

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

PETITION FOR A SPECIAL PERMIT FOR MOTOR VEHICLES: SALES AND RENTALS { } BODY REPAIR { } GENERAL REPAIR { } LIGHT SERVICE

TO: CLERK OF COMMITTEES	APPLICATION NO	Date:	PAGE 1
The undersigned petitions the City Co forth under the provisions of the Zoni			for the reasons hereinafter set
Owner/Landlord Paul Lei Full Name and/or Co	mieux 102 Wam. Address	Suffa Street (Attach copy of Cert	NewBedford MA ificate of Title or Deed.)
OTHER Owner(s)/Landlord(s) (if app	licable)		
Lessee Leonardo Mas	50 DRIVETION Chu	uch st N.B.	Stool MA 02745
Full Name and/or Cor (Attach copy of Lease or Tenant Agreen Letterhead and/or copy of Purchase & Sal	mpany Address nent and Notarized letter from owne	r to tenant or buyer for	
OTHER Lessee(s) (if applicable)	· · · · · · · · · · · · · · · · · · ·		
Location of Premises /680 Street Number	PURCHASE ST er Name of Street	et .	
Assessor's Plot Plot No.	//3 736 Lot No. Book No.	8 - 180 Page No.	
Dimensions of Lot /05. 8 Frontage	ノグレルフ Area Depth	13,338 Sq. Ft.	
Zoning District(s) in which premises	are located MUB		
Premises in present ownership since_			
Number of buildings on lot 1	Date of Purch	ase	
Size of existing buildings	530 syvare fac	; †	
Size of proposed buildings (NONE			
Present use of premises Auto	SALES		
Proposed use(s) and Number Parking): Auto Sales -	of Cars/People on P	remises at any	given time (Adequate
Extent of proposed alterations (No	NE)		
Explain the need for the SPECIAL PR		posed?	μ
Have plans been submitted to the Dep (Recorded Plans, accurately scaled as			cation.)
Has the Commissioner of the Departn If so, Reason:	nent of Inspectional Services refu		YES

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 SALES AND RENTALS { } BODY REPAIR	PERMIT FOR MOTO	OR VEHICLES – PAIR { } LIGHT SER	RVICE
TO: <u>CLERK OF COMMITTEES</u> APPLICATIO			PAGE 2
All applications must be filled out completely and be suproposed plans to this Petition. Must be done in BLAC are specific to the plans submitted unless the City Counc	ibmitted with the requi	red drawings. Attach requi	
Must provide Site Plan identifying positioning of existing Front and Side Distances between Structure and Boun alterations or additions with side, front and rear set property.	dary Lines. Must pro		
By signing this application, the Petitioner is stating accompanying instructions and information. Also, if grawithin one year.	that they have read anted, that the Special	and understand this Appl Permit needs to be record	lication and the ed and acted on
I have read and understand this application and the according	mpanying instructions a	and information.	
Respectfully submitted:		nent of submission, you may a your application and Public	
Owner(s) Signature (Must be signature of current owner on record)	Represented by: Signature		
Lessee(s) Leoner & Mosso (If Corporation, must have letter on Letterhead Authorizing person to sign on Corporation's behalf.)	Authorizing person	st have letter on Letterhead to sign on Corporation's beha	ulf.)
Address 592 Church ST N. Bed Food MA 02 City/State/Zip Code	145	City/State/Zip Code	
Telephone No. (Home) 774-930-3129	(Business)		
Other Owner(s) OF Busines = :1(080 Prichase St Address New Bedford, Ma.			
City/State/Zip Code		City/State/Zip Code	
Telephone No. (Home)	(Business)		
AND SHOWER OF INSPEL SERVICES I	S RESPONSIBLE	be included in application	WW OF
CONTRACTOR OF THE CONTRACTOR O	City/Planner	1.5	Date
I do do not consent to the above application. I suggest to A special Dermit will Need to Be 1550, it no one appeals the Special Parmit Need by permit must be applied for in Room 300.	10,0-11	-1 / 1	. // // /
g Dermit must be applied for the the	Dept. of Inspectional	Services Commissioner	Date
I do do not consent to the above application. I suggest to	LICEASU		1:
NO CARS ON LOT UNTIL	LICENSO 15	APP 20000	11/20/10

Licensing Board Clerk

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) MBC trap Should be maintained by twiner on an granty basis

Ronald H- Labelle (MH)

Dept. of Public Infrastructure Commissioner

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?)