



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: 7/10/18 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 Gabriel D'AROSA 56 WESTWOOD DR, N. DARTMOUTH MA
Full Name and/or Company Address (Attach copy of Certificate of Title or Deed.)

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

Lessee BBN AUTO SALES LLC 56 WESTWOOD DR N. 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 1551 PURCHASE ST
Street Number Name of Street

Assessor's Plot 72 224
Plot No. Lot No. Book No. Page No.

Dimensions of Lot 70 48.05 Area 3364
Frontage Depth Sq. Ft.

Zoning District(s) in which premises are located MUB

Premises in present ownership since 2013
Date of Purchase

Number of buildings on lot 1

Size of existing buildings 676 SQ FT

Size of proposed buildings SAME

Present use of premises 100%

Proposed use(s) and Number of Cars/People on Premises at any given time (Adequate Parking): 12 CARS

Extent of proposed alterations Remodel INSIDE, COSMETICS OUTSIDE

Explain the need for the SPECIAL PERMIT and what changes are proposed?
MOTOR VEHICLE SALES FACILITY ARE REQUIRED TO HAVE A SPECIAL PERMIT BY THE CITY COUNCIL. BUILDING WILL REMAIN INTACT WITH INSIDE REMODELING AND EXTERIOR

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: NEEDS SPECIAL PERMIT TO OPERATE A MOTOR VEHICLE SALES & SERVICE FACILITY

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.



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 #	72	LOT(S)#	224
ADDRESS:		1551 Purchase St New Bedford Ma 02740	
OWNER INFORMATION			
NAME:		GABRIEL Da Rosa	
MAILING ADDRESS:		56 Westwood Drive North Dart Ma 02747	
APPLICANT/CONTACT PERSON INFORMATION			
NAME (IF DIFFERENT):		Victor Da Rosa	
MAILING ADDRESS (IF DIFFERENT):			
TELEPHONE #	774 559 7121		
EMAIL ADDRESS:	bluebirdcab@hotmail.com		
REASON FOR THIS REQUEST: <i>Check appropriate</i>			
<input 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 checked="" type="checkbox"/>	OTHER (Please explain): Used Auto Sales City Council		

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.

Carlos Amado

Printed Name

Carlos Amado

Signature

7/3/2018

Date

July 2, 2018
Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 1551 Purchase Street (Map: 72, Lot: 224). 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.

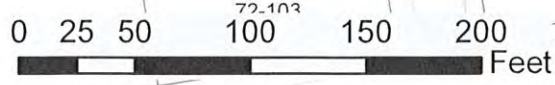
Please note that multiple listed properties with identical owner name and mailing address shall be considered duplicates, and shall require only 1 mailing. Additionally, City of New Bedford-Owned properties shall not require mailed notice.

Parcel	Location	Owner and Mailing Address
72-127	1562 PURCHASE ST	FERRO JOSEPH R, 1546 PURCHASE STREET NEW BEDFORD, MA 02740
72-67	1228 PLEASANT ST	PACHECO DAVID A, 1228 PLEASANT STREET NEW BEDFORD, MA 02740
72-64	1587 PURCHASE ST	MACKIE SHANE, Luis Teixeira, Kevin Lima 1587 PURCHASE STREET 12 sole E. mar street NEW BEDFORD, MA 02740 South Dartmouth, MA 02748
72-232	4 FRANKLIN ST	VO SANG-VAN, 1573 PURCHASE STREET #2 NEW BEDFORD, MA 02740
72-105	1541 PURCHASE ST -1547	YANG DA MING, CHEN YU FENG Jeff Pepi 16 CLARK STREET 170 Elm St MALDEN, MA 02148 New Bedford, MA 02740
72-73	3 FRANKLIN ST	NADEAU JOSEPH R W, NADEAU JOAN 3 FRANKLIN ST NEW BEDFORD, MA 02740
72-128	1558 PURCHASE ST	1558 PURCHASE ST LLC, 89 NORTH WATER STREET NEW BEDFORD, MA 02740
72-71	5 FRANKLIN ST	GAFFNEY THERESA A, 7 FRANKLIN ST NEW BEDFORD, MA 02740
72-68	1571 PURCHASE ST -1575	VO JAMIE PHAN, 1573 PURCHASE STREET NEW BEDFORD, MA 02740
72-126	1570 PURCHASE ST	SAUCIER CHRISTOPHER, SAUCIER CHRISTIN 22 FORESTVIEW DRIVE FAIRHAVEN, MA 02719
72-65	1230 PLEASANT ST -1232	MACHADO RICHARD E "TRUSTEE", C/O CANDUCCI JOHN W 9R SUNRISE AVENUE PLYMOUTH, MA 02360
72-224	1551 PURCHASE ST	DAROSA GABRIEL N, 56 WESTWOOD DRIVE N DARTMOUTH, MA 02747



ACUSHNET AVE

DOWNTOWN CON



Legend

- 72-224
- City Border
- Water

INSTRUMENT OF REDEMPTION

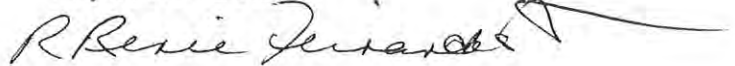
THE COMMONWEALTH OF MASSACHUSETTS
CITY OF NEW BEDFORD
OFFICE OF THE TREASURER

The City of New Bedford, holder of a tax title under a taking for non-payment of the 2010 taxes assessed B G & F Realty CO LLC and C/O Gabriel DaRosa on land described in the instrument of taking conveying said title, dated October 27, 2010 and recorded with Bristol County (S.D.) Registry of Deeds, Book 9885 Page 95, Document No., Certificate of Title No., does hereby, pursuant to General Laws, Chapter 60, Section 62, acknowledge satisfaction of the tax title account secured by such instrument of taking.

DESCRIPTION OF LAND
AS APPEARING IN INSTRUMENT OF
PLAT 72 LOT 224
(INCORPORATING PLOT 72 LOT 74 AS MERGED FOR TAX PURPOSES)
1551 Purchase Street

According to plans on file in the Assessor's Office, New Bedford, Massachusetts.
Witness the execution of this instrument this 5th day of February 2014.

City of New Bedford



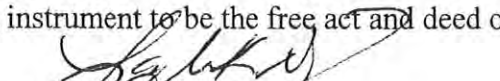
By R. Renee Fernandes-Abbott, Treasurer

THE COMMONWEALTH OF MASSACHUSETTS

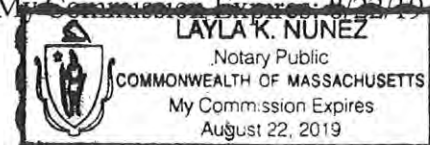
February 5, 2014

Bristol, ss.

Then personally appeared the above-named R. Renee Fernandes-Abbott, Treasurer of the City of New Bedford, and acknowledged the foregoing instrument to be the free act and deed of said city.



Layla K. Nunez
Notary Public
My Commission Expires: 8/22/19



Gabriel Darosa
56 Westwood Dr.
North Dartmouth, MA 02747

BBN Auto Sales LLC
56 Westwood Dr.
North Dartmouth, MA 02747


June 25, 2018

RE: Tenant Agreement

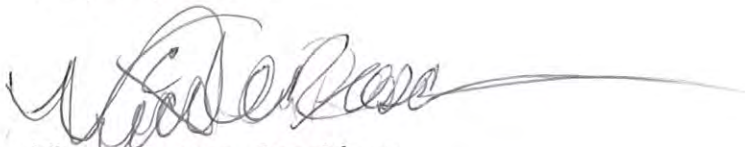
To Whom it may concern,

This letter is to confirm that BBN Auto Sales LLC will be renting the premises that I own located at 1551 Purchase St, New Bedford MA in consideration of monies to be paid on a monthly basis. It is further stipulated that BBN Auto Sales LLC has permission to alter the interior as is needed to suit their business purposes. Anything other than general maintenance (Including repairs and upkeep) will require written notification from myself in order to proceed. BBN Auto Sales has my authorization to establish a Used Car business to be housed in this facility and to maintain unsold cars on the lot at their own risk.

Sincerely,



Gabriel Darosa
Property Owner



Victor Darosa, President
BBN Auto Sales LLC

BBN Auto Sales
56 Westwood Dr.
North Dartmouth, MA 02747

City of New Bedford
133 Williams St.
New Bedford, MA 02740

June 25, 2018

RE: Used Car License and permits

To Whom it may concern,

Victor Darosa is the president of BBN Auto Sales LLC and has been duly authorized to act in all areas concerning the corporation. This was voted on by the incorporators of BBN Auto Sales LLC at a corporate meeting at its inception.

Sincerely,



Robert Paige, Secretary
BBN Auto Sales LLC

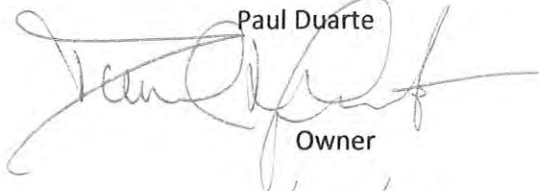


Paul's Place
364 Dartmouth St.
New Bedford Mass, 02740



To whom it may concern,

I, Paul Duarte, will be repairing and servicing all vehicles currently owned and/or purchased from the auction by either Gabriel or Victor DaRosa of Bluebird Transportation.

Paul Duarte

Owner
07/09/18

IX. HOMEOWNER LICENSE EXEMPTION

Supplement #1

The current exemption for "homeowner" was extended to include owner-occupied dwellings of two units or less and to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor. (State Building Code Section 110.5)

DEFINITION OF HOMEOWNER:

Person(s) who own a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one to two family dwelling, attached or detached structures accessory to such use and /or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such "homeowner shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (Section 110.5)

The undersigned "homeowner assumes responsibility for compliance with the State Building Code and other applicable codes, ordinance, rules and regulations, and will comply with the City of New Bedford Building Department minimum inspection procedures and requirements.

HOMEOWNERS SIGNATURE _____

X. CONSTRUCTION DEBRIS DISPOSAL

Supplement #2

In accordance with provisions of Massachusetts General Law C40, S54, debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by Massachusetts General Law C111, S150A

The debris will be disposed of in: _____
(Location of Facility)

Signature of Permit Applicant _____

Date _____

XI. HOME IMPROVEMENT CONTRACTOR LAW AFFIDAVIT

(Residential Use Only) Supplement to Permit Application

Supplement #3

MGLc. 142 A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units... or to structures which are adjacent to such residence of building" be conducted by registered contractors, with certain exceptions, along with other requirements.

Type of Work: Remodding Motor Vehicle sales+rental Est Cost 2500

Address of Work: 1551 PURCHASE STREET

Owner Name: _____ Date of Permit Application: _____

I hereby certify that: Registration is not required for the following reason(s):

_____ Work excluded by law _____ Job under \$1,000 _____ Building not owner-occupied _____ Owner obtaining own permit

Other (specify) _____

Notice is hereby given that:

OWNERS OBTAINING THEIR OWN PERMIT OR EMPLOYING UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OF GUARANTY FUND UNDER MGLC. 142A.

signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

Date _____ Contractor Signature _____ Registration No. _____

OR:
Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

Date 5-30-18 Owner Signature [Signature]

XII. BUILDING COMMISSIONERS REVIEW COMMENTS AND CONDITIONS

C. Building Permit Rejected SPECIAL PERMIT CITY COUNCIL
Reason For Rejection: "See Attachments" Fee _____
Permit # B-18-1536

Comments and Conditions:

Signed [Signature] Date: 6/13 2018
Title Building Commissioner
Not valid unless signed (not stamped) by Building Commissioner



CITY OF NEW BEDFORD
JONATHAN F. MITCHELL, MAYOR

DEPARTMENT OF INSPECTIONAL SERVICES
133 WILLIAM STREET – ROOM 308
NEW BEDFORD, MA 02740

New Bedford Comprehensive Zoning Code Review Code of Ordinances – Chapter-9

1551 Purchase Street – PLOT: 72 – LOT: 224 – ZONED DISTRICT: MUB

Special Permit Required from the City Council

Zoning Code Review as follows:

Special Permit

City Council

❖ SECTION

- 2200 – Use Regulations
- 2210 – General
- 2230 – *Table of Principal Use Regulations – Appendix A*
 - *Commercial - #18. Motor vehicle sales and rental*
- 5300-5330 & 5360-5390 – *Special Permit*

2200. - USE REGULATIONS.

2210. General. No structure shall be erected or used or land used except as set forth in Section 2230, "Table of Use Regulations", unless otherwise provided by this Ordinance or by statute. Uses not expressly provided for herein are prohibited. Not more than one principal structure shall be placed on a lot, except in accordance with Section 2330.

Symbols employed below shall mean the following:

Y - A permitted use.

N - An excluded or prohibited use.

BA - A use authorized under special permit from the Board of Appeals as provided under Section 5300.

CC - A use authorized under special permit from the City Council as provided under Section 5300.

PB - A use authorized under special permit from the Planning Board as provided under Section 5300.

2220. **Applicability.** When an activity might be classified under more than one of the following uses, the more specific classification shall govern; if equally specific, the more restrictive shall govern.

2230. Table of Use Regulations. See Appendix A.

(Ord. of 12-23-03, § 1)

5300. - SPECIAL PERMITS.

5310. Special Permit Granting Authority. The Zoning Board of Appeals, the Planning Board or the City Council shall act as the Special Permit Granting Authority under this Chapter as specifically designated in a particular Section or in accordance with the Specific Designations in the Table of Principal Use Regulations under Appendix A of this Chapter.

(Ord. of 12-23-03, § 1; Ord. of 12-8-05, § 1)

5320. Criteria. Special permits shall be granted by the special permit granting authority, unless otherwise specified herein, only upon its written determination that the benefit to the City and the neighborhood outweigh the adverse effects of the proposed use, taking into account the characteristics of the site and of the proposal in relation to that site. In addition to any specific factors that may be set forth in this Ordinance, the determination shall include consideration of each of the following:

5321. Social, economic, or community needs which are served by the proposal;

5322. Traffic flow and safety, including parking and loading;

5323. Adequacy of utilities and other public services;

5324. Neighborhood character and social structures;

5325. Impacts on the natural environment; and

5326. Potential fiscal impact, including impact on City services, tax base, and employment.

(Ord. of 12-23-03, § 1)

5330. Procedures. Applications for special permits shall be filed in accordance with the rules and regulations of the various special permit granting authorities, as may be applicable.

(Ord. of 12-23-03, § 1)

5340. Plans. An applicant for a special permit shall submit a plan in substantial conformance with the requirements of Section 5400, herein.

(Ord. of 12-23-03, § 1)

5350. Development Impact Statement (DIS). At the discretion of the special permit granting authority, the submittal of a development impact statement (DIS) may be required. The DIS shall be prepared by an interdisciplinary team including a Registered Landscape Architect or Architect, a Registered Professional or Civil Engineer, and a Registered Surveyor.

5351. Physical Environment.

(a)

Describe the general physical conditions of the site, including amounts and varieties of vegetation, general topography, unusual geologic, archeological, scenic and historical features or structures, location of significant viewpoints, stone walls, trees over sixteen (16) inches in diameter, trails and open space links, and indigenous wildlife.

- (b) Describe how the project will affect these conditions, providing a complete physical description of the project and its relationship to the immediate surrounding area.

5352. Surface Water and Subsurface Conditions.

- (a) Describe location, extent, and type of existing water and wetlands, including existing surface drainage characteristics, both within and adjacent to the site.
- (b) Describe any proposed alterations of shore lines, marshes, or seasonal wet areas.
- (c) Describe any limitations imposed on the project by the site's soil and water conditions.
- (d) Describe the impact upon ground and surface water quality and recharge, including estimated phosphate and nitrate loading on groundwater and surface water from septic tanks, lawn fertilizer, and other activities within the site.

5353. Circulation Systems.

Project the number of motor vehicles to enter depart the site per average day and peak hour. Also state the number of motor vehicles to use streets adjacent to the site per average day and peak hour. Such data shall be sufficient to enable the special permit granting authority to evaluate (i) existing traffic on streets adjacent to or approaching the site, (ii) traffic generated or resulting from the site, and (iii) the impact of such additional traffic on all ways within and providing access to the site. Actual study results, a description of the study methodology, and the name, address, and telephone number of the person responsible for implementing the study, shall be attached to the DIS.

5354. Support Systems.

- (a) Water Distribution: Discuss the types of wells or water system proposed for the site, means of providing water for firefighting, and any problems unique to the site.
- (b) Sewage Disposal: Discuss the type of on-site or sewer system to be used, suitability of soils, procedures and results of percolation tests, and evaluate impact of disposal methods on surface and groundwater.
- (c) Refuse Disposal: Discuss the location and type of facilities, the impact on existing City refuse disposal capacity, hazardous materials requiring special precautions.
- (d) Fire Protection: Discuss the type, location, and capacity of fuel storage facilities or other flammables, distance to fire station, and adequacy of existing firefighting equipment to confront potential fires on the proposed site.
- (e)

Recreation: Discuss the distance to and type of public facilities to be used by residents of the proposed site, and the type of private recreation facilities to be provided on the site.

- (f) Schools: Project the increase to the student population for nursery, elementary, junior high school, and high school levels, also indicating present enrollment in the nearest public schools serving these categories of students.

5355. Phasing. Where development of the site will be phased over more than one year, indicate the following:

- (a) Describe the methods to be used during construction to control erosion and sedimentation through use of sediment basins, mulching, matting, temporary vegetation, or covering of soil stockpiles. Describe the approximate size and location of portion of the parcel to be cleared at any given time and length of time of exposure.
- (b) Describe the phased construction, if any, of any required public improvements, and how such improvements are to be integrated into site development.

(Ord. of 12-23-03, § 1)

5360. Conditions. Special permits may be granted with such reasonable conditions, safeguards, or limitations on time or use, including performance guarantees, as the special permit granting authority may deem necessary to serve the purposes of this Ordinance.

(Ord. of 12-23-03, § 1)

5370. Lapse. Special permits shall lapse if a substantial use thereof or construction thereunder has not begun, except for good cause, within twelve (12) months following the filing of the special permit approval (plus such time required to pursue or await the determination of an appeal referred to in M.G.L.A. c. 40A, § 17, from the grant thereof) with the City Clerk.

(Ord. of 12-23-03, § 1)

5380. Regulations. The special permit granting authority may adopt rules and regulations for the administration of this Section.

(Ord. of 12-23-03, § 1)

5390. Fees. The special permit granting authority may adopt reasonable administrative fees and technical review fees for applications for special permits.

(Ord. of 12-23-03, § 1)

State Law reference— Special permits, M.G.L.A. c. 40A, § 9.

Permit No. B-18-1536
Completion Date

Special Permit



City of New Bedford, Massachusetts
Building Department
Application for Plan Examination
and Building Permit

FOR BUILDING DEPT. USE
DATE RECEIVED: _____
RECEIVED BY: 1 2018
ISSUED BY: [Signature]
BY: _____

IMPORTANT — COMPLETE ALL ITEMS — MARK BOXES WHERE APPLICABLE — PRINT

(AT LOCATION) 1551 (NO) Purchase St (STREET)
BETWEEN _____ AND _____ (CROSS STREET)
PLOT 72 LOT 234 DISTRICT _____ ACCEPTED STREET _____
PLANS FILED YES NO

II. TYPE AND COST OF BUILDING — all applicants complete parts A through D — PRINT

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 14)</p> <p>3 <input type="checkbox"/> Alteration (If residential, enter number of new housing units added, if any, in Part D, 14)</p> <p>4 <input checked="" type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Demolition (If multifamily residential, enter number of units in building in Part D, 14, if non-residential, indicate most recent use checking D-18 - D-32)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p>	<p>D1 PROPOSED USE — For demolition most recent use</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <p><i>Residential</i></p> <p>13 <input type="checkbox"/> One family</p> <p>14 <input type="checkbox"/> Two or more family — Enter number of units _____</p> <p>15 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units _____</p> <p>16 <input type="checkbox"/> Garage</p> <p>17 <input type="checkbox"/> Carport</p> <p>18 <input type="checkbox"/> Other — Specify _____</p> </td> <td style="width: 50%;"> <p><i>Nonresidential</i></p> <p>19 <input type="checkbox"/> Amusement, recreational</p> <p>20 <input type="checkbox"/> Church, other religious</p> <p>21 <input type="checkbox"/> Industrial</p> <p>22 <input type="checkbox"/> Parking garage</p> <p>23 <input type="checkbox"/> Service station, repair garage</p> <p>24 <input type="checkbox"/> Hospital, institutional</p> <p>25 <input type="checkbox"/> Office, bank, professional</p> <p>26 <input type="checkbox"/> Public utility</p> <p>27 <input type="checkbox"/> School, library, other educational</p> <p>28 <input type="checkbox"/> Stores, mercantile</p> <p>29 <input type="checkbox"/> Tanks, towers</p> <p>30 <input type="checkbox"/> Funeral homes</p> <p>31 <input type="checkbox"/> Food establishments</p> <p>32 <input checked="" type="checkbox"/> Other — Specify <u>USED CAR LOT</u></p> </td> </tr> </table>	<p><i>Residential</i></p> <p>13 <input type="checkbox"/> One family</p> <p>14 <input type="checkbox"/> Two or more family — Enter number of units _____</p> <p>15 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units _____</p> <p>16 <input type="checkbox"/> Garage</p> <p>17 <input type="checkbox"/> Carport</p> <p>18 <input type="checkbox"/> Other — Specify _____</p>	<p><i>Nonresidential</i></p> <p>19 <input type="checkbox"/> Amusement, recreational</p> <p>20 <input type="checkbox"/> Church, other religious</p> <p>21 <input type="checkbox"/> Industrial</p> <p>22 <input type="checkbox"/> Parking garage</p> <p>23 <input type="checkbox"/> Service station, repair garage</p> <p>24 <input type="checkbox"/> Hospital, institutional</p> <p>25 <input type="checkbox"/> Office, bank, professional</p> <p>26 <input type="checkbox"/> Public utility</p> <p>27 <input type="checkbox"/> School, library, other educational</p> <p>28 <input type="checkbox"/> Stores, mercantile</p> <p>29 <input type="checkbox"/> Tanks, towers</p> <p>30 <input type="checkbox"/> Funeral homes</p> <p>31 <input type="checkbox"/> Food establishments</p> <p>32 <input checked="" type="checkbox"/> Other — Specify <u>USED CAR LOT</u></p>
<p><i>Residential</i></p> <p>13 <input type="checkbox"/> One family</p> <p>14 <input type="checkbox"/> Two or more family — Enter number of units _____</p> <p>15 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units _____</p> <p>16 <input type="checkbox"/> Garage</p> <p>17 <input type="checkbox"/> Carport</p> <p>18 <input type="checkbox"/> Other — Specify _____</p>	<p><i>Nonresidential</i></p> <p>19 <input type="checkbox"/> Amusement, recreational</p> <p>20 <input type="checkbox"/> Church, other religious</p> <p>21 <input type="checkbox"/> Industrial</p> <p>22 <input type="checkbox"/> Parking garage</p> <p>23 <input type="checkbox"/> Service station, repair garage</p> <p>24 <input type="checkbox"/> Hospital, institutional</p> <p>25 <input type="checkbox"/> Office, bank, professional</p> <p>26 <input type="checkbox"/> Public utility</p> <p>27 <input type="checkbox"/> School, library, other educational</p> <p>28 <input type="checkbox"/> Stores, mercantile</p> <p>29 <input type="checkbox"/> Tanks, towers</p> <p>30 <input type="checkbox"/> Funeral homes</p> <p>31 <input type="checkbox"/> Food establishments</p> <p>32 <input checked="" type="checkbox"/> Other — Specify <u>USED CAR LOT</u></p>		
<p>B. OWNERSHIP</p> <p>8 <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p>D2 Does this building contain asbestos?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes complete the following.</p> <p>Name & Address of Asbestos Removal Firm: _____</p> <p>Submit copy of notification sent to DEQE and the State Dept. of Labor & Industries and results of air sample analysis after asbestos removal is completed.</p>		
<p>C. COST</p> <p>10 Cost of construction \$ <u>2500-</u> (Omit cents)</p> <p>To be installed but not included in the above cost</p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>11. TOTAL VALUE OF CONSTRUCTION <u>2500-</u></p> <p>12. TOTAL ASSESSED BLDG. VALUE</p>	<p>D3. Non-residential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.</p> <p><u>Remodel Lot + building for use as a</u></p> <p><u>used CAR LOT</u></p>		

III. SELECTED CHARACTERISTICS OF BUILDING — For new buildings complete part E through L. For demolition, complete only parts G, H & I. For all others, (additions, alterations, repair, moving, foundation), complete E through L.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>33 <input checked="" type="checkbox"/> Masonry (wall bearing)</p> <p>34 <input type="checkbox"/> Wood frame</p> <p>35 <input type="checkbox"/> Structural steel</p> <p>36 <input type="checkbox"/> Reinforced concrete</p> <p>37 <input type="checkbox"/> Other — Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>43 <input checked="" type="checkbox"/> Public or private company</p> <p>44 <input type="checkbox"/> Private (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>53 Number of stories _____</p> <p>54 Height _____</p> <p>55 Total square feet of floor area, all floors based on exterior dimensions _____</p> <p>56 Building length _____</p> <p>57 Building width _____</p> <p>58 Total sq. ft. of bldg. footprint _____</p> <p>59 Front lot line width _____</p> <p>60 Rear lot line width _____</p> <p>61 Depth of lot _____</p> <p>62 Total sq. ft. of lot size _____</p> <p>63 % of lot occupied by bldg. (58+62) _____</p> <p>64 Distance from lot line (front) _____</p> <p>65 Distance from lot line (rear) _____</p> <p>66 Distance from lot line (left) _____</p> <p>67 Distance from lot line (right) _____</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>38 <input type="checkbox"/> Gas</p> <p>39 <input checked="" type="checkbox"/> Oil</p> <p>40 <input type="checkbox"/> Electricity</p> <p>41 <input type="checkbox"/> Coal</p> <p>42 <input type="checkbox"/> Other — Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>45 <input checked="" type="checkbox"/> Public or private company</p> <p>46 <input type="checkbox"/> Private (well, cistern)</p>	
<p>I. TYPE OF MECHANICAL</p> <p>Is there a fire sprinkler system?</p> <p>47 <input type="checkbox"/> YES 48 <input checked="" type="checkbox"/> NO</p> <p>Will there be central air conditioning?</p> <p>49 <input type="checkbox"/> Yes 50 <input checked="" type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>51 <input type="checkbox"/> Yes 52 <input checked="" type="checkbox"/> No</p>		

OTHER APPLICABLE REVIEWS

K. FLOODPLAIN

Is location within flood hazard area? yes no
 If yes, zone : _____ and base elevation _____

L. WETLANDS PROTECTION

Is location subject to flooding? _____
 Is location part of a known wetland? _____
 Has local conservation commission reviewed this site? _____

IV. IDENTIFICATION – ALL APPLICANTS – PLEASE PRINT

OWNER OR LESSEE NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
GABRIEL DA ROSA	56 Westwood Drive N. Dartmouth	02747	508 951 0751
VICTOR D. DAROSA	56 Westwood Dr N. DARTMOUTH	02747	774 559 7121
E-mail Address:			
CONTRACTOR NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
		LICENSE #	
E-mail Address:			
ARCHITECT NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
		LICENSE #	
E-mail Address:			
SIGNATURE OF OWNER	APPLICANT SIGNATURE	DATE	
<i>Gabriel Darosa</i>	<i>Victor D. Darosa</i>	05/30/18	

Omission of reference to any provision shall not nullify any requirement of this code nor exempt any structure from such requirement.

The applicants understands and warrant that they will comply with all pertinent federal and state statutes, local ordinances and all federal, state, and local regulations, including those of the Architectural Barriers board, Department of Environmental Protection Agency and may be forwarded for review to all pertinent local city agencies which may express specific concerns. It is understood that the issuance of a permit shall not serve as an acceptance or acknowledgment of compliance nor exempt any structure from such requirement. The permit shall be a license to proceed with the work and shall not be construed as authority to violate, cancel, or set aside any of the provisions of the State Building Code or local code of ordinances, except as specifically stipulated by modification or legally granted variation in accordance with Section 122.0 of State Building Code or local code of ordinances.

I have read the above and sign under pain and penalty of perjury as to the truth of all of the information and statements contained in sections I through IV of this application.

Victor D. Darosa 56 Westwood Drive North Dartmouth Ma
 Applicant's Signature Address City 02747

V. OTHER JURISDICTION APPROVALS AND NOTIFICATION

APPROVAL	CHECK	DATE OBTAINED	BY
Electrical			
Plumbing			
Fire Department			
Water			
Planning			
Conservation			
Public Works			
Health			
Licensing			
Other			

VI. ZONING REVIEW

DISTRICT: _____ USE: _____

FRONTAGE: _____ LOT SIZE: _____

SETBACKS:

FRONT: _____ LEFT SIDE: _____ RIGHT SIDE: _____ REAR: _____

PERCENTAGE OF LOT COVERAGE PRIMARY BUILDING _____

VARIANCE HISTORY _____

VII. WORKER'S COMPENSATION INSURANCE AFFIDAVIT

I, _____
 (licensee/permittee) with a principal place of business/residence at:

(City/State/Zip) do hereby certify, under the pains and penalties of perjury, that:

I am an employer providing worker's compensation coverage for my employees working on this job.

Insurance Company _____ Policy Number _____

I am a sole proprietor and have no one working for me.
 I am a sole proprietor, general contractor, or homeowner and have hired the contractors listed below who have the following worker's compensation insurance policies:

Name of contractor _____ Insurance Company/policy number _____

Name of contractor _____ Insurance Company/policy number _____

I am a homeowner performing all the work myself.

NOTE: Please be aware that while homeowners who employ persons to do maintenance, construction or repair work on a dwelling of not more than three units in which the homeowner also resides or on the grounds appurtenant thereto are not generally considered to be employers under the Workers' Compensation Act (GL. C. 152, sect. 1(5)), application by a homeowner for a license or permit may evidence the legal status of an employer under the Workers' Compensation Act.

I understand that a copy of this statement will be forwarded to the Department of Industrial Accidents' Office of Insurance for coverage verification and that failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties consisting of a fine of up to \$1500.00 and/or imprisonment of up to one year and civil penalties in the form of a Stop Work Order and a fine of \$100.00 a day against me.

Signed this Michael P. P. 30th day of May, 20 18



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information Please Print Legibly

Name (Business/Organization/Individual): BBN AUTO SALES

Address: 1551 PURCHASE ST

City/State/Zip: New Bedford MA Phone #: 774-559-7121

Are you an employer? Check the appropriate box:

- | | |
|---|--|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input checked="" type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|--|

Type of project (required):

6. New construction
7. Remodeling
8. Demolition
9. Building addition
10. Electrical repairs or additions
11. Plumbing repairs or additions
12. Roof repairs
13. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Wick De Rosa Date: 05-29-2018

Phone #: 774 559 7121

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
 6. Other _____

Contact Person: _____ Phone #: _____



DEPARTMENT OF INSPECTIONAL SERVICES
 133 WILLIAM STREET - ROOM 308
 NEW BEDFORD, MA 02740

CITY OF NEW BEDFORD
 JONATHAN F. MITCHELL, MAYOR

CITY OF NEW BEDFORD
 INSPECTIONAL SERVICES DEPARTMENT
 133 WILLIAM ST, NEW BEDFORD MA 02740

AFFIDAVIT
 Home Improvement Contractor Law
 Supplement to Permit Application

The Office of Consumer Affairs and Business Regulation ("OCABR") regulates the registration of contractors and subcontractors performing improvements or renovations on detached one to four family homes. Prior to performing work on such homes, a contractor must be registered as a Home Improvement Contractor ("HIC").

M.G.L. Chapter 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units...or to structures which are adjacent to such residence or building" be done by registered contractors.

Note: If the homeowner contracted with a corporation or LLC, that entity must be registered.

Type of Work: Remodeling Est. Cost 2500

Address of Work: 1551 PURCHASE ST

Date of Permit Application: _____

I hereby certify that:

Registration is not required for the following reason(s):

- Work excluded by law:(explain) _____
- Job under \$1,000.00 _____
- Building not owner-occupied _____
- Owner obtaining own permit (explain) _____
- Other (specify) _____

OWNERS OBTAINING THEIR OWN PERMIT OR ENTERING INTO CONTRACTS WITH UNREGISTERED CONTRACTORS OR SUBCONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK ARE NOT ELIGIBLE FOR AND DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER M.G.L. Chapter 142A.

Signed under the penalties of perjury:

I hereby apply for a permit as the agent of the owner:

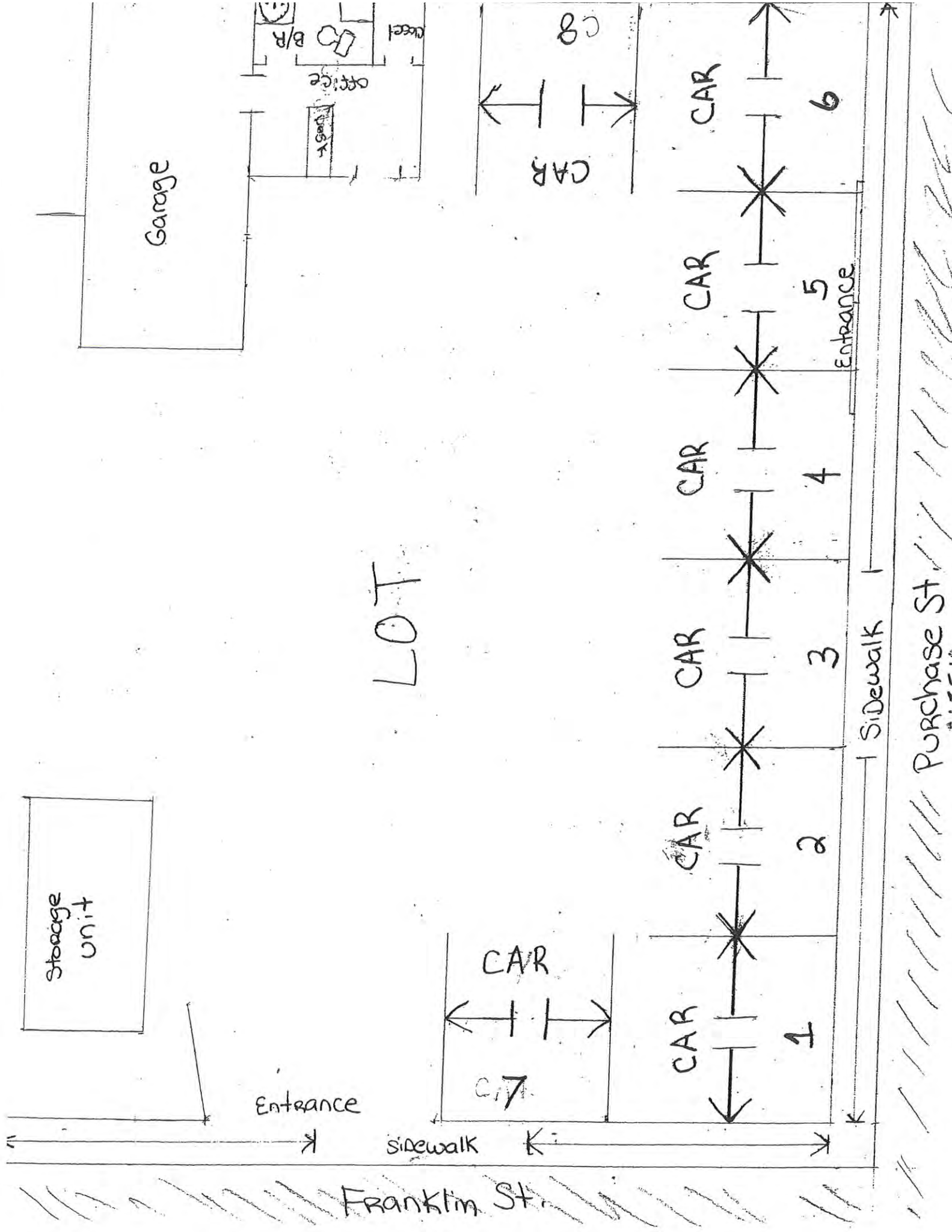
 Date Contractor Name HIC Registration No.

OR:

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

 Date 5-30-18 Owner Name and Signature Gabriel P. P...

LOT



Location: 1551 PURCHASE ST

Parcel ID: 72 224

Zoning: MUB

Fiscal Year: 2018

Current Sales Information:

Sale Date:

12/16/2013

Sale Price:

\$100.00

Card No. 1 of 1

Legal Reference:

10977-97

Grantor:

B G & F REALTY CO LLC,

Current Owner Information:

DAROSA GABRIEL N

56 WESTWOOD DRIVE

N DARTMOUTH , MA 02747

This Parcel contains 0.13 acres of land mainly classified for assessment purposes as AUTO S&S with a(n) COMMERCIAL GARAGE style building, built about 1930, having Conc Blk exterior, Asphalt Shingles roof cover and 676 Square Feet, with 1 unit(s), total room(s), total bedroom(s) 0 total bath(s), 0 3/4 baths, and 1 total half bath(s).

Building Value:

20100

Land Value:

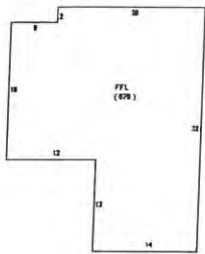
80600

Yard Items Value:

4200

Total Value:

104900



Fiscal Year 2018

Tax Rate Res.: 16.63
 Tax Rate Com.: 35.65
 Property Code: 330
 Total Bldg Value: 20100
 Total Yard Value: 4200
 Total Land Value: 80600
Total Value: 104900
Tax: \$3,739.69

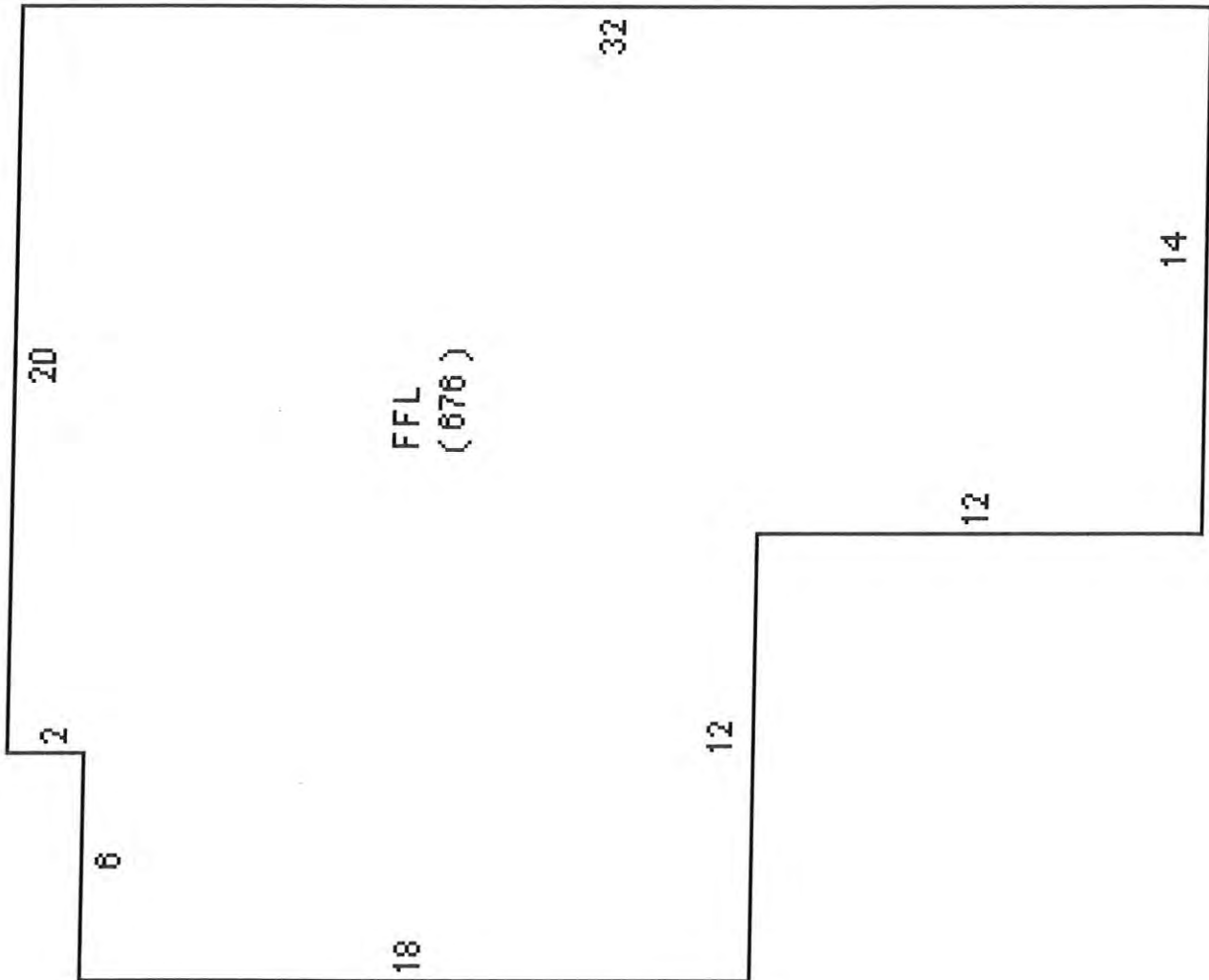
Fiscal Year 2017

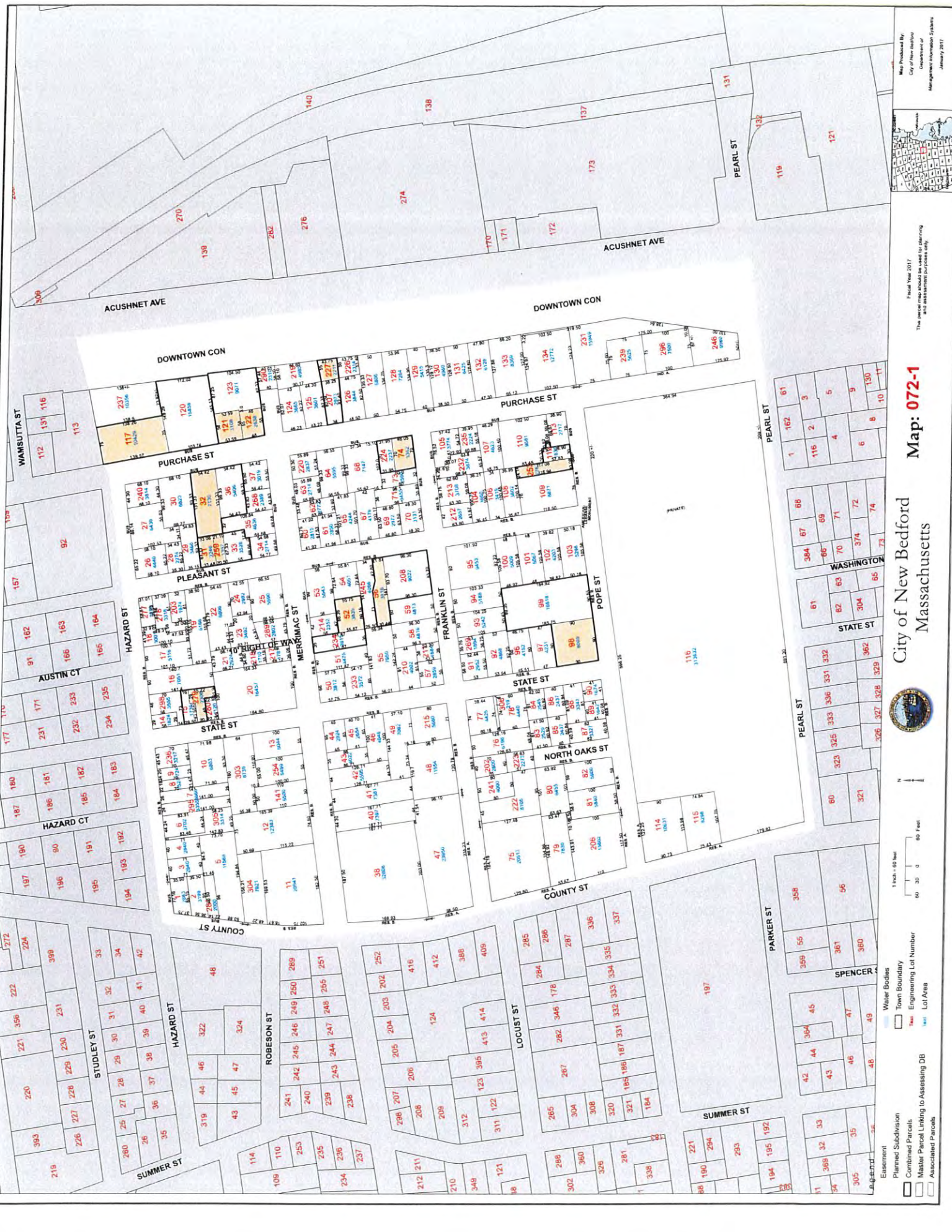
Tax Rate Res.: 16.69
 Tax Rate Com.: 36.03
 Property Code: 330
 Total Bldg Value: 21500
 Total Yard Value: 4200
 Total Land Value: 80600
Total Value: 106300
Tax: \$3,829.99

Fiscal Year 2016

Tax Rate Res.: 16.49
 Tax Rate Com.: 35.83
 Property Code: 330
 Total Bldg Value: 26800
 Total Yard Value: 4200
 Total Land Value: 76300
Total Value: 107300
Tax: \$3,844.56

Disclaimer: Classification is not an indication of uses allowed under city zoning. This information is believed to be correct but is subject to change and is not warranted.





Map Produced By:
City of New Bedford
Department of
Management Information Systems
January 2017



Fiscal Year 2017
The parcel map should be used for planning
and assessment purposes only.

City of New Bedford Massachusetts



Map: 072-1

1 inch = 60 feet

60 30 0 60 Feet

Legend:

- Water Bodies
- Town Boundary
- Planned Subdivision
- Combined Parcels
- Master Parcel Linking to Assessing DB
- Associated Parcels
- Engineering Lot Number
- Lot Area

50

54.75

BU

5.10

31.95

48.05

102.0

224

2237

70

74

3362

70

31.95

32

73

80

2560

32

16.1

71

88

3455

35.89

6

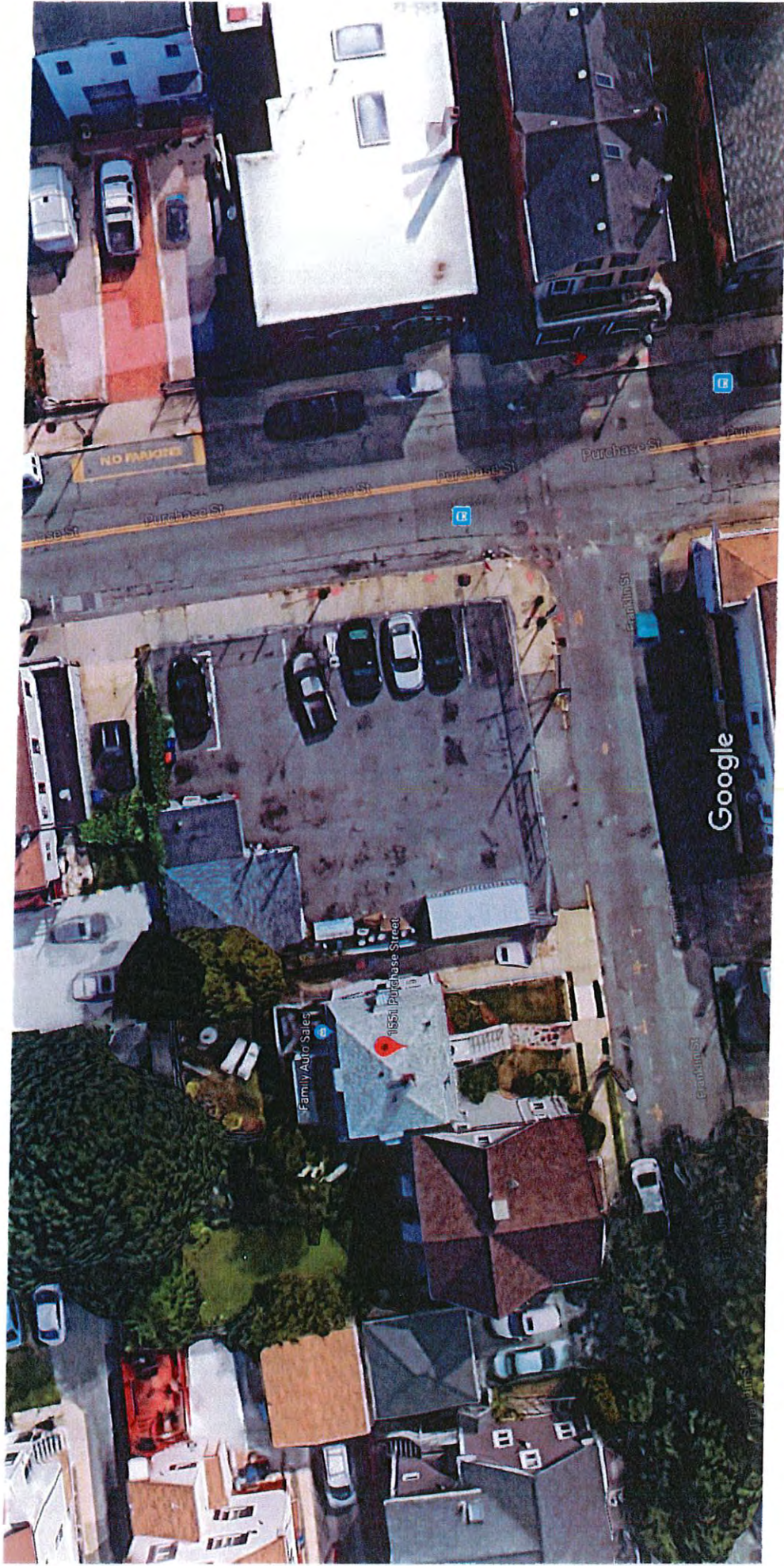
BUS.



BlueBird Transportation

OPEN

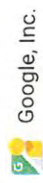
1551 Purchase St



Imagery ©2018 Google, Map data ©2018 Google 10 ft



New Bedford, Massachusetts



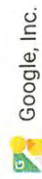
Google, Inc.

Street View - Sep 2012

Image capture: Sep 2012 © 2018 Google



New Bedford, Massachusetts



Street View - Sep 2012

Image capture: Sep 2012 © 2018 Google

COMMITTEE ON APPOINTMENTS & BRIEFINGS

RECEIPT

DATE: 07/10/18

FROM: Bluebird Transportation LLC

Receipt of Seven Hundred Dollars

For Special Permit for Motor Vehicle Sales and Rentals at 1551 Purchase Street, New Bedford, MA
02740



Donna M. Britto
Assistant Clerk of Committees

