



City of New Bedford
ZBA VARIANCE APPLICATION

CASE # 4418

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</u> Packet (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)

SUBJECT PROPERTY			
ASSESSOR'S MAP PLOT#	55	LOT(S)#	281
REGISTRY OF DEEDS BOOK:	4497	PAGE #	241
PROPERTY ADDRESS: 543 North Street New Bedford MA			
ZONING DISTRICT: MUB			
OWNER INFORMATION			
NAME: JCOM Holdings LLC			
MAILING ADDRESS: PO Box 4023 New Bedford MA 02741			
APPLICANT/CONTACT PERSON INFORMATION			
NAME (IF DIFFERENT): Poyant Signs / Christopher A. ramm			
APPLICANT'S RELATIONSHIP TO THE PROPERTY: Check one:	OWNER <input type="checkbox"/>	CONTRACT VENDEE <input checked="" type="checkbox"/>	OTHER Describe <input type="checkbox"/> _____
MAILING ADDRESS (IF DIFFERENT): 125 Samuel Barnet Road New Bedford MA 02745			
TELEPHONE #	508-207-1306		
EMAIL ADDRESS:	cramm@poyantsigns.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.

Christopher A. Ramm

Signature of Applicant/s

5/6/2020

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.

See attached Notarized Letter of Authorization

Signature of Owner/s

5/6/2020

Date

APPLICATION SPECIFICS

DIMENSIONS OF LOT/S:	FRONTAGE 240	DEPTH 230	AREA in SQ FT 38,760		
EXISTING BUILDING/S	# OF BLDGS 1	EXISTING SIZE 38,760 SQ FT	TOTAL SQ FT BY FLOOR 38,760	NUMBER OF FLOORS 1	TOTAL SQ. FT ENTIRE STRUCTURE 38,760
	# OF DWELLING UNITS 0		# OF BEDROOMS 0		
PROPOSED BUILDING/S	# OF BLDGS 1	PROPOSED SIZE 38,760 SQ FT	TOTAL SQ FT BY FLOOR 38,760	NUMBER OF FLOORS 1	TOTAL SQ. FT ENTIRE STRUCTURE 38,760
	# OF DWELLING UNITS 0		# OF BEDROOMS 0		EXTENT OF PROPOSED ALTERATIONS 0
EXISTING USE OF PREMISES:	Medical Center				
PROPOSED USE OF PREMISES:	Medical Center				
EXPLAIN WHAT MODIFICATIONS YOU ARE PROPOSING THAT NECESSITATE THE REQUESTED VARIANCE:	Supply and install a non-conforming pylon sign to allow for better identification for customers as per attached drawings. We are requesting to put a larger size sign up than the 25 sq/ft that is allowed. The overall sign area is 33 sq/ft but the actual branding is only 12 sq/ft.				

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

	EXISTING		PROPOSED	
NUMBER OF CUSTOMERS PER DAY	75		75	
NUMBER OF EMPLOYEES	33		33	
HOURS OF OPERATION	8am - 5pm		8am - 5pm	
DAYS OF OPERATION	Monday - Friday		Monday - Friday	
HOURS OF DELIVERIES	8am - 5pm		8am - 5pm	
FREQUENCY OF DELIVERIES (Check frequency)	<input checked="" 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:

We are also requesting a site plan review.

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			
Loading Bays			
Number of Ground Signs	0	1	1
Height of Ground Sign	0	15	15
Proximity of Ground Sign to Property Line	0	6'	6'+
Area of Wall Sign (sq ft) (Ground)	0	25	33
Number of Wall Signs			

3. PARCEL LEGAL DOCUMENTATION

Title Reference to Property JCOM Holdings
 (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:

See attached for answers to these questions

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 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 #	55	LOT(S)#	281
ADDRESS: 543 North Street			
OWNER INFORMATION			
NAME: JCOM Holdings, LLC			
MAILING ADDRESS: PO Box 4023 New Bedford, MA 02741			
APPLICANT/CONTACT PERSON INFORMATION			
NAME (IF DIFFERENT): Christopher Ramm / Poyant Signs			
MAILING ADDRESS (IF DIFFERENT): 125 Samuel Barnet Blvd New Bedford, MA 02745			
TELEPHONE #	774-762-3413		
EMAIL ADDRESS:	CRAMM@PoyantSigns.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):		

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

Michael Motta

Signature

4/9/2020

Date

Amount Due \$7.00
Date Paid 3/31/2020
Confirmation Number 9908585

Account Information

Payment Type: Permits

Reference Number: abutters list - poyant signs

Phone Number: 7747623413

Email Address: cramm@poyantSigns.com

Payment Information

Payment Date: 3/31/2020

Payment Amount: \$7.00

Total Payment: \$7.00

Payment Method: 

Card Number: XXXXXXXXXXXXX5248

Expiration Date: 0721

Victor gonsalves

Billing Zip Code: 02745

Your confirmation number is: **9908585**

Your payment will post to the account listed below. It takes approximately two business days to post your payment to the account. Your payment date and time are equal to the time you completed this transaction as indicated by the Digital Time Stamp below.

Digital Time Stamp: 03/31/2020 09:26:35 [EST]

If an email address was provided, your confirmation email will be sent from marketingcloud@valuepaymentsystems.com. Please have payer sign below and retain merchant copy for your records

Signature X



City of New Bedford, Massachusetts
Department of City Planning

Parcel within 300FT



March 2020

April 9, 2020
Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 543 North Street (Map: 55, Lot: 281). 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
55-132	88 ILION ST	PANAGAKOS MICHAEL W, 133 FAUNCE CORNER ROAD DARTMOUTH, MA 02747
55-69	KEMPTON ST	CITY OF NEW BEDFORD, BUTTONWOOD PARK 131 WILLIAM ST NEW BEDFORD, MA 02740
55-239	40 CORNELL ST	BENFEITO SUSAN L, 40 CORNELL ST NEW BEDFORD, MA 02740
55-288	26 WATSON ST	DEUS ALFRED, 26 WATSON STREET NEW BEDFOED, MA 02740
55-33	1015 KEMPTON ST	D AND Z REALTY INC, 1015 KEMPTON ST NEW BEDFORD, MA 02740
55-155	18 WATSON ST	ROBERTS LLEWELLYN, 20 WATSON STREET NEW BEDFORD, MA 02740
55-281	543 NORTH ST	JCOM HOLDINGS LLC, P.O BOX 4023 NEW BEDFORD, MA 02741
55-272	35 DUKE ST	ADAMS MAGDALENE, 35 DUKE ST NEW BEDFORD, MA 02740
55-158	NS KEMPTON ST	CITY OF NEW BEDFORD, BATTERY D PARK 131 WILLIAM ST NEW BEDFORD, MA 02740
55-31	521 NORTH ST	KLUCEVSEK FRANK M "TRUSTEE", C/O MID-CAPE TIRE & AUTO SERV 521 NORTH STREET NEW BEDFORD, MA 02740
55-240	32 WATSON ST	PAQUIN JEANNE M, 32 WATSON ST NEW BEDFORD, MA 02740
55-218	1103 KEMPTON ST	U S REALTY 86 NEW BEDFORD LLC, C/O WALGREEN'S #6850 P O BOX 1159 DEERFIELD, IL 60015
55-254	42 WATSON ST	PIKE MICHAEL J, PIKE MICHELLE M 42 WATSON STREET NEW BEDFORD, MA 02740

April 9, 2020
Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 543 North Street (Map: 55, Lot: 281). 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
55-252	43 CORNELL ST	RESENDES, TIANA L 43 CORNELL STREET NEW BEDFORD, MA 02740
55-238	44 CORNELL ST	CHASE DAVID L, CHASE LINDA M 44 CORNELL STREET NEW BEDFORD, MA 02740
55-273	15 DUKE ST	HARRISON NANCY RUTH BENNETT, 15 DUKE ST NEW BEDFORD, MA 02740
55-271	39 DUKE ST	ARRUDA ANTONE 39 DUKE ST NEW BEDFORD, MA 02740
55-261	53 WATSON ST	TIEU LUU, 53 WATSON ST NEW BEDFORD, MA 02740
55-256	46 WATSON ST	PEITAVINO MARY A "TRUSTEE", THE MARY A PEITAVINO REVOCABLE TRUST - 1012 46 WATSON STREET NEW BEDFORD, MA 02740
55-223	28 32 CORNELL ST	FULL SPINE REALTY LLC 28 CORNELL STREET NEW BEDFORD, MA 02740
55-282	1069 KEMPTON ST	SUNOCO, LLC, C/O KE ANDREWS & CO 1900 DALROCK ROAD ROWLETT, TX 75088

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:

This lot has a unique shape in such that it is located on the corner of North and Watson. North being a one-way that runs into Route 6, a highly traveled main road in the city of New Bedford. The purpose of this new sign is to ensure that traffic traveling on Route 6 (a four lane road) can safely read the message. Most patients would be traveling from Route 6 and need to be able to clearly locate the medical facility from this main road.

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:

This property falls at an intersection of where North Street (a one way street) merges with Route 6. The building structure is pushed back off of North street with the main entrance to the facility on the side of the building on Watson Street. Since the property is also surrounded by many other commercial properties with large freestanding signs, the size of the proposed sign will help patients identify the property while driving down Route 6 with ease of visibility.

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

The main sign panel is 33 square feet where the actual text within the panel is 12 square feet which keeps the branding portion within the 25 square feet allowed.

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

The surrounding properties are commercial and all have freestanding pylon signs for their business. Most are the same size that we are proposing or larger.