



City of New Bedford
ZBA VARIANCE APPLICATION

CASE # 4421

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 checked="" type="checkbox"/>	<input 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#	26	LOT(S)#	107
REGISTRY OF DEEDS BOOK:	6471	PAGE #	313
PROPERTY ADDRESS: 335 Rockdale Avenue			
ZONING DISTRICT: RB			
OWNER INFORMATION			
NAME: Antoinette T. Pacheco / Thomas S. Pacheco			
MAILING ADDRESS: 335 Rockdale Avenue			
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 #	508-415-0168		
EMAIL ADDRESS:	Ant2250@comcast.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.

Antoinette T. Pacheco / Thomas S. Pacheco
Signature of Applicant/s

6-2-2020
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.

Signature of Owner/s

Date

APPLICATION SPECIFICS

DIMENSIONS OF LOT/S:	FRONTAGE 138.39	DEPTH 116.65 - Left 47.78 - Right	AREA in SQ FT 3164		
EXISTING BUILDING/S	# OF BLDGS 1	EXISTING SIZE 1024-house 1068-studio	TOTAL SQ FT BY FLOOR 704	NUMBER OF FLOORS 2+ attic	TOTAL SQ. FT ENTIRE STRUCTURE 2092
	# OF DWELLING UNITS 1		# OF BEDROOMS 3		
PROPOSED BUILDING/S	# OF BLDGS 1	PROPOSED SIZE 1024-house 1068-studio	TOTAL SQ FT BY FLOOR	NUMBER OF FLOORS 2+ attic	TOTAL SQ. FT ENTIRE STRUCTURE 2092
	# OF DWELLING UNITS 1 studio will be my inlaw apt		# OF BEDROOMS 4		EXTENT OF PROPOSED ALTERATIONS Add kitchen double doors + windows
EXISTING USE OF PREMISES:	photography				
PROPOSED USE OF PREMISES:	my inlaw apt				
EXPLAIN WHAT MODIFICATIONS YOU ARE PROPOSING THAT NECESSITATE THE REQUESTED SPECIAL PERMIT:	Changing property from mixed business to residential converting studio to inlaw apt for myself My daughter + family will live in my current house				

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

Closed *inlaw apartment for Antoinette Pacheco*

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)	3164		3164
Lot Width (ft)	138' 39" front 120' back		138' 39" front 120' back
Number of Dwelling Units	1		1 plus in-law
Total Gross Floor Area (sq ft)	2092		2092
Residential Gross Floor Area (sq ft)	1024		2092
Non-Residential Gross Floor Area (sq ft)	1068		-0-
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	3		1
Loading Bays			
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

Parcel ID. 26-107 (BK 6471 PG 313)
(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:

When I purchased this house in 1975 the driveway was already there. IN 1983 we added an addition and was told by city we had to add extra off street parking because of Business use. Now I am retiring and would like to use it as a law apt I am willing to remove the extra parking spots by either grass or stone. I would like to make a walkway to front door.

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:

I am retiring after 45 years in business. Keeping this property as business use raises my taxes considerably. I am only collecting social security and this would put me in a financial bind.

C

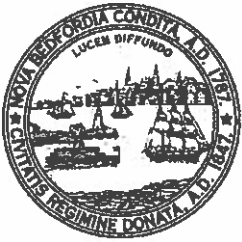
Describe how granting you relief would not take away from the purpose of the city's zoning ordinance:

All structures would be the same other than converting business to personal use.

D

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

My business closing really should not affect anyone, especially if I remove extra parking spaces.



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 #	26	LOT(S)#	107
ADDRESS: 335 Rockdale Avenue			
OWNER INFORMATION			
NAME: Antoinette T Pacheco/ Thomas S Pacheco			
MAILING ADDRESS: 335 Rockdale Avenue			
APPLICANT/CONTACT PERSON INFORMATION			
NAME (IF DIFFERENT): same			
MAILING ADDRESS (IF DIFFERENT): same			
TELEPHONE #	508-415-0168		
EMAIL ADDRESS:	ant2250@comcast.net		
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):		

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

6/5/2020

Date

Amount Due

\$5.00

June 4, 2020
Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 335 Rockdale Avenue (Map: 26, Lot: 107). 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
26-107	335 ROCKDALE AVE	PACHECO ANTOINETTE T, PACHECO THOMAS S 335 ROCKDALE AVE NEW BEDFORD, MA 02740
26-149	325 ROCKDALE AVE	ODAMTTEN ESTHER, 325 ROCKDALE AVE NEW BEDFORD, MA 02740
26-145	22 LUKE ST	DEMELO JANUARIO C, DEMELO MARIA N 22 LUKE STREET NEW BEDFORD, MA 02740
26-110	19 LUKE ST	CARDOZA MILTON JR, CARDOZA MARYANN L 19 LUKE ST NEW BEDFORD, MA 02740
26-111	27 LUKE ST	HERRERA-ABARCA SERAFIN, RIVAS DORA 27 LUKE STREET NEW BEDFORD, MA 02740
27-3	ES ROCKDALE AVE	CITY OF NEW BEDFORD, CEMETERY BOARD 131 WILLIAM ST NEW BEDFORD, MA 02740
26-106	345 ROCKDALE AVE	PINTO AUGUSTO S PINTO ROXANNE E 2 PERKINS LANE ACUSHNET, MA 02743
26-147	14 LUKE ST	MEDEIROS JOSEPH 14 LUKE STREET NEW BEDFORD, MA 02740
26-104	14 ALDEN ST	ALMEIDA JUDITH T, 14 ALDEN ST NEW BEDFORD, MA 02740

