



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 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 Francisco Rosales 223 State St. New Bedford, Mass.
Full Name and/or Company Address (Attach copy of Certificate of Title or Deed.)

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

Lessee _____
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) Martha Perez

Location of Premises 1519 PURCHASE STREET
Street Number Name of Street

Assessor's Plot 73 107 11598 269 - 272
Plot No. Lot No. Book No. Page No.

Dimensions of Lot _____
Frontage Depth Area Sq. Ft. 1032'

Zoning District(s) in which premises are located MUB

Premises in present ownership since _____
Date of Purchase

Number of buildings on lot 1

Size of existing buildings _____

Size of proposed buildings _____

Present use of premises CAR SALES LOT

Proposed use(s) and Number of Cars/People on Premises at any given time (Adequate Parking): 8

Extent of proposed alterations _____

Explain the need for the SPECIAL PERMIT and what changes are proposed?
AUTO SALES, General Repairs

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.

1519 Purchase St.
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 2

All applications must be filled out completely and be submitted with the required drawings. Attach required drawings of 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 [Signature]
(Must be signature of current owner on record)

Represented by: Signature _____

Lessee(s) [Signature]
(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 777 County St. Apt 10
City/State/Zip Code

New Bedford, Mass 02740
City/State/Zip Code

Telephone No. (Home) 774 634 8193

(Business) 774 328 8660

Other Owner(s) _____

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:

THE ZONING ENFORCEMENT OFFICER SHALL BE RESPONSIBLE FOR DETERMINING ANY NEEDED ZONING RELIEF.

[Signature] 5.4.17
City Planner Date

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

A special permit is required by City Council under Chapter 913as (C) Commercial #13 MV Sales + Rental #14 MV General Repa. Wait the 20 Day Appeal period before have this stamped by Clerk + taken to Registry of Deeds to record and get a permit in Room 308 for this use.

[Signature] 4/5/17
Dept. of Inspectional Services Commissioner Date

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

MUST APPLY FOR A CLASS II LICENSE UPON APPROVAL.

[Signature] _____
Licensing Board Clerk 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)

[Signature] 5/1/17
Dept. of Public Infrastructure Commissioner 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?)

Lessee must file Business Certificate if approved

[Signature] 4/5/17
Asst City Clerk Date