: 212). 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
45-417	133 ARNOLD ST	MOTA JOAO C, MOTA LEONOR 133 ARNOLD ST NEW BEDFORD, MA 02740
45-93	145 ARNOLD ST <i>145-149</i>	RESOURCE INC FOR COMMUNITY AND ECONOMIC DEVELOPMENT (THE, P O BOX 36 NORTH EASTHAM, MA 02651
45-294	134 ARNOLD ST	FURTADO MICHAEL, 134 ARNOLD ST NEW BEDFORD, MA 02740
45-218	143 E CLINTON ST	KLAKUS JANUSZ, KLAKUS SONIA A 143 CLINTON ST NEW BEDFORD, MA 02740
45-366	139 E CLINTON ST	MCMAHON RICHARD, MCMAHON MARY ALICE 139 CLINTON ST NEW BEDFORD, MA 02740
45-203	145 E CLINTON ST	HAYES DAVID P, HAYES ELAINE G 145 CLINTON ST NEW BEDFORD, MA 02740
45-202	141 ASH ST	LOPES IRENE J, 141 ASH ST NEW BEDFORD, MA 02740
45-219	129 E CLINTON ST	RAPOZA MARY S, 129 E CLINTON STREET NEW BEDFORD, MA 02740
45-201	146 ARNOLD ST	WHITE JEFF A, 815 MIDDLE ROAD ACUSHNET, MA 02743
45-483	142 ASH ST	NCCC PROPERTIES LLC, 42 FOX RIDGE ROAD HORSEHEADS, NY 14845
45-213	130 ARNOLD ST	FRIEBURGER MARY, 130 ARNOLD STREET NEW BEDFORD, MA 02740
45-116	135 ARNOLD ST	HARRISON NORMAN J, 135 ARNOLD STREET NEW BEDFORD, MA 02740

September 13, 2019

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Parcel	Location	Owner and Mailing Address
45-212	138 ARNOLD ST	SHIELDS IAN, 791 TREMONT STREET APT #W118 BOSTON, MA 02118-1089
45-362	133 E CLINTON ST	ARNUM LANDON C PERRY JOHN R 133 E CLINTON STREET NEW BEDFORD, MA 02740
45-418	43 ARCH ST	JACKSON NICHOLLE M 43 ARCH STREE NEW BEDFORD, MA 02740
45-456	154 ASH ST	RAMOS DEIDRE M 154 ASH STREET NEW BEDFORD, MA 02740