



*City of New Bedford*  
**ZBA VARIANCE APPLICATION**

**CASE #** 4429

## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Sub-Division Plans</u> if Applicable.	<input checked="" type="checkbox"/>	<input 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"/>

### 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)

<b>SUBJECT PROPERTY</b>			
ASSESSOR'S MAP PLOT#	58	LOT(S)#	546
REGISTRY OF DEEDS BOOK:	12849	PAGE #	209
PROPERTY ADDRESS: #130 1/2 Summer Street			
ZONING DISTRICT: Residence B			
<b>OWNER INFORMATION</b>			
NAME: Howland Place, L.L.C.			
MAILING ADDRESS: #283 Sawyer Street, Unit 1E New Bedford, MA 02746			
<b>APPLICANT/CONTACT PERSON INFORMATION</b>			
NAME (IF DIFFERENT): Kevin Welch			
APPLICANT'S RELATIONSHIP TO THE PROPERTY: <i>Check one:</i>	OWNER <input checked="" type="checkbox"/>	CONTRACT VENDEE <input type="checkbox"/>	OTHER <i>Describe</i> <input type="checkbox"/> _____
MAILING ADDRESS (IF DIFFERENT):			
TELEPHONE #	(781) 760-4062		
EMAIL ADDRESS:	KWelch.Properties@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

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

Date

## APPLICATION SPECIFICS

DIMENSIONS OF LOT/S:	FRONTAGE 0'	DEPTH 62.39'	AREA in SQ FT 2,283 Sq. Ft.		
EXISTING BUILDING/S	# OF BLDGS 1	EXISTING SIZE 747 Sq. Ft.	TOTAL SQ FT BY FLOOR 747 Sq. Ft.	NUMBER OF FLOORS 2.5	TOTAL SQ. FT ENTIRE STRUCTURE 1,868 Sq. Ft.+/-
	# OF DWELLING UNITS 1		# OF BEDROOMS 3		
PROPOSED BUILDING/S	# OF BLDGS 1	PROPOSED SIZE 747 Sq. Ft.	TOTAL SQ FT BY FLOOR 747 Sq. Ft.	NUMBER OF FLOORS 2.5	TOTAL SQ. FT ENTIRE STRUCTURE 1,868 Sq. Ft.+/-
	# OF DWELLING UNITS 1		# OF BEDROOMS 3		EXTENT OF PROPOSED ALTERATIONS None
EXISTING USE OF PREMISES:	Residential				
PROPOSED USE OF PREMISES:	Residential				
EXPLAIN WHAT MODIFICATIONS YOU ARE PROPOSING THAT NECESSITATE THE REQUESTED VARIANCE:	<p>The applicant proposes to modify a shared lot line between two non-conforming lots to create space for off street parking on the lot which it is intended to serve.</p> <p>The two lots involved are pre-existing non-conforming lots that have been created by virtue of an 81L plan filed in 2019.</p>				

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"/> MONTHLY <input type="checkbox"/> OTHER	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <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:

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Complete each item that is relevant to your variance request:

	Existing	Allowed/ Required	Proposed
Lot Area (sq ft)	2,283 Sq. Ft.	8,000 Sq. Ft.	4,952 Sq. Ft.
Lot Width (ft)	0 ft	75 ft	13.00 ft
Number of Dwelling Units	1	1	1
Total Gross Floor Area (sq ft)			
Residential Gross Floor Area (sq ft)			
Non-Residential Gross Floor Area (sq ft)			
Building Height (ft)			
Front Setback (ft)	21.4 ft	4.0 ft	21.4 ft
Side Setback (ft)	0.7 ft	10 ft (L)	0.7 ft
Side Setback (ft)	14.5 ft	12 ft (R)	40.5 ft
Rear Setback (ft)	1.5 ft	30 ft	1.5 ft
Lot Coverage by Buildings (% of Lot Area)	32.1%	30%	14.8%
Permeable Open Space (% of Lot Area)			
Green Space (% of Lot Area)	59.1%	35%	41.8%
Off-Street Parking Spaces	2	2	
Loading Bays	0	0	0
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 Book 2849, Page 209  
 (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:

The shape of the lots restrict the ability to provide off street parking to each of the lots within their  
respective extents of ownership.

**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:

The two lots shown on the plan reflect a property divided in 2019 by virtue of an 81L plan. To enforce the  
zoning ordinance would inhibit the potential to supply off street parking on each respective lot.

**C**

Describe how granting you relief would not take away from the purpose of the city's zoning ordinance:  
To grant the proposed relief would not be detrimental to the zoning ordinance as the lot size and frontage  
has always been non-conforming, the structures are not being brought into further non-compliance, and  
will in fact be beneficial in that off street parking will be supplied.

**D**

Describe why nobody else would be hurt if the city granted your requested zoning relief:  
Granting of the requested relief will not inhibit or discourage any abutting lots from any of their potentially  
sought improvements, and will reduce the number of parked cars on the street.



## 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 #	58
LOT(S)#	150
ADDRESS: #130 Summer Street	
OWNER INFORMATION	
NAME: Kevin Welch	
MAILING ADDRESS: #283 Sawyer Street, Unit 1E	
APPLICANT/CONTACT PERSON INFORMATION	
NAME (IF DIFFERENT):	
MAILING ADDRESS (IF DIFFERENT):	
TELEPHONE #	(781) 760-4062
EMAIL ADDRESS:	KWelch.Properties@Gmail.com
REASON FOR THIS REQUEST: <i>Check appropriate</i>	
<input type="checkbox"/>	ZONING BOARD OF APPEALS APPLICATION
<input checked="" type="checkbox"/>	PLANNING BOARD APPLICATION
<input type="checkbox"/>	CONSERVATION COMMISSION APPLICATION
<input type="checkbox"/>	LICENSING BOARD APPLICATION
<input type="checkbox"/>	OTHER ( <i>Please explain</i> ):

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

9/28/2020

Date

Digitally signed by Michael J. Motta  
DN: cn=Michael J. Motta, o=City of New Bedford, MA,  
ou=Assessors Office, email=Michael.Motta@NewBedford.  
MA.gov, c=US  
Date: 2020.09.28 11:17:41 -0400

Amount Due

\$7.00

Date Paid

9/23/2020

Confirmation Number

1942725

## Account Information

**Payment Type:** Licenses

**Reference Number:** 283 SAWYER ST UNIT 1E

**Phone Number:** 7749923319

## Payment Information

**Payment Date:** 9/23/2020

**Payment Amount:** \$7.00

**Convenience Fee:** \$1.95

**Total Payment:** \$8.95

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

**Card Number:** XXXXXXXXXXXXX1514

**Expiration Date:** 0125

KEVIN WELCH

**Billing Zip Code:** 02746

Your confirmation number is: **1942725**

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:** 09/23/2020 16:11:24 [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**

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September 23, 2020  
Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 130 Summer Street (Map: 58, Lot: 150). 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
58-147	190 MAXFIELD ST	DESMARAIS DANIELLE J, 102 MAPLE STREET SWANSEA, MA 02777
58-137	135 SUMMER ST	BARBOZA JOHN R JR, BARBOZA PATRICIA R 135 SUMMER STREET NEW BEDFORD, MA 02740
58-144	119 HILLMAN ST	NV HALEY INVESTMENT LLC, 119 HILLMAN STREET NEW BEDFORD, MA 02740
58-154	115 HILLMAN ST	CLEMENO PAUL V, 46 LAWRENCE STREET MEDFORD, MA 02155-4060
58-155	113 HILLMAN ST	AZEVEDO MANUEL, AZEVEDO EUGENIA R 113 HILLMAN ST NEW BEDFORD, MA 02740
58-152	583 COUNTY ST	A.D.J.V. INCORPORATED, 94 LONG ROAD FAIRHAVEN, MA 02719
58-153	117 HILLMAN ST	PIERSON MAURICE L, PIERSON CATHERINE E 851 NEWMAN AVE SEEKONK, MA 02771
58-146	194 MAXFIELD ST	RAMOS MARIA ALBERTINA, 97 RIVET ST NEW BEDFORD, MA 02744
58-139	131 SUMMER ST	SALAS SAMUEL, 131 SUMMER ST NEW BEDFORD, MA 02740
58-150	130 SUMMER ST	WELCH KEVIN, 283 SAWYER STREET APT #1E NEW BEDFORD, MA 02746
58-145	202 MAXFIELD ST	COLON JOSHUA L, 202 MAXFIELD STREET NEW BEDFORD, MA 02740
58-156	111 HILLMAN ST	ALVES ARTUR, 111 HILLMAN ST NEW BEDFORD, MA 02740
58-157	109 HILLMAN ST	CITY OF NEW BEDFORD, 133 WILLIAM ST NEW BEDFORD, MA 02740

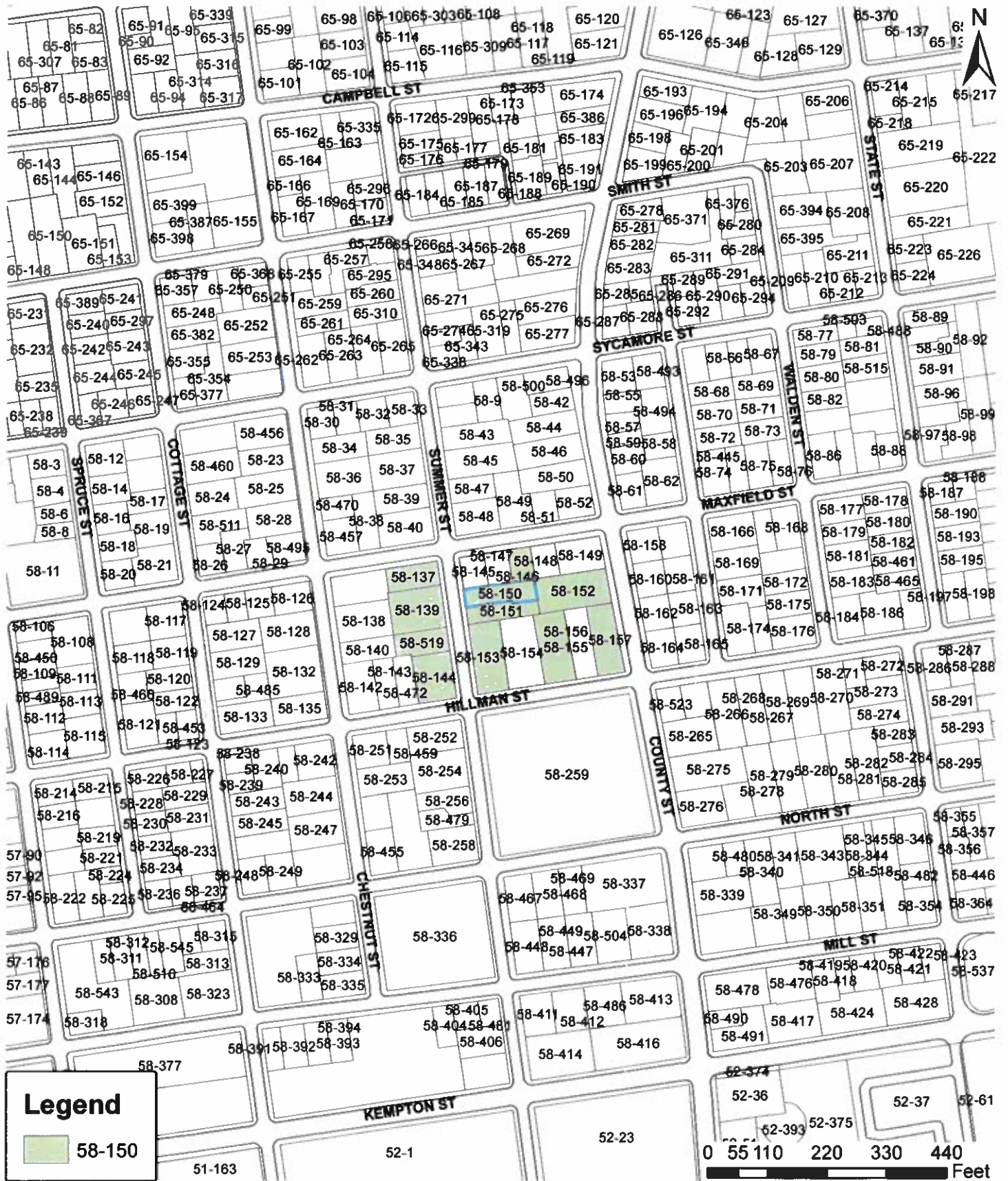
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Parcel	Location	Owner and Mailing Address
58-149	591 COUNTY ST	TORRES WILFREDO M, 591 COUNTY STREET NEW BEDFORD, MA 02740
58-148	186 MAXFIELD ST	BORGES LISA, 186 MAXFIELD STREET NEW BEDFORD, MA 02740
58-151	SUMMER ST	WELCH KEVIN E, 283 SAWYER STREET APT #1E NEW BEDFORD, MA 02746
58-519	127 SUMMER ST	MAHMOUD AHMED MA, 127 SUMMER STREET NEW BEDFORD, MA 02740

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



