



*City of New Bedford*  
**ZBA SPECIAL PERMIT APPLICATION**

**CASE #** 4423

## 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 type="checkbox"/>	<input checked="" 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 \_\_\_\_\_ 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. 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)

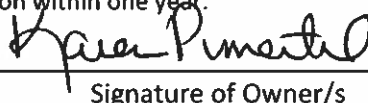
<b>SUBJECT PROPERTY</b>			
ASSESSOR'S MAP PLOT#	127E	LOT(S)#	328
REGISTRY OF DEEDS BOOK #:	3016	PAGE #	306
PROPERTY ADDRESS: 176 Pine Grove Street			
ZONING DISTRICT: RA			
<b>OWNER INFORMATION</b>			
NAME: ANTONIO M JR and Karen Pimentel			
MAILING ADDRESS:			
<b>APPLICANT/CONTACT PERSON INFORMATION</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 #	508-971-1441 or 508-951-4351		
EMAIL ADDRESS:	KLPIMENTEL@hotmail.com or toekneepimentel@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.


9-15-20  
 \_\_\_\_\_  
 Signature of Applicant/s 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.


9-15-20  
 \_\_\_\_\_  
 Signature of Owner/s Date

## APPLICATION SPECIFICS

DIMENSIONS OF LOT/S:	FRONTAGE 66'	DEPTH NE 81.76' NW 80.00'	AREA in SQ FT 5,981		
EXISTING BUILDING/S	# OF BLDGS 1	EXISTING SIZE 1,794 Sq Ft	TOTAL SQ FT BY FLOOR 1st - 1,102 2nd - 692	NUMBER OF FLOORS 2	TOTAL SQ. FT ENTIRE STRUCTURE 1,794 Sq Ft
	# OF DWELLING UNITS 1		# OF BEDROOMS 3		
PROPOSED BUILDING/S	# OF BLDGS 1	PROPOSED SIZE 2,234	TOTAL SQ FT BY FLOOR 1st - 1,542 2nd - 692	NUMBER OF FLOORS 2	TOTAL SQ. FT ENTIRE STRUCTURE 2,234
	# OF DWELLING UNITS 1		# OF BEDROOMS 4		EXTENT OF PROPOSED ALTERATIONS
EXISTING USE OF PREMISES:	Single Family				
PROPOSED USE OF PREMISES:	Accessory Dwelling Unit for Family				
EXPLAIN WHAT MODIFICATIONS YOU ARE PROPOSING THAT NECESSITATE THE REQUESTED SPECIAL PERMIT:	Conversion of existing garage unit for use as accessory dwelling unit for elderly parent/family only.				

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

	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:

### 3. PARCEL LEGAL DOCUMENTATION

Title Reference to Property

4065-187

*(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.

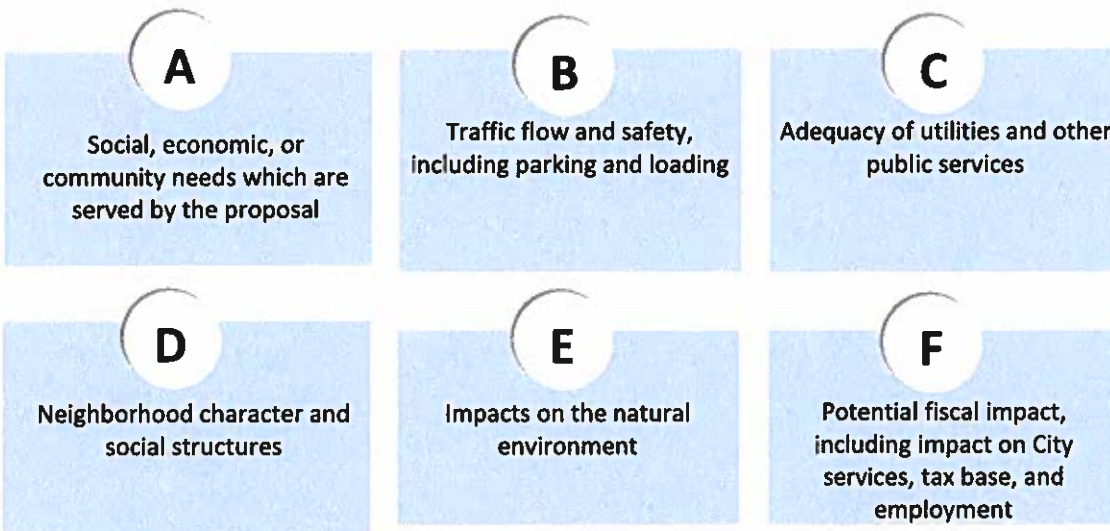
If the Applicant is Not the Owner, Provide:

- ☐ 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:



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:

*See attached*

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

*See attached*

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

*See attached*

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

*See attached*

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

*See attached*

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

*See attached*

**\*** 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:**

*2*



From: Karen Lynne Pimentel kpimentel3@umassd.edu

Date: Sep 15, 2020 at 12:54:55 PM

To: Karen Pimentel klpimentel@hotmail.com

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## REQUIRED FINDINGS FOR GRANTING A SPECIAL PERMIT

- Describe any social, economic or community needs which are served by your proposal:

Granting this special permit will allow our elderly mother, Susan Pimentel to return to her home city of New Bedford from Florida following the death of her husband of 52 years from cancer. Susan does not have the financial resources to purchase her own home and this will allow her to be cared for in her remaining years with immediate family.

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

Traffic and parking will not be adversely affected as a result of approving this special permit as our mother will not have her own vehicle. In addition, our driveway can handle two to four cars, if necessary. It should be noted that the garage, where this living space will be located has not been used for parking cars since 1993 when we purchased the property. Instead, it has been used solely for occupant storage.

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

We expect minimal to no impact on public services as there will not be separate utility meters or water and sewer connections installed. Instead, existing infrastructure at the property will be augmented to support the addition of this living space. As sworn by written and notarized letter,

this living space will not be rented out or used for any purposes other than family use for as long as we reside in this property.

7. Describe the neighborhood character and social structures surrounding your proposal location and how your proposal will fit in this area:

We live on a corner lot in a residential neighborhood consisting mostly of single family homes. Abutting both sides of our property are other residential, single family homes. As the footprint of our property or dwelling will not change as a result of this proposal and where the occupant will be an elderly woman, we expect no negative impacts to the neighborhood character and social structures. In fact, we submit that having our mother in this location will allow for a person to be at the property at times where other members of the household would otherwise be working or attending school outside of the home. We consider this to be a good thing for the home and the neighborhood.

8. Describe any impacts on the natural environments your proposal may have:

We expect little to no impact on the natural environment as the external structures and footprint of our property will not change.

9. Describe any potential fiscal impact including impact on city taxes, tax base and employment your proposal may have:

We expect this proposal to have a positive impact on the tax base, primarily in the form of increase real estate property taxes to be paid as a result of the increased value of the property.





## 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)#	328
ADDRESS: 176 Pine Grove Street	
OWNER INFORMATION	
NAME: Karen Pimentel	
MAILING ADDRESS:	
APPLICANT/CONTACT PERSON INFORMATION	
NAME (IF DIFFERENT):	
MAILING ADDRESS (IF DIFFERENT):	
TELEPHONE #	508-971-1441
EMAIL ADDRESS:	klpimentel@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):

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

9/21/2020

Date

Amount Due

\$5.00

Date Paid

9/14/2020

Confirmation Number

7953615

Account Information

Payment Type: Forms  
Reference Number: 176 PINEGROVE  
Phone Number: 5089711441

Payment Information

Payment Date: 9/14/2020  
Payment Amount: \$5.00  
Convenience Fee: \$1.35  
Total Payment: \$6.35


Payment Method: VISA  
Card Number: 6011XXXXXX00074512  
Expiration Date: 12/21  
KAREN PIMENTA  
Billing Zip Code: 02745

Your one-time card number is: 7953615

Your payment will be sent 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: 09/14/2020 10:31:33 (EST)

If an e-mail address was provided, your confirmation email will be sent from marketingcloud@valuepaymentystems.com. Please have paper signed and return receipt copy for your records.

Signature X 

September 14, 2020

Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 176 Pine Grove Street (Map: 127E, Lot: 328). 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-169	76 PONTIAC ST	DASILVA JOSE P, DASILVA MARYANN 76 PONTIAC ST NEW BEDFORD, MA 02745
127E-328	176 PINE GROVE ST	PIMENTAL ANTONIO M JR, PIMENTEL KAREN L 176 PINE GROVE STREET NEW BEDFORD, MA 02745
127E-340	164 PINE GROVE ST	FARRELL KAYLA, 165 PINE GROVE STREET NEW BEDFORD, MA 02745
127E-316	157 ARMSBY ST	AMARAL HELENA, 157 ARMSBY ST NEW BEDFORD, MA 02745
127E-330	149 ARMSBY ST	BAKER DONALD, 149 ARMSBY STREET NEW BEDFORD, MA 02745
127E-342	175 PINE GROVE ST	FRYZEL THEODORE, FRYZEL ELEANOR C 175 PINE GROVE ST NEW BEDFORD, MA 02745
127E-168	68 PONTIAC ST	RODRIGUES STACEY E, RODRIGUES LUCRECIO 68 PONTIAC ST NEW BEDFORD, MA 02745
127E-171	95 PONTIAC ST	RUA LORI ANN, 95 PONTIAC ST NEW BEDFORD, MA 02745
127E-263	188 PINE GROVE ST	SOARES JASON, SOARES CHRISSIE L 188 PINE GROVE STREET NEW BEDFORD, MA 02745
127E-107	189 ADELAIDE ST	CAMACHO LOUISE R, 189 ADELAIDE ST NEW BEDFORD, MA 02745
127E-306	172 PINE GROVE ST	FRENETTE JAY A, 172 PINE GROVE STREET NEW BEDFORD, MA 02745
127E-343	77 PONTIAC ST	RODRIGUES MARIA C, ARRUDA ROBERT W 77 PONTIAC ST NEW BEDFORD, MA 02745
127E-284	165 PINE GROVE ST	FRENETTE RONALD E FRENETTE JUDITH M 165 PINE GROVE STREET NEW BEDFORD, MA 02745

