



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

**CASE #** 4425

## 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 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 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"/>
<input type="checkbox"/>	<input 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#	136A	LOT(S)#	20
REGISTRY OF DEEDS BOOK #:	8597	PAGE #	192
PROPERTY ADDRESS: 4227 Acushnet Avenue			
ZONING DISTRICT: Residence A (RA)			
<b>OWNER INFORMATION</b>			
NAME: 4227 Acushnet Ave LLC			
MAILING ADDRESS: 4227 Acushnet Avenue, New Bedford, MA 02745			
<b>APPLICANT/CONTACT PERSON INFORMATION</b>			
NAME (IF DIFFERENT): Jack Sassin			
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 #	508-998-3445		
EMAIL ADDRESS:	jacksassin@msn.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

\_\_\_\_\_  
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.

\_\_\_\_\_  
 Signature of Owner/s

\_\_\_\_\_  
Date

## APPLICATION SPECIFICS

DIMENSIONS OF LOT/S:	FRONTAGE 200.08'	DEPTH 101'-150'	AREA in SQ FT 25,138 +/-		
EXISTING BUILDING/S	# OF BLDGS 1	EXISTING SIZE 2,387 SF	TOTAL SQ FT BY FLOOR 2,387	NUMBER OF FLOORS 1	TOTAL SQ. FT ENTIRE STRUCTURE 2,387
	# OF DWELLING UNITS N/A		# OF BEDROOMS N/A		
PROPOSED BUILDING/S	# OF BLDGS 1	PROPOSED SIZE 3,307 SF	TOTAL SQ FT BY FLOOR 3,307 SF	NUMBER OF FLOORS 1	TOTAL SQ. FT ENTIRE STRUCTURE 3,307
	# OF DWELLING UNITS N/A		# OF BEDROOMS N/A		EXTENT OF PROPOSED ALTERATIONS 920 SF
EXISTING USE OF PREMISES:	Gas Station and Auto Repair				
PROPOSED USE OF PREMISES:	Gas Station and Auto Repair				
EXPLAIN WHAT MODIFICATIONS YOU ARE PROPOSING THAT NECESSITATE THE REQUESTED SPECIAL PERMIT:	<u>The proposed 20'x46' addition for an additional vehicle service/inspection bay is an expansion/extension of an existing non-conforming use.</u> <hr/> <hr/> <hr/>				

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

	EXISTING	PROPOSED
NUMBER OF CUSTOMERS PER DAY	250	250
NUMBER OF EMPLOYEES	5 Total (3 typically on site)	5 Total (3 typically on site)
HOURS OF OPERATION	Varies (see attached description)	Varies (no change)
DAYS OF OPERATION	Gas (Mon.-Sun.) Service (Mon.-Sat.)	Gas (Mon.-Sun.) Service (Mon.-Sat.)
HOURS OF DELIVERIES	Varies (see attached description)	Varies (no change)
FREQUENCY OF DELIVERIES (Check frequency)	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input checked="" type="checkbox"/> OTHER	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input checked="" type="checkbox"/> OTHER

If you are also requesting site plan review and special permit/s from the planning board, please specify here:

N/A

### 3. PARCEL LEGAL DOCUMENTATION

Title Reference to Property

Book 8597 Page 192

*(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.

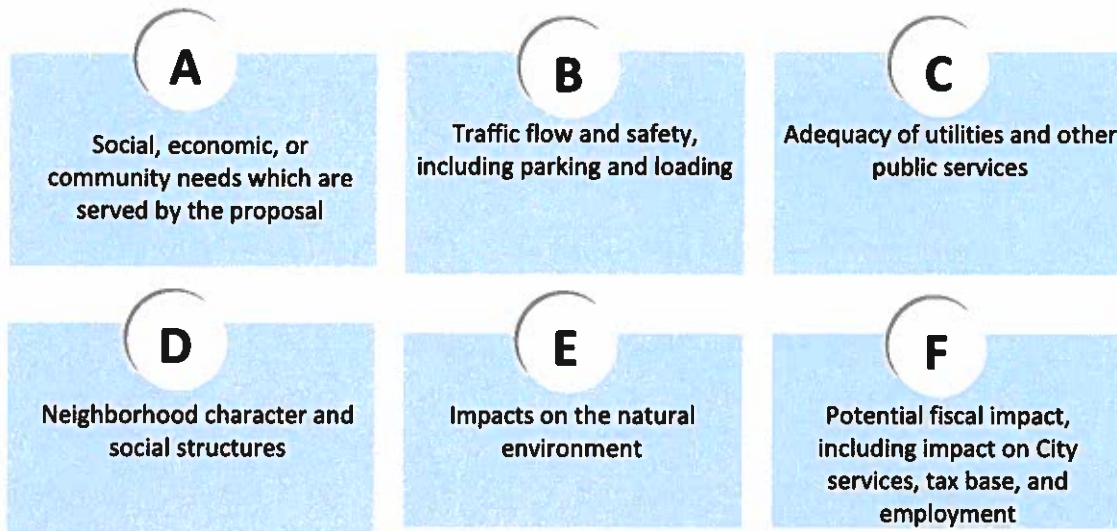
If the Applicant is Not the Owner, Provide:

- ☐ 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 Project Narrative

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

See attached Project Narrative

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

See attached Project Narrative

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

See attached Project Narrative

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

See attached Project Narrative

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

See attached Project Narrative

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**\*** 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:**

See attached Project Narrative

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## **PROJECT NARRATIVE**



# SITEC

Civil and Environmental Engineering  
Land Use Planning

SITEC, Inc.  
449 Faunce Corner Road  
Dartmouth, MA 02747  
Tel. (508) 998-2125 FAX (508) 998-7554

Unit C  
769 Plain Street  
Marshfield, MA 02050  
Tel. (781) 319-0100 FAX (781) 834-4783

**Project Narrative  
Special Permit Request  
Route 18 Gas & Service  
Assessors Plot 136A Lot 20  
4227 Acushnet Avenue**

**Existing Site Conditions**

The subject property is a 25,138 square foot, L-shaped parcel of land located on the westerly side of Acushnet Avenue between Cherokee Street and Sassaquin Avenue and is zoned Residence A (RA).

Currently, there is an existing gas and service station also performing auto repair and state vehicle inspections. The station has three existing auto repair bays and serves both gasoline and diesel fuel. The building is connected to both municipal water and sewer.

The topography of the site falls from a high of elevation 147 at Acushnet Avenue to a low of elevation 137 in the northwest parcel corner opposite Sassaquin Avenue and utilizes two retaining walls to keep the site high enough to be accessible from Acushnet Avenue. The parcel is mostly impervious surface with a small, maintained lawn area behind the station at the lower parcel elevations.

**Proposed Service/Inspection Bay**

The owner seeks to build a 20'x46' addition along the northerly side of the existing station in order to better and more efficiently serve his customers and provide the often requested service of State vehicle inspections for Class C, D, & E vehicles which require a 12'x12' garage door in accordance with state requirements. While the existing inspection bay can support Class A & B vehicle inspections, customers currently requesting the larger class inspections are forced to seek another station for the service which often represents a loss of both gasoline and repair customers as well.

The additional bay will allow the station to provide current customers with a full service location and continue to provide the neighborhood's service needs into the future by retaining those customers forced to seek out alternative locations for their state inspection.



### **Special Permit Considerations**

**A) Describe any social, economic, or community needs which are served by your proposal:**

The main need provided by the additional service/inspection bay is the ability to more quickly service the existing repair clients' vehicles as well as to offer the often requested service of State inspections for Class C, D & E vehicles which requires the 12'x12' doors in the proposed bay.

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

The new bay will allow 1-2 vehicles to be housed inside overnight rather than parked outside thereby improving on-site parking available, traffic flow, safety, loading, and deliveries.

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

The site is currently serviced by public utilities (i.e. water, sewer, etc.) and no additional public utility connections will be required. The existing oil/water separator will be relocated outside the footprint of the proposed bay and will conform to all building, plumbing, and DPI requirements.

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

The neighborhood is a mixed use area of single family homes and small businesses. The existing station (dating back to at least the 1940's) has serviced the residents of the adjacent homes for their gasoline, auto repair, and vehicle inspection needs. The additional bay will have no impact on either the neighborhood character or social structures surrounding the site. Lastly, the proposed addition has been carefully designed to match the existing building's exterior (see architectural plans) and will blend nicely with both the existing building and neighborhood.

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

The project site is mainly paved surface. The proposed bay will be located on the northerly side of the existing building which is also paved. A small area (260 square feet) of existing lawn is located in the proposed bay footprint however all other natural areas will remain in their current state.

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

The proposed additional bay will have no impact on City services or number of employees however it does represent additional property tax revenue for the City due to increased building size.

For all the aforementioned reasons, we feel strongly that no adverse effects result from the proposed additional bay and that it represents a benefit to both the neighborhood, its residents, and the City of New Bedford.

Thank you for your consideration.

**Route 18 Gas & Service**  
**4227 Acushnet Avenue**  
**Hours of Operation**

**Gasoline**

**Monday – Friday :** 6:00 am – 9:00 pm

**Saturday:** 6:00 am – 8:00 pm

**Sunday:** 7:00 am – 8:00 pm

**Service**

**Monday – Friday:** 8:00 am – 5:00 pm

**Saturday:** 8:00 am – 1:00 pm

## **CERTIFIED ABUTTERS LIST**



*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 #	136A	LOT(S)#	20
ADDRESS: 4227 Acushnet Avenue			
OWNER INFORMATION			
NAME: 4427 Acushnet Avenue, LLC			
MAILING ADDRESS: 4427 Acushnet Avenue New Bedford< MA 02745			
APPLICANT/CONTACT PERSON INFORMATION			
NAME (IF DIFFERENT): Jon Connell for SITEC, Inc			
MAILING ADDRESS (IF DIFFERENT): 449 Faunce Corner Road Dartmouth, MA 02747			
TELEPHONE #	(508)998-2125		
EMAIL ADDRESS:	jconnell@sitec-engineering.com		
REASON FOR THIS REQUEST: <i>Check appropriate</i>			
<input 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

**8/21/2020**

Date

Amount Due

\$7.00

Date Paid

08/21/2020

Confirmation Number

5143675

## Account Information

**Payment Type:** Permits

**Reference Number:** abutters list 4227 acushnet

**Phone Number:** 5089982125

**Email Address:** jconnell@cecinc.com

## Payment Information

**Payment Date:** 8/21/2020

**Payment Amount:** \$7.00

**Convenience Fee:** \$1.95

**Total Payment:** \$8.95

**Payment Method:** **VISA**

**Card Number:** XXXXXXXXXXXXXXX3277

**Expiration Date:** 0622

jon connell

**Billing Zip Code:** 02721

Your confirmation number is: **5143675**

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:** 08/21/2020 13:35:40 [EST]

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

Signature X

Phone Payment - *CF*

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August 17, 2020  
Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 4227 Acushnet Avenue (Map: 136A, Lot: 20). 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
137B-73	4238 ACUSHNET AVE	SOUTHEASTERN MASSACHUSETTS EDUCATIONAL COLLABORATIVE, 4238 ACUSHNET AVENUE NEW BEDFORD, MA 02745
136-153	ACUSHNET AVE	BURGESS JOAN S, BURGESS ROBERT R 4208 ACUSHNET AVE NEW BEDFORD, MA 02745
136A-288	1017 CHEROKEE ST	BARTLETT MICHAEL A, GUILBEAULT MICHELLE 1017 CHEROKEE STREET NEW BEDFORD, MA 02745
136-200	4208 ACUSHNET AVE	BURGESS JOAN S, BURGESS ROBERT R 4208 ACUSHNET AVE NEW BEDFORD, MA 02745
136-194	ACUSHNET AVE	BURGESS KEVIN, 2904 ACUSHNET AVENUE NEW BEDFORD, MA 02745
136A-259	1026 SASSAQUIN AVE	BRAGA ANTONIO M, BRAGA CISALTINA S 1026 SASSAQUIN AVENUE NEW BEDFORD, MA 02745
136A-256	1018 SASSAQUIN AVE	MILLER CAROL A, 1018 SASSAQUIN AVE NEW BEDFORD, MA 02745
136A-20	4227 ACUSHNET AVE	4227 ACUSHNET AVE LLC, 4227 ACUSHNET AVENUE NEW BEDFORD, MA 02745
136-189	4228 ACUSHNET AVE	SANTOS RANDALL J, 980 PECKHAM RD NEW BEDFORD, MA 02745
136A-250	1019 SASSAQUIN AVE	GREGOIRE MARK, GREGOIRE CARRIELYN 1019 SASSAQUIN AVENUE NEW BEDFORD, MA 02745
136A-29	1009 SASSAQUIN AVE	PACHECO MICHAEL A, PACHECO JAMIE M 1009 SASSAQUIN AVENUE NEW BEDFORD, MA 02745
136A-252	1013 SASSAQUIN AVE	HARRISON ROSALIE R, 1013 SASSAQUIN AVENUE NEW BEDFORD, MA 02745
136A-12	4195 ACUSHNET AVE	ROUSSEAU MARC C "TRUSTEE", ROUSSEAU FAMILY IRREVOCABLE TRUST 1441 MORTON AVENUE NEW BEDFORD, MA 02745

August 17, 2020  
Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 4227 Acushnet Avenue (Map: 136A, Lot: 20). 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
136A-249	1025 SASSAQUIN AVE	MCLEOD, JOHN & MCLEOD, LORI A. 1025 SASSAQUIN AVE NEW BEDFORD, MA 02745
136A-293	1015 CHEROKEE ST	LIVSEY JEFFREY, 1015 CHEROKEE ST NEW BEDFORD, MA 02745
136A-297	1012 CHEROKEE ST	SNELL CHRISTINE S, 1012 CHEROKEE ST NEW BEDFORD, MA 02745
136A-32	4241 ACUSHNET AVE	ACUSHNET AVENUE,LLC, 711 S E ST LUCIE BOULEVARD STUART, FL 34996
136A-878	4199 ACUSHNET AVE	PRINGLE NATHAN J 4199 ACUSHNET AVENUE NEW BEDFORD, MA 02745





City of New Bedford, Massachusetts  
Department of City Planning

Parcel within 300FT

