



# City of New Bedford

## ZBA SPECIAL PERMIT APPLICATION

CASE # 4413

### 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 type="checkbox"/>	<input type="checkbox"/>	A <u>Completed and Signed Application</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input 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 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 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</u> Packet (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"/>
<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 type="checkbox"/>	<input checked="" 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 CLERK

FEB 20 10 34

PLANNING STAFF OFFICE  
NEW BEDFORD, MA

## 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)

<b>SUBJECT PROPERTY</b>			
ASSESSOR'S MAP PLOT#	72	LOT(S)#	81
REGISTRY OF DEEDS BOOK #:	10683	PAGE #	44
PROPERTY ADDRESS: 22 Pope Street			
ZONING DISTRICT: RB			
<b>OWNER INFORMATION</b>			
NAME: Deolinda Sylva			
MAILING ADDRESS: 22 Pope ST New Bedford, MA 02740			
<b>APPLICANT/CONTACT PERSON INFORMATION</b>			
NAME (IF DIFFERENT): Karen Sylva - Simmons			
APPLICANT'S RELATIONSHIP TO THE PROPERTY: Check one:	OWNER <input type="checkbox"/>	CONTRACT VENDEE <input type="checkbox"/>	OTHER Describe <input checked="" type="checkbox"/> Power of Attorney for Deolinda
MAILING ADDRESS (IF DIFFERENT): 15 Pope Street New Bedford, MA 02740			
TELEPHONE #	508-992-3089		
EMAIL ADDRESS:	karensylva2@verizon.net		

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.

Karen Sylva - Simmons  
Signature of Applicant/s

2-20-20  
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 special permit must be recorded and acted upon within one year.

\_\_\_\_\_  
Signature of Owner/s

\_\_\_\_\_  
Date

## APPLICATION SPECIFICS

DIMENSIONS OF LOT/S:	FRONTAGE 58.5	DEPTH 100	AREA in SQ FT 5840		
EXISTING BUILDING/S	# OF BLDGS 1	EXISTING SIZE	TOTAL SQ FT BY FLOOR	NUMBER OF FLOORS 2	TOTAL SQ. FT ENTIRE STRUCTURE 3126
	# OF DWELLING UNITS 2		# OF BEDROOMS 6		
PROPOSED BUILDING/S	# OF BLDGS 1	PROPOSED SIZE	TOTAL SQ FT BY FLOOR	NUMBER OF FLOORS 2	TOTAL SQ. FT ENTIRE STRUCTURE 3126
	# OF DWELLING UNITS 2		# OF BEDROOMS 6		EXTENT OF PROPOSED ALTERATIONS
EXISTING USE OF PREMISES:	1st Floor - residential 2nd Floor - Commercial				
PROPOSED USE OF PREMISES:	Both Floors residential				
EXPLAIN WHAT MODIFICATIONS YOU ARE PROPOSING THAT NECESSITATE THE REQUESTED SPECIAL PERMIT:	House was a 2 family home prior to it being rezoned with the second floor being rezoned as commercial - Bridal Shop - Bridal Seasons. Bridal Shop has been out of business for 10 years. Looking to have the property rezoned as a 2 family again.				

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:

---



---

### 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](http://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:

Bridel Shop is no longer in business looking for the house  
to be rezoned as a 2 family

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

Property has 2 additional parking spaces in the driveway  
Turning the property back to residential will result in less  
needed on street parking

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

No utilities or other public services are necessary for this proposal. Utilities are currently in home on both floors

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

Neighborhood is residential zoned with mostly multi-family homes.

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

No impacts to the natural environments - Nothing is being changed

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

No potential fiscal impacts

- \*** 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:



*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).

<b>SUBJECT PROPERTY</b>	
MAP #	22 72
LOT(S)#	81
ADDRESS: 22 Pope St New Bedford MA	
<b>OWNER INFORMATION</b>	
NAME: Deolinda Sylvia	
MAILING ADDRESS: 22 Pope St New Bedford, MA 02740	
<b>APPLICANT/CONTACT PERSON INFORMATION</b>	
NAME (IF DIFFERENT): Karen Sylvia Simmons	
MAILING ADDRESS (IF DIFFERENT): 15 Pope Street New Bedford, MA 02740	
TELEPHONE #	508 972-3089
EMAIL ADDRESS:	karen-sylvia 2 @ verizon . net
<b>REASON FOR THIS REQUEST: Check appropriate</b>	
<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):

FEB 14 2020

CITY CLERK

FEB 25 A.D. 2020

CLERKS OFFICE  
NEW BEDFORD, MA

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

2-14-2020

Date

February 14, 2020

Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 22 Pope Street (Map: 72, Lot: 81). 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
72-241	36 FRANKLIN ST	DEMELLO ANTONE C II, 36 FRANKLIN ST NEW BEDFORD, MA 02740
72-76	30 FRANKLIN ST	BUCHA GREGORY M, 104 HOLLIS STREET BROCKTON, MA 02302
72-114	710 COUNTY ST	CARDONA-ERAZO GILBERTO, LABBE ROGER J 710 COUNTY ST NEW BEDFORD, MA 02740
72-206	716 COUNTY ST	BIZZARRO BEVERLY ANN "TRUSTEE", C/O AHMET F DIRICAN 726 COUNTY STREET NEW BEDFORD, MA 02740
72-82	15 POPE ST	SIMMONS KAREN SYLVIA, SIMMONS ROBERT E 15 POPE STREET NEW BEDFORD, MA 02740
72-222	FRANKLIN ST	BARBOSA CHRISTOPHER, 4 NORTH OAK STREET NEW BEDFORD, MA 02740
72-115	706 COUNTY ST	RIVINIUS GEOFFREY S "TRUSTEE", GEOFFREY S RIVINIUS REVOCABLE TRUST 706 COUNTY STREET NEW BEDFORD, MA 02740
72-75	726 COUNTY ST	DIRICAN AHMET F, 726 COUNTY ST NEW BEDFORD, MA 02740
72-81	22 POPE ST	SYLVIA MANUEL, 22 POPE ST NEW BEDFORD, MA 02740
72-87	14 POPE ST	BOOKER KENNETH A III, BOOKER JENNIFER 14 POPE ST NEW BEDFORD, MA 02740
72-85	2 N OAK ST	SANTOS JOANNE, PIRES NANCY A 2 NO OAK STREET NEW BEDFORD, MA 02719
72-79	720 COUNTY ST	BURKE JOSEPH L, 720 COUNTY STREET NEW BEDFORD, MA 02740
72-116	190 POPE ST	CITY OF NEW BEDFORD, CLASKY PARK 131 WILLIAM ST NEW BEDFORD, MA 02740



February 14, 2020

Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 22 Pope Street (Map: 72, Lot: 81). 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
72-202	32 FRANKLIN ST	ARSANIOS KHALIL B, 32 FRANKLIN STREET NEW BEDFORD, MA 02740
72-80	4 N OAK ST	BARBOSA CHRISTOPHER, 4 NORTH OAK STREET NEW BEDFORD, MA 02740
72-83	3 N OAK ST	NEMER KATHLEEN A, 3 NORTH OAK STREET NEW BEDFORD, MA 02740
72-223	6 N OAK ST	FERREIRA FELIPE, 6 NO. OAK ST NEW BEDFORD, MA 02740

