



City of New Bedford

ZBA SPECIAL PERMIT APPLICATION

CASE # 4430

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 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 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 type="checkbox"/>	<u>Development Impact Statement (DIS)</u> , if required (per Chapter 9 section 5350 of the City of New Bedford Zoning Code)	<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.

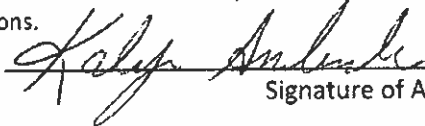
2. SPECIAL PERMIT SPECIFICS

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#	136	LOT(S)#	248
REGISTRY OF DEEDS BOOK #:	11316	PAGE #	177
PROPERTY ADDRESS: 4080 Acushnet Ave New Bedford MA 02745			
ZONING DISTRICT:			
OWNER INFORMATION			
NAME: Kalyn Andrade			
MAILING ADDRESS: 4080 Acushnet Ave New Bedford MA 02745			
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 #	508-250-9333		
EMAIL ADDRESS:	KalynAndrade.1@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

10/13/20
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 115.27'	DEPTH 123.26'	AREA in SQ FT 14,585'		
EXISTING BUILDING/S	# OF BLDGS 1	EXISTING SIZE 1623 Sqft	TOTAL SQ FT BY FLOOR 1623 Sqft	NUMBER OF FLOORS 1	TOTAL SQ. FT ENTIRE STRUCTURE 1623 Sqft
	# OF DWELLING UNITS 1		# OF BEDROOMS 3		1 bath
PROPOSED BUILDING/S	# OF BLDGS Same as existing	PROPOSED SIZE Same as existing	TOTAL SQ FT BY FLOOR Same as existing	NUMBER OF FLOORS Same as existing	TOTAL SQ. FT ENTIRE STRUCTURE Same as existing
	# OF DWELLING UNITS 1		# OF BEDROOMS 2		EXTENT OF PROPOSED ALTERATIONS 2 baths
EXISTING USE OF PREMISES:	Residential				
PROPOSED USE OF PREMISES:	Residential with permission to do facials and waxing out of one of the rooms in the house.				
EXPLAIN WHAT MODIFICATIONS YOU ARE PROPOSING THAT NECESSITATE THE REQUESTED SPECIAL PERMIT:	Making the sunroom the "SPA" area where I do facials waxing + eyelashes. Also changing Bedroom 3 into a 2nd bathroom that will be accessible to my clients.				

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

	EXISTING	PROPOSED
NUMBER OF CUSTOMERS PER DAY	0 @ current location	6
NUMBER OF EMPLOYEES	0	0
HOURS OF OPERATION	0 @ 4080 Acusmt	9am - 8pm
DAYS OF OPERATION	0 @ 4080 Acusmt	Tuesday - Saturday
HOURS OF DELIVERIES	0	~2pm Bi-weekly
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 checked="" 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:

3. PARCEL LEGAL DOCUMENTATION

Title Reference to Property _____

(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:

A

Social, economic, or community needs which are served by the proposal

B

Traffic flow and safety, including parking and loading

C

Adequacy of utilities and other public services

D

Neighborhood character and social structures

E

Impacts on the natural environment

F

Potential fiscal impact, including impact on City services, tax base, and employment

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:

Through my business I host an Annual Breast Cancer fundraiser every October and donate the money to a single person struggling with Breast Cancer. This year will be my 3rd year.

B

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

I will only have one client at a time by appointment only. Off Street parking available in my driveway so it does not affect the main road or my neighbors. Deliveries for my business is once every 2 weeks.

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

Basic electric, water, + heat through my house.
I have a professional electrician + plumber who will
be doing the added bathroom

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

I live on the main road Acushnet Ave. with mixed
commercial + residential properties near me. Iglesia pentecostal
is directly in front of my house. Rosa Drive is directly to my
right + a residential house is on the left. Headed towards
Lakeville I also have Little Phoenix and a min. mart.

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

No negative impacts on environment

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

I am and will be the only employee. I do not plan
on hiring anyone. I have an EIN for my sales and
pay personal taxes.

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:

I am a licensed Aesthetician. I have been renting in the back of the Wash House Salon for about 5 years. I am looking to move my business into one of the rooms of my home located at 4080 Acushnet Ave New Bedford Massachusetts 02745.

My hours of business at the Wash House now are

Tuesday 12pm-8pm

Wednesday 9am-5pm

Thursday 9am-5pm

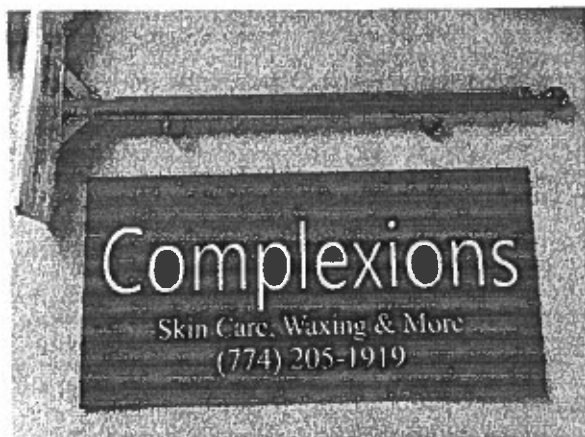
Friday 12pm-8pm

Saturday (Only the 1st of every month) 9am-3pm

I plan on keeping my current hours that I work into my business at home. If I do change my hours in the future it will only range in the times from Tuesday-Friday 9am-8pm and Saturdays 9am-3pm. I will be the only one working out of my home. I have no employees and do not plan on hiring. I take one client at a time by appointment only. NO WALK INS. I have about 6 clients per day. The only time I ever have 2 clients at once is if one of my clients need a translator. As of right now I only have three monthly clients who bring in a translator every month. When my client arrives for their appointment they will park in my driveway. Even when they bring a translator they usually come in the same car. If they do not I still have space for 2 extra cars in my driveway. They will not block the traffic on the street nor will they affect my neighbors.

I would like to make the sunroom in my house the spa room. And the bedroom labeled 3 into a bathroom/closet. The bathroom will be the only area accessible to my clients and the closet will be for residential use only. There is an exterior door that is in the Sunroom/future spa room that my clients can walk through. They will not have access to the residential areas in my house. The bathroom that I would like to build will all be professionally done. I have hired an electrician Kevin St. John and plumber Bobby Vieira.

I do not have a DBA at this point in time. Once I am approved for the zoning I will apply for a DBA for 4080 Acushnet Ave. I will name the business Complexions Skincare, Waxing, & More. I have purchased a sign to hang outside on the exterior door of the spa room. They will be able to view it from the drive way. The dimensions of the sign is 24"x12".



My business will be more private than a walk in public building. I am a spa like setting so we will be very quiet during business hours.

Kalyn Andrade

508-250-9333

KalynAndrade.1@gmail.com



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 #	136-I
LOT(S)#	248
ADDRESS: 4080 Acushnet Ave New Bedford, MA 02745	
OWNER INFORMATION	
NAME: Kalyn Andrade	
MAILING ADDRESS: 4080 Acushnet Ave New Bedford, MA 02745	
APPLICANT/CONTACT PERSON INFORMATION	
NAME (IF DIFFERENT):	
MAILING ADDRESS (IF DIFFERENT):	
TELEPHONE #	508-250-9333
EMAIL ADDRESS:	kalynandrade.1@gmail.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. Ivotta

Printed Name

[Signature]

Signature

Digitally signed by Michael Ivotta
DN: cn=Michael Ivotta, o=City of New Bedford, MA,
ou=Assessor's Office, email=ivotta@cityofnewbedford.ma.gov, c=US
Date: 2020.09.21 11:42:18 -0400

9/21/2020

Date

Amount Due

\$5.00

Date Paid

9/17/2020

Confirmation Number

7981625

CITY CLERK

798 OCT 21 A 9:51

CITY CLERKS OFFICE
NEW BEDFORD, MA

Account Information

Account Type: Licenses
Account Number: ABUTTER 136-I-248
Phone Number: 5092509333

Payment Information

Payment Date: 9/17/2020
Payment Amount: \$5.00
Service Fee: \$1.95
Payment: \$6.95

Payment Method: VISA
Card Number: XXXXXXXXXXXX3063
Expiration Date: 11/22
Cardholder Name: JA GIUSTI
Billing Zip Code: 02745

Confirmation number is: **7981625**

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 noted by the Digital Time Stamp below.

Digital Time Stamp: 09/17/2020 10:06:07 (EST)

If an email address was provided, your confirmation email will be sent from marketingcloud@pruho-paymentsystems.com. Please have your signature below and retain merchant copy for your records.

Signature: Phine Maria

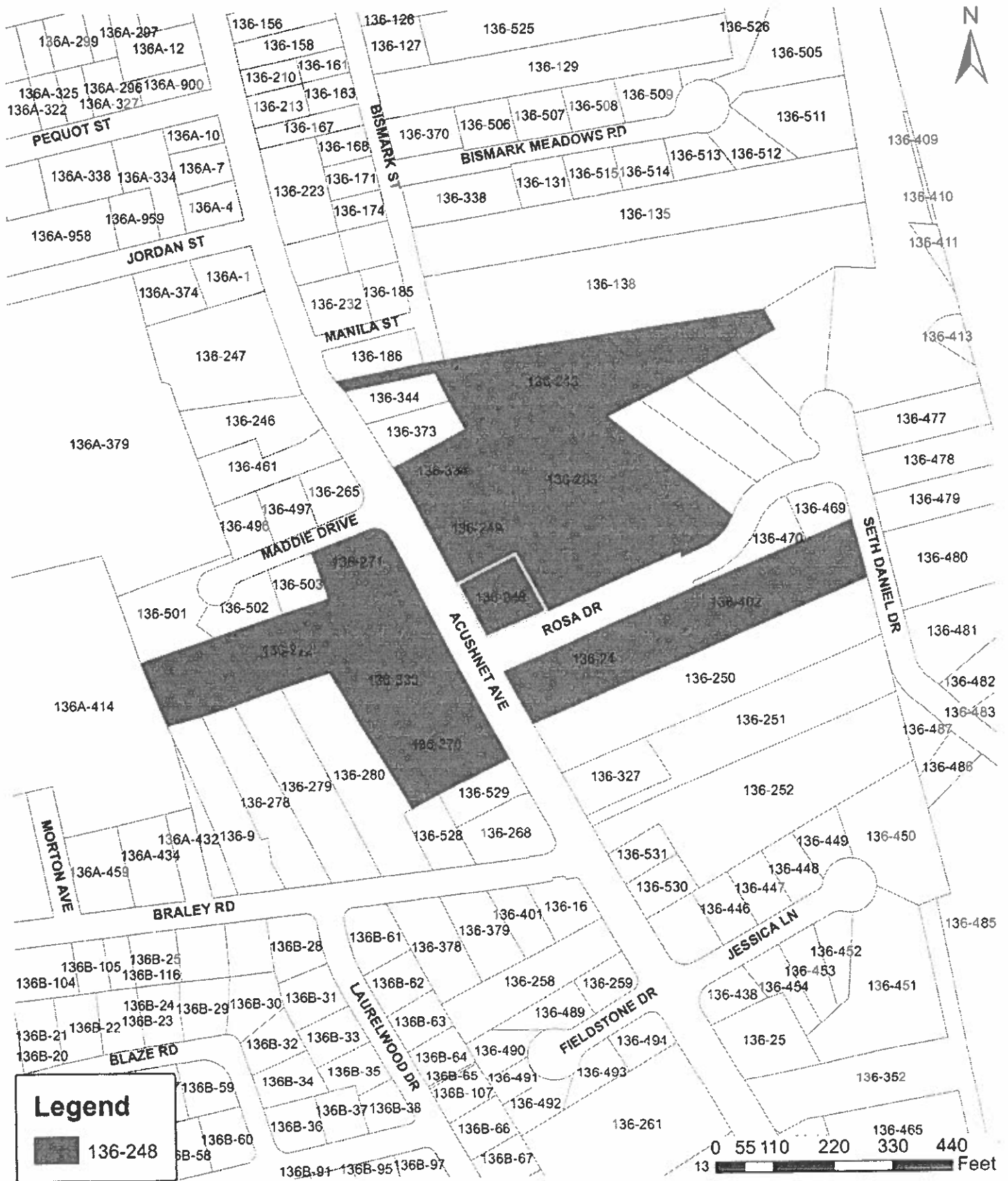
September 16, 2020

Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 4080 Acushnet Ave (Map: 136, Lot: 248). 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
136-334	4102 ACUSHNET AVE	BONNEAU PAUL, BONNEAU GRACE T 4102 ACUSHNET AVE NEW BEDFORD, MA 02745
136-283	ACUSHNET AVE	LEBLANC J LOUIS, LEBLANC CLAUDETTE 4090 ACUSHNET AVE NEW BEDFORD, MA 02745
136-276	4045 ACUSHNET AVE	DANDURAND HELEN, 4 KACY LANE FAIRHAVEN, MA 02719
136-330	4077 ACUSHNET AVE	4077 ACUSHNET AVENUE, LLC, 867 MIDDLE ROAD ACUSHNET, MA 02743
136-24	4060 ACUSHNET AVE	LECOMTE MARK A, LECOMTE LORI A 4060 ACUSHNET AVENUE NEW BEDFORD, MA 02745
136-272	4085 ACUSHNET AVE	KROUZEK RONALD A, SANTOS PAULINE D 4085 ACUSHNET AVE NEW BEDFORD, MA 02745
136-271	4095 ACUSHNET AVE	FLOOD DEBRA A, 4095 ACUSHNET AVENUE NEW BEDFORD, MA 02745
136-402	ACUSHNET AVE	LECOMTE MARK A, ASHLEY LORI A 4060 ACUSHNET AVE NEW BEDFORD, MA 02745
136-245	ACUSHNET AVE	LEBLANC J LOUIS, LEBLANC CLAUDETTE 4090 ACUSHNET AVE NEW BEDFORD, MA 02745
136-248	4080 ACUSHNET AVE	GUISTI JOSHUA, ANDRADE KALYN 4080 ACUSHNET AVENUE NEW BEDFORD, MA 02745
136-249	4090 ACUSHNET AVE	LEBLANC J LOUIS, LEBLANC CLAUDETTE 4090 ACUSHNET AVE NEW BEDFORD, MA 02745
136-532	59 ROSA DR	AVELAR NATHAN MENDES AMANDA 59 ROSA DRIVE NEW BEDFORD, MA 02745
136-23	29 ROSA DR	ALPHONSE FRANCINE A 29 ROSA DRIVE NEW BEDFORD, MA 02745



City of New Bedford, Massachusetts
Department of City Planning

Parcel within 300FT

