



New Bedford, Massachusetts Motor Vehicle Special Permit APPLICATION

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:

DATE: 3/16/22

Type of service to be provided:



Sales and/or Rentals



Body Repair



General Repair



Light Service

Owner/Landlord Information:

Thomas Vinagre

Full Legal Name

Navigator Motors LLC

Company Name (if applicable)

1615 Cove Rd

Address

New Bedford, MA, 02740

City, State, Zip

508-264-9116

Phone Number

Tommyvinagre@gmail

Email Address

OTHER Owner/Landlord Information: (if applicable)

Lessee Information: (if different from above)

Full Legal Name

Company Name

Address

City, State, Zip

Phone Number

Email Address

OTHER Lessee Information: (if applicable)

Location Information:

Address of Premises: 1615 Cove Road 02740
Street Number & Name Zip Code

Assessor's Plot: 17 257 14190 238
Plot # Lot # Book # Page #

Lot Dimensions: 49.14 94.08 6027
Frontage Depth Area in Sq. Ft.

Zoning District(s) in which premises are located: MUB

Premises in present ownership since: (date of purchase) 1/14/2022

Present use of premises: Auto Sales

Number of buildings on Lot: 1 Size of existing building(s): 270 sf

Number of cars on premises at any given time: 19

Number of people on premises at any given time: 2

Size of proposed buildings (if applicable): _____

Extent of proposed alterations (if applicable): _____

Have plans been submitted to the Department of Inspectional Services? NO
(Recorded Plans, accurately scaled as required by DIS, must be included with this application.)

Has the Department of Inspectional Services Commissioner refused to issue a permit? yes

If so, the reason: Special permit required

Signature Page:

A non-refundable filing fee is required when submitting the application, payable by cash, check or money order made payable to the City of New Bedford. The filing fee is non-refundable regardless of whether or not the petition is granted.

The FEE SCHEDULE as of January 2018:

Up to 10,000 square feet - \$700
10,001 - 20,000 square feet - \$800
20,001 - 30,000 square feet - \$900

If the petition is granted, the permission is specific to the plans submitted, unless the City Council states otherwise.

By signing this application, the Petitioner is stating that they have read and understand this application and the accompanying instructions and information. If granted, the Special Permit needs to be recorded and acted on within one year or the application process must begin again with a new, non-refundable fee.

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

Respectfully submitted:

Owner Signature: 
(Must be the signature of the current owner on record.)

Date: 3/16/22

Lessee Signature: _____
(If the Lessee is a corporation, we must have a letter authorizing this person to sign on the corporation's behalf, on company letterhead.)

Date: _____

Representative Signature: _____
(Although not a requirement for submission, you may wish to contact an attorney to assist you with the application process.)

Date: _____

OTHER Owner Signature: _____

Date: _____

OTHER Lessee Signature: _____

Date: _____



New Bedford, Massachusetts Motor Vehicle Special Permit *Department Signature Page*

Business Name/Address: Navigator Motors LLC / 1615 Cove Road

I (do) do not consent to the application referenced above. I suggest the following conditions be included:

Anne Louro, Preservation Planner
Planning Department

04/11/2022
Date

I (do) do not consent to the application referenced above. I suggest the following conditions be included:

Will require a Special Permit approved by City Council for 19 cars. This Special Permit must be recorded at the Registry of Deeds after the 20-day appeal period has expired and it is stamped by the City Clerk attesting to the fact, then a copy must be returned to room 308 and a permit will be issued from Inspectional Services (Room 308)

Danny Romanowicz
D.I.S. Commissioner

04/11/2022
Date

I (do) do not consent to the application referenced above. I suggest the following conditions be included:

Nicholas Nanopoulos
Licensing Board Clerk

04/06/2022
Date

I (do) do not consent to the application referenced above. I suggest the following conditions be included:

Wayne Perry, IPP Engineer
Department of Public Infrastructure

04/13/2022
Date

I (do) do not consent to the application referenced above. I suggest the following conditions be included:

Stephanie Macomber
Asst. City Clerk

04/08/2022
Date



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 #	17
LOT(S)#	257
ADDRESS: 1615 Cove Road	
OWNER INFORMATION	
NAME: Thomas Vinagre	
MAILING ADDRESS: 1593 Cove Road New Bedford, MA 02740	
APPLICANT/CONTACT PERSON INFORMATION	
NAME (IF DIFFERENT):	
MAILING ADDRESS (IF DIFFERENT):	
TELEPHONE #	(508) 264-9116
EMAIL ADDRESS:	Tommyvinagre@gmail.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 checked="" type="checkbox"/>	LICENSING BOARD APPLICATION
<input type="checkbox"/>	OTHER (Please explain):

Once obtained, the Certified List of Abutters must be attached to this Certification Letter.
Submit this form to the Department of City Planning, Room 303 in City Hall, 133 William Street, or Email to Angela.Goncalves@newbedford-ma.gov. The applicant is 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.

Michael J. Motta

Printed Name

Michael Motta

Signature

Digitally signed by Michael Motta
Date: 2022.03.23 17:04:07 -04'00'

3/23/2022

Date

Amount Due

\$5.00

Date Paid

3/21/2022

Confirmation Number

380936

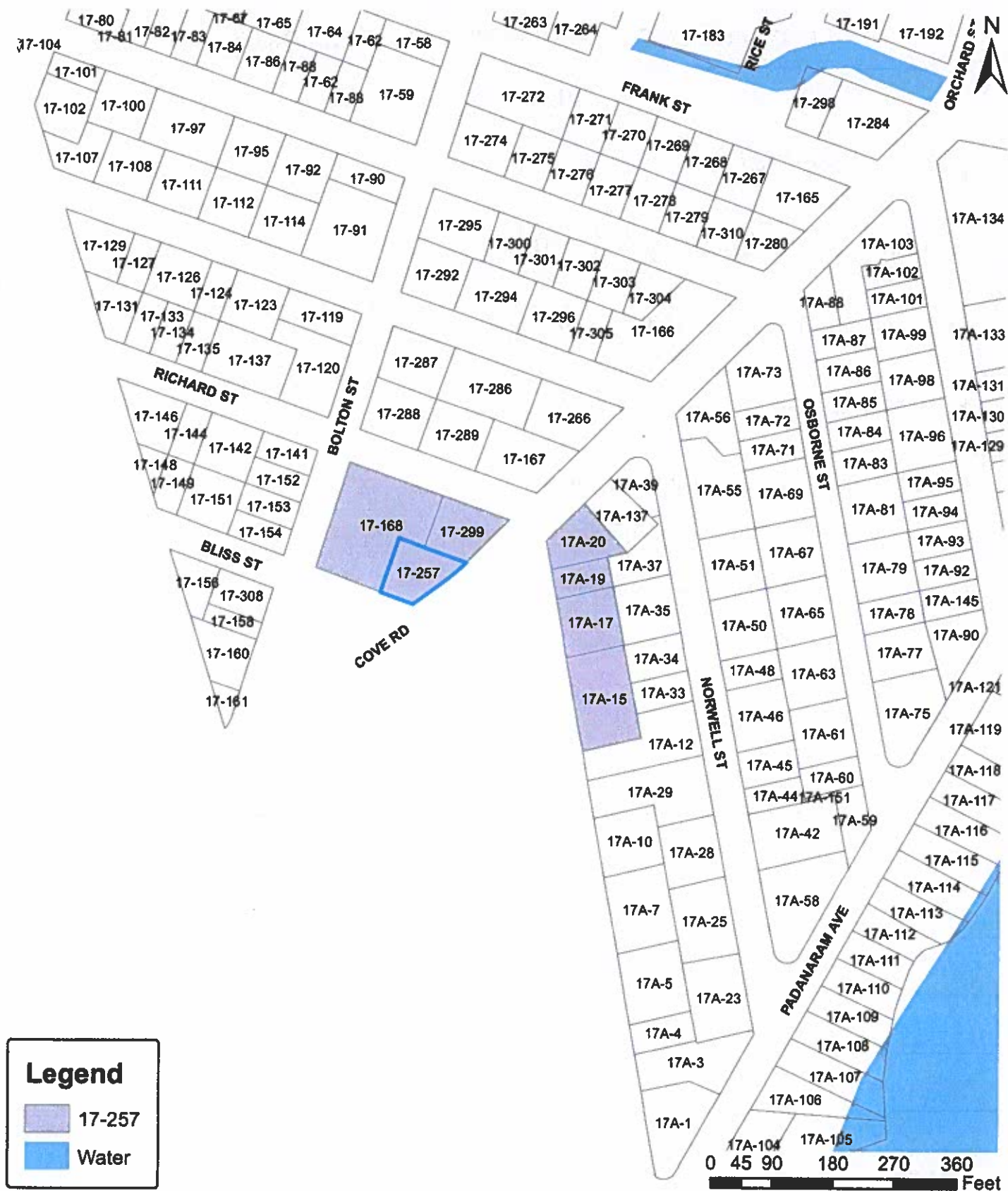
March 16, 2022
Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 1615 Cove Road (Map: 17, Lot: 257). 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
17-168	145 BLISS ST	JAMINAC CORPORATION, P O BOX 387 WEST BRIDGEWATER, MA 02379
17A-19	93 TAYLOR ST	VICTORIA MARGINSON 93 TAYLOR ST S. DARTMOUTH, MA 02748
17A-20	95 TAYLOR ST	TAVARES HENRY C, TAVARES JOHN C 95 TAYLOR ST S. DARTMOUTH, MA 02748
17-299	1593 COVE RD	NAVIGATOR AUTOMOTIVE INC 114 OSBORNE STREET DARTMOUTH, MA 02747
17-257	1615 COVE RD	SALCO AUTO SALES LLC C/O CLAUDIA FAIA-MANAGING MEMBER 37 WEYMOUTH AVENUE WES ROXBURY, MA 02132
17A-17	87 TAYLOR ST	CAMPOS NELSON A, CAMPOS MARIA C 87 TAYLOR ST S. DARTMOUTH, MA 02748
17A-15	81 TAYLOR ST	FERNANDES MARIA ISIDOIO PO BOX 87003 DARTMOUTH, MA 02748

Note: This map was developed using the best available data and serves a guide rather than a determination. Data should be confirmed in the field to ensure accuracy.



City of New Bedford, Massachusetts
Department of City Planning

Parcel within 300FT



March 2022

COMMITTEE ON APPOINTMENTS & BRIEFINGS

RECEIPT

DATE: 3/30/2022

OWNER(S): Thomas Vinagre

BUSINESS NAME: Navigator Motors LLC

BUSINESS ADDRESS: 1615 Cove Rd.

FOR MOTOR VEHICLE: Sales and/or Rentals

Body Repair

General Repair

Light Service

AMOUNT RECEIVED: Seven Hundred Dollars (\$700.00)

Angelic Taylor
Angelic Taylor
Administrative Coordinator

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS that Claudia Faia, a single woman, of New Bedford, MA 02740,

for consideration paid and in full consideration of SEVENTY-THOUSAND AND 00/100 (\$70,000.00) DOLLARS

grant to Thomas D. Vinagre & Georges Nahih Elkosseifi, as Tenants in Common, of
114 Osborne Street, Dartmouth, MA 02748

with quitclaim covenants, the land in New Bedford, Bristol County, Massachusetts, with any buildings thereon, bounded and described as follows:

BEGINNING at the point of intersection of the NORTHWESTERLY line of Cove Road with the NORTHEASTERLY line of Bliss Street;

Thence NORTHWESTERLY in said NORTHEASTERLY line of Bliss Street 49.14 feet;

Thence NORTHEASTERLY by Lot 2 on plan hereinafter described 80 feet;

Thence SOUTHEASTERLY by Lots 6 and 7 on said plan 98.28 feet; and

Thence SOUTHWESTERLY by said NORTHWESTERLY line of Cove Road by two lines measuring together 94.08 feet to the point of beginning.

Containing 22.14 square rods, more or less.

Being Lot 3 of Plan of Land owned by Aloysius Westhy and Daniel Baker dated April 28, 1926 drawn by Frank M. Metcalf, C.E. and recorded with the Bristol County (S.D.) Registry of Deeds in Plan Book 36, Page 2.

Said premises are conveyed subject to and with the benefit of all rights, restrictions, reservations, easements, appurtenances and rights of way of record, insofar as the same are still in force and applicable.

For my title, see deed recorded with the Bristol County (S.D.) Registry of Deeds in Book 14174, Page 64.

Property Address: 1615 Cove Road, New Bedford, MA 02740

WITNESS my hand and seal this

day of January, 2022.




Claudia Faia

THE COMMONWEALTH OF MASSACHUSETTS

Bristol ss.

On this 14 day of January, 2022, before me, the undersigned notary public, personally appeared Claudia Faia, proved to me through satisfactory evidence of identification, which was Drivers license, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that she signed it voluntarily for its stated purpose.





Notary Public:
My Commission Expires:
CASEY L COLE-VIEIRA
3/11/2027

A true copy of instrument as recorded in
Bristol County (S.D.) Registry of Deeds
in Book 14190 Page 238
ATTEST:


REGISTER

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, §64, debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by Massachusetts General Law C111, §150A

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 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 of building" be conducted by registered contractors, with certain exceptions, along with other requirements.

Type of Work: **Change of Use - "Navigator Motors LLC" Used Vehicle Sales - 19 Allowed Cars**

Est. Cost _____

Address of Work: **1615 Cove Road**

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 _____

Owner Signature _____

XII. BUILDING COMMISSIONERS REVIEW COMMENTS AND CONDITIONS

C. Building Permit Rejected

☒ **City Council - Special Permit**

Reason For Rejection:

"See Attachments"**B-22-577**

Comments and Conditions:

Signed _____

Date: **3-21** 20 **22**

Title _____

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

1615 Cove Road – PLOT: 17 – LOT: 257 – ZONED DISTRICT: MUB
Special Permit Required from the City Council

Zoning Code Review as follows:

Special Permit	City Council
❖ 2000 – Use and Dimensional Regulations	
• 2200 – Use Regulations	
▪ 2210 – General	
▪ 2230 – Table of Principal Use Regulations – Appendix A	
♦ Commercial - #18. Motor vehicle sales and rental	
❖ 5000 – Administration and Procedures	
• 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.

DISTRICTS

[illegible]

14. Big Box Retail (60,000 Sq. ft. or greater)	N	N	N	N	N	N	N	BA	BA	N	N	N	N	N	N	N
15. Health clubs	N	N	N	N	N	N	N	Y	Y	Y	Y	Y	N	N	Y	Y
16. Mixed use	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	Y	Y
17. Live /work	N	N	N	N	N	N	N	BA	BA	N	N	N	N	N	Y	Y
18. Motor vehicle sales and rental	N	N	N	N	N	N	N	CC	CC	CC	CC	CC	N	N	N	N
19. Motor vehicle general repairs	N	N	N	N	N	N	N	CC	CC	N	CC	CC	N	Y	N	N
20. Motor Vehicle body repairs	N	N	N	N	N	N	N	N	N	N	CC	CC	N	N	N	N
21. Motor vehicle light service	N	N	N	N	N	N	N	CC	CC	CC	CC	CC	N	CC	N	N
22. Restaurant	N	N	N	N	N	N	N	Y	Y	Y	N	N	SP	Y	Y	Y
23. Restaurant, fast-food	N	N	N	N	N	N	N	BA	BA	BA	N	N	N	BA	BA	BA
24. Business or professional office	N	N	N	N	N	N	N	Y	Y	Y	N	N	Y	Y	Y	Y
25. Medical offices, center, or clinic	N	N	N	N	N	N	N	BA	BA	BA	N	N	BA	BA	Y	Y
26. Bank, financial agency	N	N	N	N	N	N	N	Y	Y	Y	N	N	Y	Y	Y	Y
27. Indoor commercial recreation	N	N	N	N	N	N	N	Y	Y	Y	N	N	N	Y	Y	Y

Permit No. **B-22-597**
Completion Date



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

FOR BUILDING DEPT. USE
DATE RECEIVED: _____
RECEIVED BY: **DE**
ISSUED BY: **DE**

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

(AT LOCATION) **1615 Cove Road**
(NO) (STREET)
BETWEEN _____ (CROSS STREET) AND _____ (CROSS STREET)
PLOT **17** LOT **257** DISTRICT **MUB** ACCEPTED STREET _____
PLANS FILED ☒ YES ☐ NO

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

A TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (if residential, enter number of new housing units added, if any, in Part Q, 14) 3 <input type="checkbox"/> Alteration (if residential, enter number of new housing units added, if any, in Part Q, 14) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Demolition (if multifamily residential, enter number of units in building in Part Q, 14, if non-residential, indicate most recent use checking D-18 D-32) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only Change of Use		D1 PROPOSED USE — For demolition most recent use <table border="0"><tr><td>Residential 13 <input type="checkbox"/> One family 14 <input type="checkbox"/> Two or more family — Enter number of units _____ 15 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units _____ 16 <input type="checkbox"/> Garage 17 <input type="checkbox"/> Carport 18 <input type="checkbox"/> Other — Specify _____</td><td>Nonresidential 19 <input type="checkbox"/> Amusement, recreational 20 <input type="checkbox"/> Church, other religious 21 <input type="checkbox"/> Industrial 22 <input type="checkbox"/> Parking garage 23 <input type="checkbox"/> Service station, repair garage 24 <input type="checkbox"/> Hospital, institutional 25 <input type="checkbox"/> Office, bank, professional 26 <input type="checkbox"/> Public utility 27 <input type="checkbox"/> School, library, other educational 28 <input type="checkbox"/> Store, mercantile 29 <input type="checkbox"/> Tanks, towers 30 <input type="checkbox"/> Funeral homes 31 <input type="checkbox"/> Food establishments 32 <input type="checkbox"/> Other — Specify _____</td></tr></table>		Residential 13 <input type="checkbox"/> One family 14 <input type="checkbox"/> Two or more family — Enter number of units _____ 15 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units _____ 16 <input type="checkbox"/> Garage 17 <input type="checkbox"/> Carport 18 <input type="checkbox"/> Other — Specify _____	Nonresidential 19 <input type="checkbox"/> Amusement, recreational 20 <input type="checkbox"/> Church, other religious 21 <input type="checkbox"/> Industrial 22 <input type="checkbox"/> Parking garage 23 <input type="checkbox"/> Service station, repair garage 24 <input type="checkbox"/> Hospital, institutional 25 <input type="checkbox"/> Office, bank, professional 26 <input type="checkbox"/> Public utility 27 <input type="checkbox"/> School, library, other educational 28 <input type="checkbox"/> Store, mercantile 29 <input type="checkbox"/> Tanks, towers 30 <input type="checkbox"/> Funeral homes 31 <input type="checkbox"/> Food establishments 32 <input type="checkbox"/> Other — Specify _____
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B OWNERSHIP "Navigator Motors" 8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) used car sales 9 <input type="checkbox"/> Public (Federal, State, or local government)		D2 Does this building contain asbestos? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes complete the following: Name & Address of Asbestos Removal Firm: _____ Submit copy of notification sent to DSOE and the State Dept. of Labor & Industries and results of air sample analysis after asbestos removal is completed.			
C COST (Omit cents) 10. Cost of construction to be installed but not included in the above cost: a. Electrical _____ b. Plumbing _____ c. Heating, air conditioning _____ d. Other (elevator, etc.) _____ 11. TOTAL VALUE OF CONSTRUCTION _____ 12. TOTAL ASSESSED BLDG. VALUE _____		D3 Non-residential Describe in detail proposed use of building, 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. _____ _____			

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

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

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.
Navigant Motors LLC Thomas Vinagre	1615 Cove Rd New Bedford MA 02740		508-264-8116
E-mail Address: Tommyvinagre@gmail.com			
CONTRACTOR NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
		LICENSE #	
E-mail Address:		HOME #	
ARCHITECT NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
		LICENSE #	
E-mail Address			
SIGNATURE OF OWNER	APPLICANT SIGNATURE	DATE	
		3/15/22	

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.

 1615 Cove Rd New Bedford MA 02740
Applicant's Signature Address City

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 _____ day of _____, 20 _____



**The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia**

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.**

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): Alvengard Motors LLC

Address: 1605 Love Rd

City/State/Zip: Dorchester MA 02122 **Phone #:** 508-264-9116

Are you an employer? Check the appropriate box:

- 1 ☒ I am an employer with 160 employees (full and/or part-time).
2 ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity [No workers' comp. insurance required]
3 ☐ I am a homeowner doing all work myself [No workers' comp. insurance required]
4 ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5 ☐ 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.
6 ☐ 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.]

Type of project (required):

- 7 ☐ New construction
8 ☐ Remodeling
9 ☐ Demolition
10 ☐ Building addition
11 ☐ Electrical repairs or additions
12 ☐ Plumbing repairs or additions
13 ☐ Roof repairs
14 ☒ Other change of use

*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 attach 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 MGL c. 152, §25A is a criminal violation punishable by 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. 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: [Signature]

Date: 3/15/22

Phone #: 508-264-9116

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 #:** _____

Corporations Division

Business Entity Summary

ID Number: 001565357

[Request certificate](#)

[New search](#)

Summary for: NAVIGATOR MOTORS LLC

The exact name of the Domestic Limited Liability Company (LLC): NAVIGATOR MOTORS LLC

Entity type: Domestic Limited Liability Company (LLC)

Identification Number: 001565357

Date of Organization in Massachusetts:
02-25-2022

Last date certain:

The location or address where the records are maintained (A PO box is not a valid location or address):

Address: 1615 COVE ROAD

City or town, State, Zip code, NEW BEDFORD, MA 02740 USA
Country:

The name and address of the Resident Agent:

Name: ASHLEY E CUNHA

Address: 114 OSBORNE STREET

City or town, State, Zip code, DARTMOUTH, MA 02748 USA
Country:

The name and business address of each Manager:

Title	Individual name	Address
MANAGER	ASHLEY E CUNHA	1615 COVE ROAD NEW BEDFORD, MA 02740 USA
MANAGER	THOMAS D VINAGRE	1615 COVE ROAD NEW BEDFORD, MA 02740 USA
MANAGER	GEORGES ELKOSSEIFI	1615 COVE ROAD NEW BEDFORD, MA 02740 USA

In addition to the manager(s), the name and business address of the person(s) authorized to execute documents to be filed with the Corporations Division:

Title	Individual name	Address

The name and business address of the person(s) authorized to execute, acknowledge, deliver, and record any recordable instrument purporting to affect an interest in real property:

Title	Individual name	Address
REAL PROPERTY	ASHLEY E CUNHA	1615 COVE ROAD NEW BEDFORD, MA 02740 USA
REAL PROPERTY	THOMAS D VINAGRE	1615 COVE ROAD NEW BEDFORD, MA 02740

Location: 1615 COVERD **Parcel ID:** 17 257 **Zoning:** MUB **Fiscal Year:** 2022 **Account Number:** 26613

Current Owner Information:
SALCO AUTO SALES LLC
C/O CLAUDIA FAIA-MANAGING MEMBER
37 WEYMOUTH AVENUE

WES ROXBURY , MA 02132

Current Sales Information:

Sale Date:

02/05/2021

Sale Price:

\$70,000.00

Legal Reference:

13638-16

Grantor:

CLARI REALTY LLC,

Card No. 1 of 1

This Parcel contains 0.13836 acres of land mainly classified for assessment purposes as AUTO S&S with a(n) General Office style building, built about 1928, having Conc Bk exterior, Asphalt Shingles roof cover and 297 Square Feet, with 1 unit(s), total room(s), total bedroom(s) total bath(s), 0 3/4 baths, and 1 total half bath(s).

Building Value:

20900

Land Value:

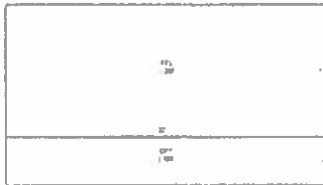
99300

Yard Items Value:

7000

Total Value:

127200



Fiscal Year 2022

Tax Rate Res.: 15.54

Tax Rate Com.: 33.51

Property Code: 330

Total Bldg Value: 20900

Total Yard Value: 7000

Total Land Value: 99300

Total Value: 127200

Tax: \$4,262.47

Fiscal Year 2021

Tax Rate Res.: 15.59

Tax Rate Com.: 32.76

Property Code: 330

Total Bldg Value: 20900

Total Yard Value: 7000

Total Land Value: 94100

Total Value: 122000

Tax: \$3,996.72

Fiscal Year 2020

Tax Rate Res.: 16.16

Tax Rate Com.: 33.59

Property Code: 330

Total Bldg Value: 19900

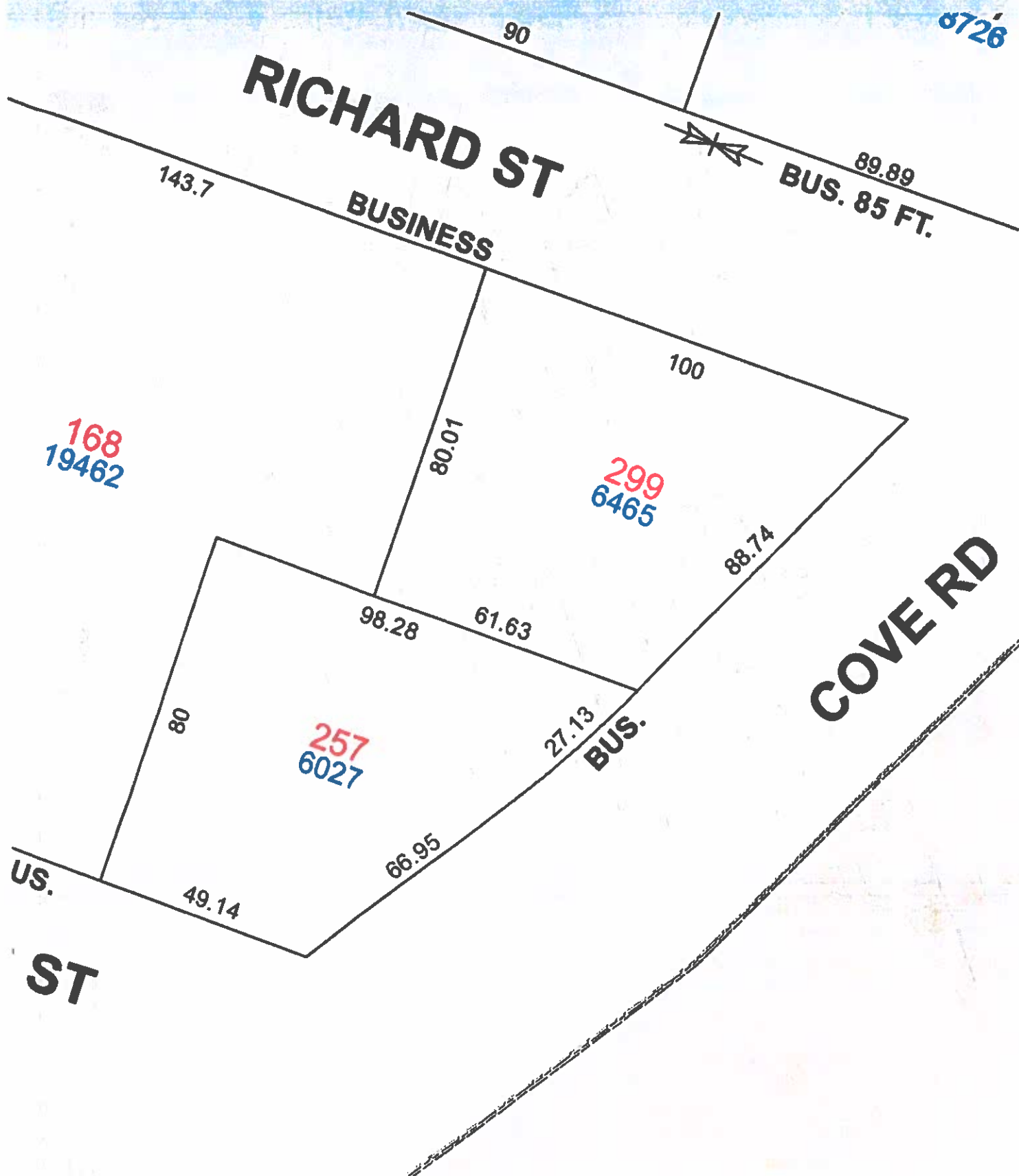
Total Yard Value: 7000

Total Land Value: 94100

Total Value: 121000

Tax: \$4,064.39

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.



1593 & 1615 Cove Road

1593 Cove Road - General Auto Repair & Light Service
1615 Cove Road - Auto Sales up to 19 Cars Allowed

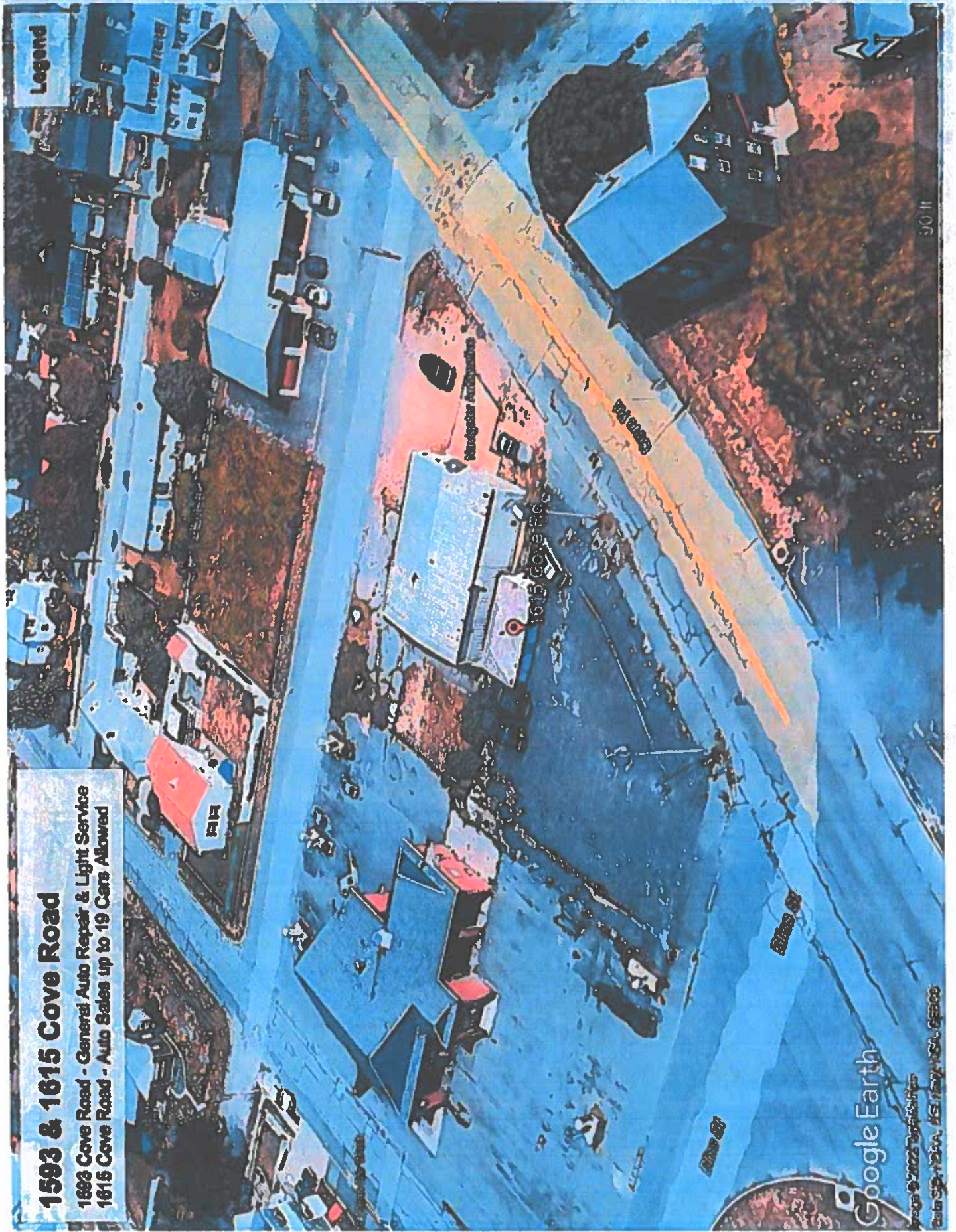
Legend



1593 & 1615 Cove Road

1593 Cove Road - General Auto Repair & Light Services
1615 Cove Road - Auto Sales up to 19 Cars Allowed

Legend



Google Earth

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Legend

1593 & 1615 Cove Road

1593 Cove Road - General Auto Repair & Light Service

1615 Cove Road - Auto Sales up to 19 Cars Allowed

Google Earth

Image ©2022 Earthstar
Burlington, VT, US, 44.4711°N, 73.2111°W

30 ft

ZZ

Cove Rd

1615 Cove Rd

1593 & 1615 Cove Road

1593 Cove Road - General Auto Repair & Light Service

1615 Cove Road - Auto Sales up to 19 Cars Allowed

Legend

1615 Cove Rd

Starlight Automotive

Richard St

Google Earth

50 ft

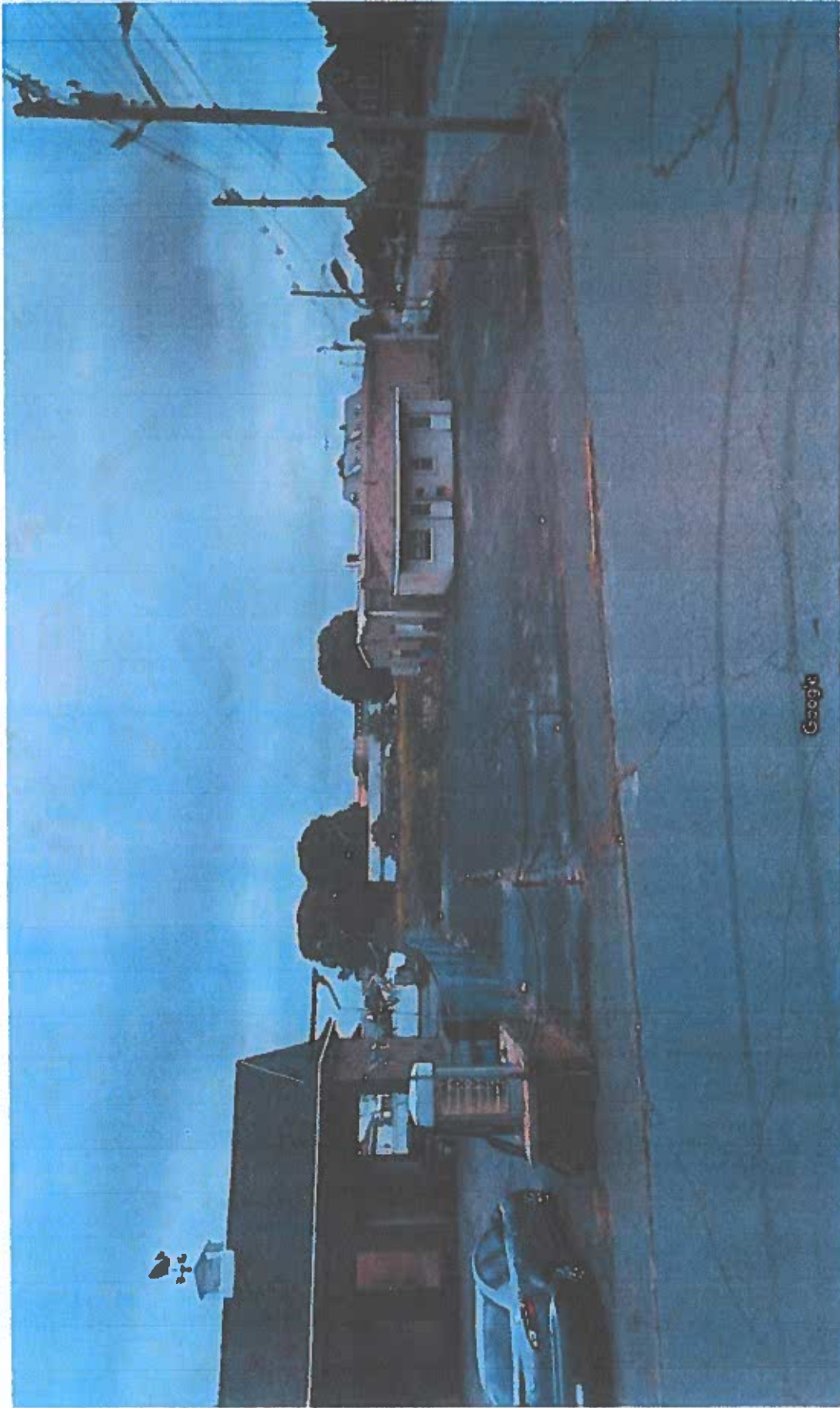
1593 & 1615 Cove Road

1593 Cove Road - General Auto Repair & Light Service

1615 Cove Road - Auto Sales up to 19 Cars Allowed

Legend





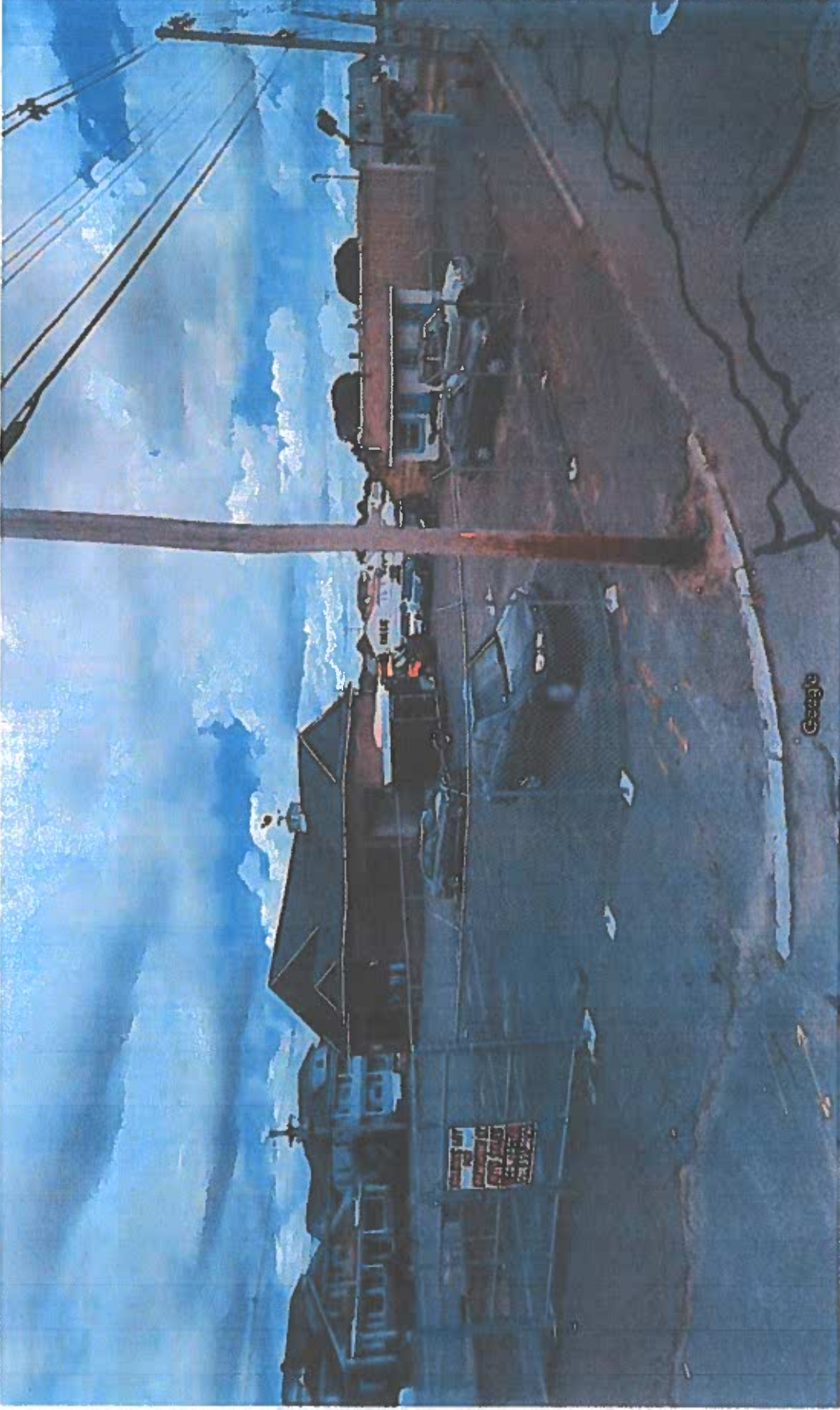


Image captured Aug 2017 © 2022 Google

New Bedford, Massachusetts

Google

Street View - Aug 2017

Santas Foods



Image captured Aug 2017 © 2022 Google

New Bedford, Massachusetts

Google

Street View - Aug 2017



Image captured Aug 2017 © 2022 Google

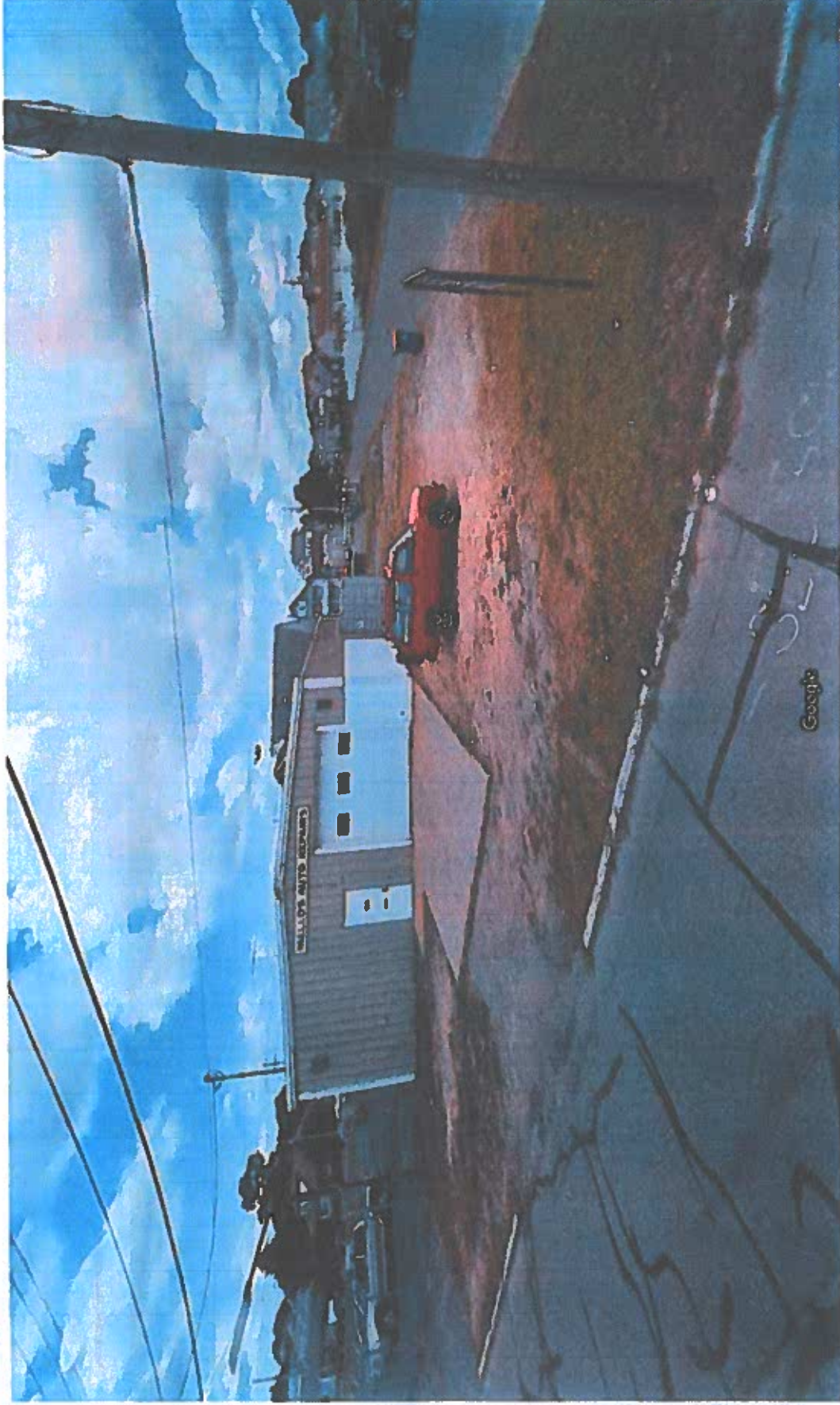


Image captured Aug 2017 © 2022 Google

New Bedford, Massachusetts

Google

Street View - Aug 2017



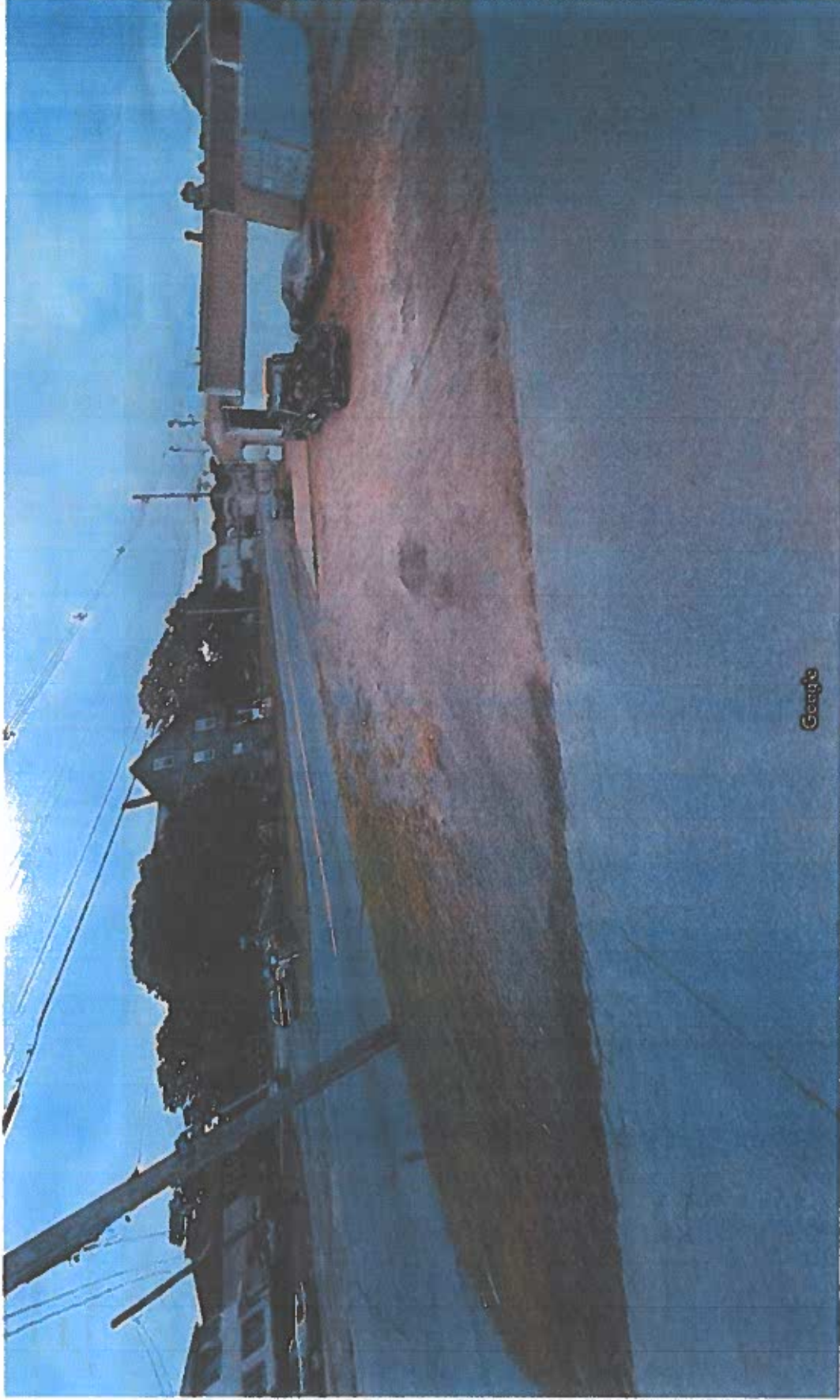


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New Bedford, Massachusetts

Google

Street View - Sep 2012



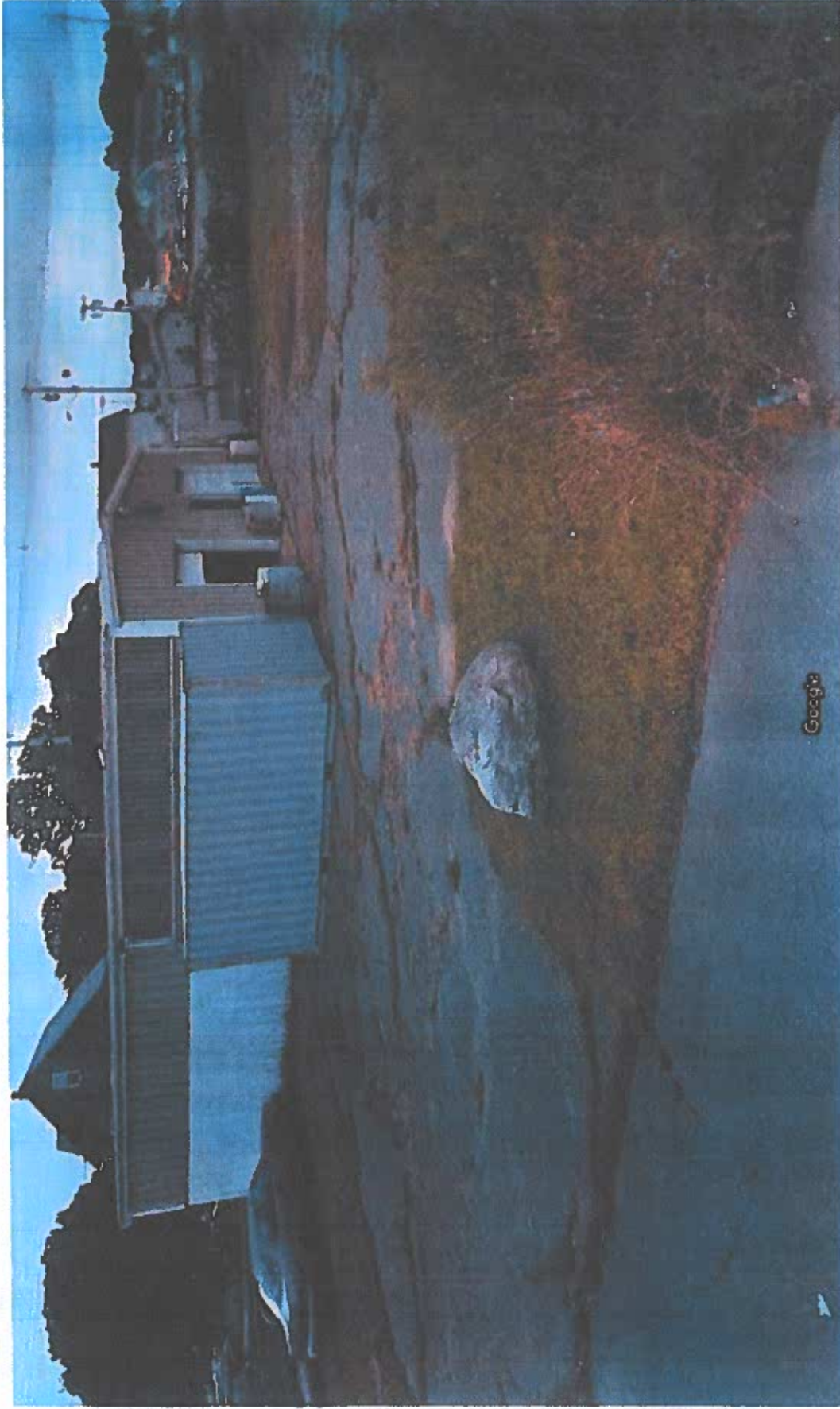


Image captured: Sep 2012 © 2022 Google

New Bedford, Massachusetts

Google

Street View - Sep 2012

Seabra Foods



New Bedford, Massachusetts

Google

Street View - Sep 2012

Search Photos

Image captured Sep 2012 © 2022 Google

Special Permit

Used Car Sales

19 CARS MAX. (not 23)

