



City of New Bedford
ZBA SPECIAL PERMIT APPLICATION

CASE # 4427

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</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"/>
<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 [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. 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)

SUBJECT PROPERTY			
ASSESSOR'S MAP PLOT#	130G	LOT(S)#	50/65
REGISTRY OF DEEDS BOOK #:	7784	PAGE #	342
PROPERTY ADDRESS: 965 Church Street			
ZONING DISTRICT: 1A			
OWNER INFORMATION			
NAME: Chaffee Properties, LLC CO Debra Holden			
MAILING ADDRESS: 965 Church Street New Bedford, MA 02745			
APPLICANT/CONTACT PERSON INFORMATION			
NAME (IF DIFFERENT): Child and Family Services			
APPLICANT'S RELATIONSHIP TO THE PROPERTY: Check one:	OWNER <input type="checkbox"/>	CONTRACT VENDEE <input type="checkbox"/>	OTHER Describe <input checked="" type="checkbox"/> _____
MAILING ADDRESS (IF DIFFERENT): 3057 Acushnet Avenue 02745			
TELEPHONE #	508 742 1026		
EMAIL ADDRESS:	jmazur@cfsservices.org		

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.

Anne Sampaio

Digitally signed by Anne Sampaio
Date: 2020.09.21 12:07:22 -04'00'

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



2. SPECIAL PERMIT SPECIFICS

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APPLICANT'S RELATIONSHIP TO THE PROPERTY: Check one:	OWNER <input type="checkbox"/>	CONTRACT VENDEE <input type="checkbox"/>	OTHER Describe <input checked="" type="checkbox"/> _____
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Signature of Applicant/s

Date

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Signature of Owner/s

Date

APPLICATION SPECIFICS

DIMENSIONS OF LOT/S:	FRONTAGE 320+/-	DEPTH 425+/-	AREA in SQ FT 123,140		
EXISTING BUILDING/S	# OF BLDGS 1	EXISTING SIZE	TOTAL SQ FT BY FLOOR varies	NUMBER OF FLOORS 1	TOTAL SQ. FT ENTIRE STRUCTURE 34,260
	# OF DWELLING UNITS		# OF BEDROOMS		
PROPOSED BUILDING/S	# OF BLDGS 1	PROPOSED SIZE	TOTAL SQ FT BY FLOOR varies	NUMBER OF FLOORS 1	TOTAL SQ. FT ENTIRE STRUCTURE 34,260
	# OF DWELLING UNITS		# OF BEDROOMS		EXTENT OF PROPOSED ALTERATIONS
EXISTING USE OF PREMISES:	Furniture Store				
PROPOSED USE OF PREMISES:	Medical Office				
EXPLAIN WHAT MODIFICATIONS YOU ARE PROPOSING THAT NECESSITATE THE REQUESTED SPECIAL PERMIT:	<u>Improved parking, exterior interior renovations for new offices and clinical spaces.</u> <u>Screened in area for outdoor activities</u> 				

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

	EXISTING	PROPOSED
NUMBER OF CUSTOMERS PER DAY	Unknown	22
NUMBER OF EMPLOYEES	Unknown	45
HOURS OF OPERATION	Unknown	7:30Am-7:00PM
DAYS OF OPERATION	Unknown	5 Days a week/some programs 7 days
HOURS OF DELIVERIES	Unknown	8:30Am-4:30AM
FREQUENCY OF DELIVERIES (Check frequency)	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input checked="" 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 will be submitting to the planning board for a site plan review if the special permit is granted for the change in use.

3. PARCEL LEGAL DOCUMENTATION

Title Reference to Property

Book 11008 PG 90

(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:

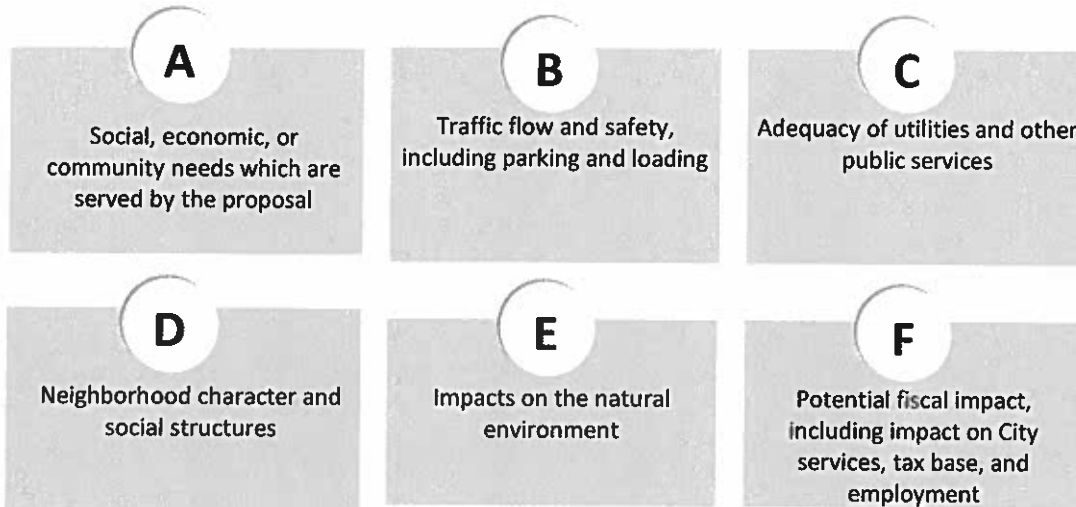
☐ A copy of the Purchase & Sale Agreement or lease, where applicable.

☒ 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

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 attach Sheet

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

The site and parking improvements will provide improved safety and traffic flow. Public transportation
is also in the area.

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

The building services are existing and there is no requirement to increase any capacity.

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

See attached sheet

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

Improved sitework and parking areas will improve drainage, landscaping and overall character of the site.

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

See attached Sheet

- *** 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:

The proposed change use of the building is from retail/commercial to medical/commercial. The medical use is described in the attached summary of services.

Page 8, Item 4 A:

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

Founded in 1843 in New Bedford, CFS (www.child-familyservices.org) is the largest organization providing social services to children, adults and families in southeastern Massachusetts. Our mission is "to heal and strengthen the lives of children and families". Our mission is built on the following beliefs:

- Communities thrive when supported by strong families;
- Society is strengthened by ensuring that children and families attain their full potential;
- Families are the foundation of a strong community and are essential to a healthy society;
- Families have the right to raise children in a safe and nurturing environment; and
- Every person has inherent worth and dignity.

We strive to make communities healthier and more-resilient by providing programs dedicated to fulfilling basic needs to the State's most vulnerable residents. Our populations of focus include individuals of low socioeconomic status across the lifespan experiencing serious mental illness, serious emotional disturbance, addiction, co-occurring disorders, complex or developmental trauma and poor physical health.

Our 480 employees serve nearly 18,000 individuals and families each year, and the team continues to identify innovative ways to provide a continuum of care even when budgets are tight. CFS offers programs to support individuals of all socioeconomic levels, helping them through difficult situations to improve their lives and strengthen the communities in which they live. We are a private, nonprofit 501(c)(3), human service agency that provides adoption services, mental health counseling, psychiatry and specialized family support programs to people of all ages living in greater New Bedford, greater Fall River, Cape Cod, Lawrence, Florence, Plymouth, Worcester and Waltham.

Page 8, Item 4 D:

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

The programs that CFS will site at this location will bring approximately 100 professional employees each day to the site. They will work at the site, eat at the local restaurants and shop at local stores. Many clients who will travel to this site for counseling are professionals who will avail themselves of the shopping and services available in the area. Other clients are those who live in the area; the services that CFS offers will strengthen their lives, improving the community.

At this site, CFS will provide mental health counseling, psychiatry and emergency services to those in a crisis situation, including separate voluntary hospital diversion units for children and adults. Housing all

these programs in one site allows for a continuum of care to our clients, ensuring that they are assisted while at and after they leave the emergency services and voluntary hospital diversion programs.

Page 8, Item 4 F:

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

CFS will be relocating employees currently working at two other sites within the City – there will be no net change to citywide employment or services. One of the buildings which CFS would vacate to move into the 965 Church Street building is owned by CFS and not subject to real estate taxes (1061 Pleasant Street). CFS plans to sell this building as part of the overall project; our broker expects the sale will be to a for-profit developer. As a result, the building at 1061 Pleasant St would be added to the real estate tax rolls while the building at 965 Church Street would be removed from the real estate tax rolls. We expect that the net effect on citywide taxes will be negligible.

CHID & FAMILY SERVICES, INC.

CERTIFICATE OF VOTE

I, Johnna F. Tierney, Secretary of Child & Family Services, Inc., a Massachusetts non-profit corporation with a principal place of business at 1061 Pleasant Street, New Bedford, Massachusetts(the "Corporation"), do hereby state that at a duly called and held electronic meeting of the Board of Directors of the Corporation, on September 8, 2020, at which meeting a quorum was present and the requisite number of such directors voted in favor, it was

VOTED: To approve the agency's proposed purchase of 965 Church Street in accordance with the Letter of Intent and to authorize the agency to enter into a binding Purchase and Sale Agreement and to pursue all requisite approvals from the City of New Bedford (the "Approvals"); and, it was further

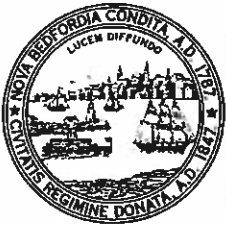
VOTED: that Anne Sampaio, the Executive Director of the Agency, be authorized, empowered and directed, in the name and in behalf of this Corporation to execute acknowledge and deliver all applications, documents and all such other instruments and to perform such other acts as shall be necessary or advisable to carry out the purposes of this Vote.

I further certify that there are no provisions of the Bylaws to which said Votes are contrary and that the same have not been altered, amended or repealed.

Child & Family Services, Inc.

By: 

Johnna F. Tierney, its Secretary



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 #	130G	LOT(S)#	50
ADDRESS: 965 Church Street			
OWNER INFORMATION			
NAME: Chaffee Church Properties LLC			
MAILING ADDRESS: 965 Church Street New Bedford, MA 02745			
APPLICANT/CONTACT PERSON INFORMATION			
NAME (IF DIFFERENT): Child & Family Services, Inc. c/o Johnna Tierney			
MAILING ADDRESS (IF DIFFERENT): 1061 Pleasant Street			
TELEPHONE #	508-999-1332		
EMAIL ADDRESS:	jtierney@hlspe.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

\$10.00

Date Paid

9/17/2020

Confirmation Number

3958405

September 17, 2020
Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 965 Church Street (Map: 130G, Lot: 50). 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
130G-170	39 TARKILN PL	MCCOLLESTER FAMILY LIMITED PARTNERSHIP (THE), 5 BROWNELL AVE DARTMOUTH, MA 02747-3732
130G-65	DUTTON ST	CHAFFEE CHURCH PROPERTIES LLC, C/O DEBRA HOLDEN 965 CHURCH STREET NEW BEDFORD, MA 02745
130G-159	946 CHURCH ST	GOYETTE THERESA "TRS", REUSCH PAULA R "TRS" 765 WILDWOOD RD NEW BEDFORD, MA 02740
130G-44	CHURCH ST	XCEL REALTY LLC, 78 MOORINGS RD MARION, MA 02738
130G-126	CHAFFEE ST	GOYETTE JOSEPH M, 765 WILDWOOD RD NEW BEDFORD, MA 02745
130G-92	CHAFFEE ST	SULYMA JOHN P JR, SULYMA DEBORAH T 1203 CHAFFEE ST NEW BEDFORD, MA 02745
130G-41		NO Data
130G-42		No Data
130G-43		No Data
130G-164	59 TARKILN PL	JAZ BRUSH U.S.A. INC 59 TARKILN PLACE NEW BEDFORD, MA 02745
130G-124	CHAFFEE ST	GLASSMAN ARTHUR, 926 CHURCH STREET NEW BEDFORD, MA 02745
130G-155	DUTTON ST	GLASSMAN ARTHUR, 926 CHURCH STREET NEW BEDFORD, MA 02745
130G-28	1259 CHAFFEE ST	SILVA JOSE J, SILVA MARIA F 1259 CHAFFEE STREET NEW BEDFORD, MA 02745

September 17, 2020
Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 965 Church Street (Map: 130G, Lot: 50). 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.

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<u>Parcel</u>	<u>Location</u>	<u>Owner and Mailing Address</u>
130G-50	965 CHURCH ST	CHAFFEE CHURCH PROPERTIES LLC, C/O DEBRA HOLDEN 965 CHURCH STREET NEW BEDFORD, MA 02745
130G-72	947 CHURCH ST	CHAFFEE CHURCH PROPERTIES LLC, 965 CHURCH STREET NEW BEDFORD, MA 02745

Note: This map was developed using the best available data and serves a guide rather than a determination. Data should be confirmed in the field to ensure accuracy.



City of New Bedford, Massachusetts
Department of City Planning

Parcel within 300FT



September 2020



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 #	130G	LOT(S)#	72
ADDRESS: 947 Church Street			
OWNER INFORMATION			
NAME: Chaffee Church Properties LLC			
MAILING ADDRESS: 965 Church Street, New Bedford, MA 02745			
APPLICANT/CONTACT PERSON INFORMATION			
NAME (IF DIFFERENT): Child and Family Services Inc. c/o Johnna Tierney			
MAILING ADDRESS (IF DIFFERENT): 1061 Pleasant Street New Bedford, MA 02740			
TELEPHONE #	508-999-1332		
EMAIL ADDRESS:	jtierney@hlspe.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		
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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

Digitally signed by Michael Motta
DN: cn=Michael Motta, o=City of New Bedford, MA, ou=Assessors
Office, email=Michael.Motta@newbedford.ma.gov, c=US
Date: 2020.09.21 11:43:00 -04'00'

Amount Due

\$10.00

Date Paid

9/17/2020

Confirmation Number

3958405

Payment Type: Licenses
Reference Number: 130-G-72 G50
Phone Number: 5089936960

Payment Date: 9/17/2020
Payment Amount: \$10.00
Convenience Fee: \$1.95
Total Payment: \$11.95

Your confirmation number is: 3958405

Digital Time Stamp: 09/17/2020 12:10:16 [EST]

Signature X

September 17, 2020

Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 947 Church Street (Map: 130G, Lot: 72). 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.

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Parcel	Location	Owner and Mailing Address
130F-16	893 CHURCH ST	FIRST NEW BEDFORD DG ASSOCIATES LLC, 80 NASHUA ROAD - SUITE 24 LONDONDERRY, NH 03053
130G-170	39 TARKILN PL	MCCOLLESTER FAMILY LIMITED PARTNERSHIP (THE), 5 BROWNELL AVE DARTMOUTH, MA 02747-3732
130F-43	E OF R OF WAY 129	MCCOLLESTER FAMILY LIMITED PARTNERSHIP (THE), 5 BROWNELL AVE DARTMOUTH, MA 02747-3732
130F-19	9 TARKILN PL	TRIPLE HORN LLC, 9 TARKILN PLACE NEW BEDFORD, MA 02745
130F-28	928 CHURCH ST	GLASSMAN ARTHUR, 926 CHURCH STREET NEW BEDFORD, MA 02745
130F-33	919 CHURCH ST	CHURCH STREET ASSOCIATES LLC, F . W. WEBB COMPANY 160 MIDDLESEX TURNPIKE BEDFORD, MA 01730
130F-31	938 CHURCH ST	SOUTH CHURCH STREET REALTY LLC, 1260 SHAWMUT AVENUE NEW BEDFORD, MA 02746
130G-65	DUTTON ST	CHAFFEE CHURCH PROPERTIES LLC, C/O DEBRA HOLDEN 965 CHURCH STREET NEW BEDFORD, MA 02745
130G-159	946 CHURCH ST	GOYETTE THERESA "TRS", REUSCH PAULA R "TRS" 765 WILDWOOD RD NEW BEDFORD, MA 02740
130G-124	CHAFFEE ST	GLASSMAN ARTHUR, 926 CHURCH STREET NEW BEDFORD, MA 02745
130G-155	DUTTON ST	GLASSMAN ARTHUR, 926 CHURCH STREET NEW BEDFORD, MA 02745
130G-50	965 CHURCH ST	CHAFFEE CHURCH PROPERTIES LLC, C/O DEBRA HOLDEN 965 CHURCH STREET NEW BEDFORD, MA 02745
130G-72	947 CHURCH ST	CHAFFEE CHURCH PROPERTIES LLC, 965 CHURCH STREET NEW BEDFORD, MA 02745

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City of New Bedford, Massachusetts
Department of City Planning

Parcel within 300FT



September 2020