



CITY OF NEW BEDFORD, MASSACHUSETTS
CLERK OF COMMITTEES OFFICE - ROOM 213 - CITY HALL

PETITION FOR A SPECIAL PERMIT FOR MOTOR VEHICLES:

☒ SALES

☐ BODY REPAIR ☐ GENERAL REPAIR ☐ LIGHT SERVICE

TO: CLERK OF COMMITTEES APPLICATION NO. _____ Date: _____ PAGE 1

The undersigned petitions the City Council to grant a SPECIAL PERMIT in the manner and for the reasons hereinafter set forth under the provisions of the Zoning Ordinance to the following described premises:

Owner/Landlord Victoria Marginson 93 Taylor St
Full Name and/or Company Address (Attach copy of Certificate of Title or Deed.)

OTHER Owner(s)/Landlord(s) (if applicable) _____

Lessee Jason Oliver 9 Wheelers Way DARTMOUTH MA
Full Name and/or Company Address

(Attach copy of Lease or Tenant Agreement and Notarized letter from owner to tenant or buyer for application for this permit - on Letterhead and/or copy of Purchase & Sale Agreement or lease, where applicable.)

OTHER Lessee(s) (if applicable) _____

Location of Premises 1421 Cove Road
Street Number Name of Street

Assessor's Plot 19 43
Plot No. Lot No. Book No. Page No.

Dimensions of Lot _____ Area 1402
Frontage Depth Sq. Ft.

Zoning District(s) in which premises are located New Bedford

Premises in present ownership since _____

Number of buildings on lot 1 Date of Purchase _____

Size of existing buildings _____

Size of proposed buildings _____

Present use of premises Auto Sales

Proposed use(s) and Number of Cars/People on Premises at any given time (Adequate Parking): 13

Extent of proposed alterations _____

Explain the need for the SPECIAL PERMIT and what changes are proposed?

Have plans been submitted to the Department of Inspectional Services? YES
(Recorded Plans, accurately scaled as required by the D.I.S., must be included with this application.)

Has the Commissioner of the Department of Inspectional Services refused to issue a permit? YES
If so, Reason: SPECIAL PERMIT NEEDED

A non-refundable filing fee is required when submitting the application, payable by check or money order to the City of New Bedford. The filing fee will not be refunded regardless of whether or not the petition is granted. The fee covers the cost of processing the decision, including advertising and the mailings. Incomplete or improperly filed applications will be returned to the applicant for resubmission.

A Certified Abutter's list must also accompany this application, which must be compiled in the Planning Department and Certified at the Assessor's Office. M.G.L. Ch. 40, mandates advertising request two times prior to the scheduled hearing date. Advertising will be in the Standard-Times.

FEE SCHEDULE AS OF JULY 2007: \$700.00 FOR FIRST 10,000 SQ. FT. PLUS \$100.00 EVERY ADDITIONAL 10,000 SQ. FT.

PETITION FOR A SPECIAL PERMIT FOR MOTOR VEHICLES -

☒ SALES

☐ BODY REPAIR

☐ GENERAL REPAIR

☐ LIGHT SERVICE

TO: CLERK OF COMMITTEES

APPLICATION NO. _____

Date: _____

PAGE 2

All applications must be filled out completely and be submitted with the required drawings. Attach required drawings or proposed plans to this Petition. Must be done in BLACK INK to produce legible copies. If Petition is granted, the plans are specific to the plans submitted unless the City Council states otherwise.

Must provide Site Plan identifying positioning of existing structures. Must show footprint and dimensions. Show Rear, Front and Side Distances between Structure and Boundary Lines. Must provide separate site plan showing proposed alterations or additions with side, front and rear set property lines identified.

By signing this application, the Petitioner is stating that they have read and understand this Application and the accompanying instructions and information. Also, if granted, that the Special Permit needs to be recorded and acted on within one year.

I have read and understand this application and the accompanying instructions and information.

Respectfully submitted:

(Although not a requirement of submission, you may wish to contact an attorney to help you with your application and Public Hearing.)

Owner(s)

Signature

(Must be signature of current owner on record)

Represented by:

Signature

Lessee(s)

(If Corporation, must have letter on Letterhead

Authorizing person to sign on Corporation's behalf.)

(If Corporation, must have letter on Letterhead

Authorizing person to sign on Corporation's behalf.)

Address

City/State/Zip Code

DARTMOUTH, MA

City/State/Zip Code

Telephone No. (Home)

774-849-0895

(Business)

508-999-3200

Other Owner(s)

774-202-2752

Address

City/State/Zip Code

City/State/Zip Code

Telephone No. (Home)

(Business)

I do/do not consent to the above application. I suggest the following conditions be included in application:

A SPECIAL PERMIT IS REQUIRED IN ACCORDANCE WITH PERMIT GRANTING AUTHORITY

308 City Planner

3/11/16
Date

I do/do not consent to the above application. I suggest the following conditions be included in application:

A special permit from City Council is needed to be granted followed by a 20 day appeal period, then this paperwork will be stamped by the City Clerk & taken to the Registry of Deeds get a copy and bring it to Room 308 at City Hall

Danny D. Romanowicz

2/11/16
Date

I do/do not consent to the above application. I suggest the following conditions be included in application:

TURN KEY - MUST APPLY FOR CLASS II LICENSE

Licensing Board Clerk

3/10/16
Date

I do/do not consent to the above application. I suggest the following conditions be included in application: (General, and Body Repairs & Light Service Only)

Owner to submit records of maintenance of the MDC trap (oil/grease separator) to DPI

1105 Shawmut Ave
Dept. of Public Infrastructure Commissioner

7/25/2016
Date

I do/do not consent to the above application. I suggest the following conditions be included in application: (Petroleum: Any on Premises; if so, Tanks only - Above or Underground?; Prior Use?; Use to be Continued?)

118 City Clerk

3/10/16
Date