

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 se forth under the provisions of the Zoning Ordinance to the following described premises:				
Owner/Landlord Dennis M Full Name and/or Co			,	
OTHER Owner(s)/Landlord(s) (if appl	icable) Grace F. Made	eira_		
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 – o Letterhead and/or copy of Purchase & Sale Agreement or lease, where applicable.)				
OTHER Lessee(s) (if applicable)		,	1	
Location of Premises 262 Street Number		Street.		
Assessor's Plot Plot No.	213 12618 Lot No. Book No.	183 Page No.		
Dimensions of LotFrontage	Area Depth	Sq. Ft.		
Zoning District(s) in which premises an	re located 1B			
Premises in present ownership since 10 31 18				
Number of buildings on lot				
Size of existing buildings 2996 Sq. feet				
Size of proposed buildings \(\sigma \alpha \)				
Present use of premises auto body + repair				
Proposed use(s) and Number of Cars/People on Premises at any given time (Adequate Parking): (c. inside building being worked on, I in back from tows, 2 in front to sell, A waiting for repair. Extent of proposed alterations no attenutions, just looking to Change rame of business and business will Continue to open the same as provident. Explain the need for the SPECIAL PERMIT and what changes are proposed? Looking to Change name of business—no other Changes. Business will continue to open the as auto body repair Shop. Have plans been submitted to the Department of Inspectional Services? (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? 185 If so, Reason: Says requires "Special Permit" from City Council.				
A non-refundable filing fee is required when submitting the application, payable by check or money order to the City of				

A non-refundable filing fee is required when submitting the application, payable by check or money order to the City o 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.

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		mitted with the required drawings. Attach required drawings of INK to produce legible copies. If Petition is granted, the plan states otherwise.	
	Must provide Site Plan identifying positioning of existing structures. Must show footprint and dimensions. Show Refront and Side Distances between Structure and Boundary Lines. Must provide separate site plan showing propositions or additions with side, front and rear set property lines identified.		
	By signing this application, the Petitioner is stating the accompanying instructions and information. Also, if gran within one year.	hat they have read and understand this Application and that the Special Permit needs to be recorded and acted of	
	I have read and understand this application and the accom-	panying instructions and information.	
		Although not a requirement of submission, you may wish to contact a attorney to help you with your application and Public Hearing.) Represented by: Signature	
	Lessee(s)	(If Corporation, must have letter on Letterhead Authorizing person to sign on Corporation's behalf.)	
	Address 26 Ryan St. New Bed Ford, MA City/State/Zip Code 02740	City/State/Zip Code	
	Telephone No. (Home) <u>508-728-8283</u>	(Business) <u>508-997-4975</u>	
	Other Owner(s) Grace F. Madeira		
	Address <u>ale Ryan St., New Bedford</u> , MA City/State/Zip Code 027/0	City/State/Zip Code	
	Telephone No. (Home) 508-728-6885	(Business) 508-997-4975	
	I do/do not consent to the above application. I suggest the	e following conditions be included in application:	
	312	City Planner Date	
ial	I do do not consent to the above application. I suggest the permit is granted a zo Day Appeal period is weeded a ving it recorded at the registry of Deeds + a	tallowed Ku Hours (it y look Strup to Na servork	
		C. II - i Iiti I - i I - I - I - I	
(I do/do not consent to the above application. I suggest the	## ## Hufo Buly Stop Liconal	
		Licensing Board Clerk 206. Date	
	I do do not consent to the above application. I suggest Body Repairs & Light Service Only) MUST SEND CO. CLEANS OLLWATER SEPARATOR TO PPI, (PP	the following conditions be included in application: (General, a PY OF RECEIPT FROM COMPANY THAT INSPECTS) OFFICE EVERY & MONTHS. Dept. of Public Infrastructure Commissioner Date	
	I do/do not consent to the above application. I suggest the (Petroleum: Any on Premises; if so, Tanks only – Above or U	ne following conditions be included in application: inderground?; Prior Use?; Use to be Continued?)	
	ASA	Stephanie M Mucinty H18/18 - City Clerk Date	