

City of New Bedford
ZBA VARIANCE APPLICATION

CASE # 4422

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 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 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 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 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"/>

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#	127E	LOT(S)#	365
REGISTRY OF DEEDS BOOK:	12639	PAGE #	97
PROPERTY ADDRESS: 381 cummington st. NewBedford,ma.02745			
ZONING DISTRICT:RA			
OWNER INFORMATION			
NAME: david sinagra			
MAILING ADDRESS: 381 cummington st. NewBedford,ma.02745			
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 #	5087177059		
EMAIL ADDRESS:	dtjs1216@gmail.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

7/31/2020

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

7/31/2020

Date

APPLICATION SPECIFICS

DIMENSIONS OF LOT/S:	FRONTAGE 30 ft.	DEPTH 80 ft.	AREA in SQ FT 6400 sq. ft.		
EXISTING BUILDING/S	# OF BLDGS 1	EXISTING SIZE 24 ft. by 60 ft.	TOTAL SQ FT BY FLOOR 1320 sq. ft.	NUMBER OF FLOORS 1	TOTAL SQ. FT ENTIRE STRUCTURE 1320 sq. ft.
	# OF DWELLING UNITS 1		# OF BEDROOMS 3		
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:	SINGLE FAMILY HOME TANDOM PARKING				
PROPOSED USE OF PREMISES:	ADDITIONAL PARKING SINGLE FAMILY HOME				
EXPLAIN WHAT MODIFICATIONS YOU ARE PROPOSING THAT NECESSITATE THE REQUESTED VARIANCE:	<u>Expansion of existing driveway to accommodate additional off street parking.</u> <u>Also it will add more curb appeal.</u> 				

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"/> 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 have 12 ft. wide driveway. Would like to
EXTEND WIDTH to 24' to AVOID TANDOM PARKING

Complete each item that is relevant to your variance request:

	Existing	Allowed/ Required	Proposed
Lot Area (sq ft)	6400		
Lot Width (ft)	80		
Number of Dwelling Units	1		
Total Gross Floor Area (sq ft)	1320		
Residential Gross Floor Area (sq ft)	1320		
Non-Residential Gross Floor Area (sq ft)	0		
Building Height (ft)	12		
Front Setback (ft)	30		
Side Setback (ft)	10		
Side Setback (ft)	10		
Rear Setback (ft)	26		
Lot Coverage by Buildings (% of Lot Area)	30		
Permeable Open Space (% of Lot Area)	70		
Green Space (% of Lot Area)	70		
Off-Street Parking Spaces	1		
Loading Bays DRIVEWAY	0 12 ft.	18 ft.	24 ft.
Number of Ground Signs	0		
Height of Ground Sign	0		
Proximity of Ground Sign to Property Line	0		
Area of Wall Sign (sq ft)	0		
Number of Wall Signs	0		

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 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:

There are no soil conditions and no changes in topography. We have 12 ft. of existing parking for driveway. Would like to extend width of driveway to 24 ft. to avoid tandem parking.

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:

It will not allow the homeowners off street parking, therefore, resulting in less clutter in our street. This will be primarily a concern during the winter months which will prohibit the performance of the city plows.

C

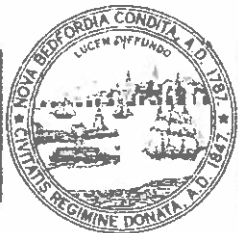
Describe how granting you relief would not take away from the purpose of the city's zoning ordinance:

We propose to start the driveway with the city's zoning ordinance of 18' wide with following city guidelines then transitioning to 22'. Also the homeowner that resign to our west is in agreement for our proposal.

D

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

We do not believe that anyone would be hurt, if anything it will increase the neighboring residences value, because we are eliminating the clutter of vehicles.



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 #	127E
LOT(S)#	365
ADDRESS: 381 cummington st.	
OWNER INFORMATION	
NAME: David Sinagra	
MAILING ADDRESS: 381 cummington st.	
APPLICANT/CONTACT PERSON INFORMATION	
NAME (IF DIFFERENT):	
MAILING ADDRESS (IF DIFFERENT):	
TELEPHONE #	508-717-7059
EMAIL ADDRESS:	dtjs1216@gmail.com
REASON FOR THIS REQUEST: Check appropriate	
<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

7/20/2020

Date

Amount Due

\$7.00

Date Paid

7/16/2020

Confirmation Number

1163705

Account Information

Payment Type: Licenses

Reference Number: 381 COMMINGTON STREET

Phone Number: 5087177059

Payment Information

Payment Date: 7/16/2020

Payment Amount: \$7.00

Total Payment: \$7.00

Payment Method: VISA

Card Number: XXXXXXXXXXXXX3937

Expiration Date: 0623

DAVID SINAGRA

Billing Zip Code: 02745

Your confirmation number is: **1163705**

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: 07/16/2020 09:13:18 [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

July 15, 2020
Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 381 Cummington Street (Map: 127E, Lot: 365). 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.

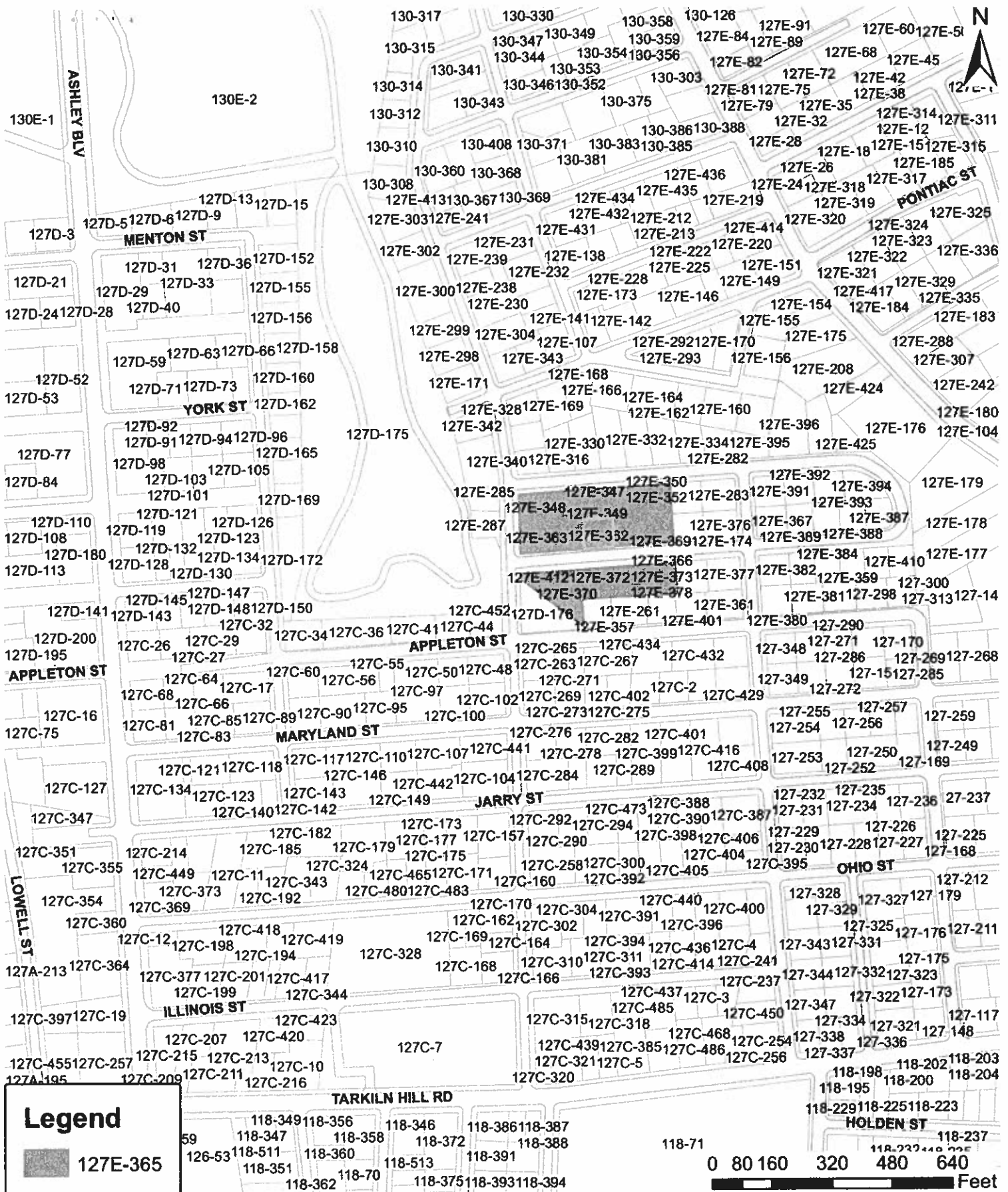
Parcel	Location	Owner and Mailing Address
127E-350	142 ARMSBY ST	LAVOIE DOLORES, 142 ARMSBY ST NEW BEDFORD, MA 02745
127E-412	396 CUMMINGTON ST	MAREAN GRANT C, MAREAN PAMELA D 396 CUMMINGTON STREET NEW BEDFORD, MA 02745
127E-372	384 CUMMINGTON ST	LEGER ANDRE, 384 CUMMINGTON ST NEW BEDFORD, MA 02745
127E-378	374 CUMMINGTON ST	RIBEIRO PAUL J, RIBEIRO MICHELLE 374 CUMMINGTON ST NEW BEDFORD, MA 02745
127E-366	362 CUMMINGTON ST	LEWIS DENNIS, LEWIS DOREEN 362 CUMMINGTON STREET NEW BEDFORD, MA 02745
127E-363	393 CUMMINGTON ST	MCGLYNN CAROL K, 393 CUMMINGTON STREET NEW BEDFORD, MA 02745
127E-362	389 CUMMINGTON ST	BARLOW ANN E, 389 CUMMINGTON ST NEW BEDFORD, MA 02745
127E-369	373 CUMMINGTON ST	GOBEN CHRISTINE, GOBEN PETER M 373 CUMMINGTON STREET NEW BEDFORD, MA 02745
127E-404	361 CUMMINGTON ST	SANTOS DEBRA A, SANTOS MARIO L 27 PURITAN WAY NEW BEDFORD, MA 02745
127E-348	166 ARMSBY ST	WILLIAMS KAREN L, 166 ARMSBY STREET NEW BEDFORD, MA 02745
127E-349	158 ARMSBY ST	RAUDONAITIS KEVIN, 158 ARMSBY STREET NEW BEDFORD, MA 02745
127E-347	152 ARMSBY ST	PATISTEAS JAMES, PATISTEAS HELENE A 152 ARMSBY STREET NEW BEDFORD, MA 02745
127E-365	381 CUMMINGTON ST	SINAGRA DAVID SINAGRA CHRISTINE C 381 CUMMINGTON ST NEW BEDFORD, MA 02745

July 15, 2020
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Parcel	Location	Owner and Mailing Address
127E-351	130 ARMSBY ST	AGUIAR KEVIN D 130 ARMSBY STREET NEW BEDFORD, MA 02745
127E-370	390 CUMMINGTON ST	RAUDONAITIS CHAD, 390 CUMMINGTON ST NEW BEDFORD, MA 02745



City of New Bedford, Massachusetts
Department of City Planning

Parcel within 300FT



July 2020