



City of New Bedford
ZBA VARIANCE APPLICATION

CASE # 4424

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"/>

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. 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)#	328
REGISTRY OF DEEDS BOOK:	3016	PAGE #	306
PROPERTY ADDRESS: 176 Pine Grove Street			
ZONING DISTRICT: RA			
OWNER INFORMATION			
NAME: ANTONIO M JR and Karen Pimentel			
MAILING ADDRESS:			
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 #	508-951-4351 or 508-971-1441		
EMAIL ADDRESS:	toekneepimentel@gmail.com or KLPimentel@hotmail.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 variance 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'	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 - open-air off-street parking				
EXPLAIN WHAT MODIFICATIONS YOU ARE PROPOSING THAT NECESSITATE THE REQUESTED VARIANCE:	Conversion of existing garage unit for use as accessory dwelling unit for elderly parent / family only with No impact to open-air off-street parking.				

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:

Complete each item that is relevant to your variance request:

	Existing	Allowed/ Required	Proposed
Lot Area (sq ft)	5,981		5,981
Lot Width (ft)	80		80
Number of Dwelling Units	1		1
Total Gross Floor Area (sq ft)	1,794		2,234
Residential Gross Floor Area (sq ft)	1,794		2,234
Non-Residential Gross Floor Area (sq ft)			
Building Height (ft)			
Front Setback (ft)	11.8'		11.8'
Side Setback (ft)	14.9'		14.9'
Side Setback (ft)	13.2'		13.2'
Rear Setback (ft)	9.8'		9.8'
Lot Coverage by Buildings (% of Lot Area)	30%		30%
Permeable Open Space (% of Lot Area)			
Green Space (% of Lot Area)			
Off-Street Parking Spaces	2		2
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 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 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/mal/>

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

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:

See Attached

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

See Attached

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

See Attached

REQUIRED FINDINGS FOR GRANTING A VARIANCE

- P.** Describe any circumstances relating to soil conditions, shape or topography which especially affect the land or structure in question but doesn't generally affect the zoning district in which your premises is located:

As the addition of this living space will take place within the existing confines of the current garage, which has been historically used for occupant storage, we expect no adverse impacts to soil conditions, shape or topography as a result of granting this variance.

- 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:

If the city were to literally enforce this zoning ordinance, we would not be able to afford to relocate our elderly mother from Florida back to her hometown of New Bedford for her remaining years. Given hers and our financial situation, we do not have the collective resources necessary to purchase a home for her given the affordability of housing in town. Granting this variance will allow us to bring our mother back to New Bedford and allow us to care for her in the remaining years of her life. As lifelong residents of the city, this is very important to us.

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

As we understand it, the city's zoning ordinance exists to protect the character of our city's neighborhoods and ensure that city services are accessed fairly and equitably. We submit that granting this variance will have little to no negative impact on our neighborhood, given that the living space will be contained within our existing dwelling and not require additional utility, water or sewer services. In addition, without a car, our elderly mother will not adversely impact parking in our

neighborhood. Keeping the family together and adding another member to the household, one that will be at home while others are at work or school should actually be a good thing for the neighborhood.

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

Given that the variance would not require additional city services, fit within the existing confines of our property and not take away from the available parking, character or social structures of the environment we assert that nobody would be hurt if the city granted our request for zoning relief. If this relief were not granted, it would actually be a hardship on our family and prevent us from properly caring for our elderly mother.



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 PINEGRIVE
Phone Number: 5089/11441

Payment Information

Payment Date: 5/14/2020
Payment Amount: \$5.00
Convenience Fee: \$1.05
Total Payment: \$6.05

Payment Method: VISA
Card Number: 0000000000000000
Expiration Date: 12/21
KAREN PIMENTA
Billing Zip Code: 02745

Your confirmation 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: 05/14/2020 10:31:33 (US)

If an e-mail address was provided, your confirmation email will be sent from marketingcloud@valuepaymentsystems.com. Please have proper sign holder and correct merchant copy for you to receive.

Signature X Karen Pimenta

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

