

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: Type of service to be provided: General Repair **Body Repair** Sales and/or Rentals Owner/Landlord Information: Company Name (if applicable) OTHER Owner/Landlord Information: (if applicable) Lessee Information: (if different from above) Anieve11@iclad.com Phone Number

77 Kinety Street New Belford 65745

774 992 9766

OTHER Lessee Information: (if applicable)

Location Information:

Address of Premises:	271 Street Number	County Str. & Name	eet	OZ740 Zip Code
Assessor's Plot:	36 Plot #	224 Lot#	13301 Book#	68 Page #
Lot Dimensions:	Frontage	Depth		Area in Sq. Ft.
Zoning District(s) in which premises are located:				
Premises in present ov	wnership since	: (date of purch	ase)	12020
Present use of premise	_			
Number of buildings on Lot: Δ Size of existing building(s): 13759 A .				
Number of cars on premises at any given time:				
Number of people on premises at any given time:				
Size of proposed buildings (if applicable):				
Extent of proposed alterations (if applicable):				
Have plans been submitted to the Department of Inspectional Services? (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?				
If so, the reason: Special Permit is 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
i	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: 1/19/23
Lessee Signature: (If the Lessee is a corporation, we must have a letter authorizing this	Date: 1/18/23
person to sign on the corporation's behalf, on company letterhead.) Representative Signature:	Date:
(Although not a requirement for submission, you may wish to contact an attorney to assist you with the application process.)	<u> </u>
OTHER Owner Signature:	Date:
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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 PRO	PERTY				
MAP# 36		LOT(S)#	224, 213		
ADDRESS: 271 County Street New Bedford, MA 02740					
OWNER INFO	RMATION				
NAME: Andy Reyes Acosta					
MAILING ADDRESS: 32 Hammond Street New Bedford, MA 02745					
APPLICANT/C	ONTACT PERSON I	NFORMATION			
NAME (IF DIFFERENT): Anthony Nieves Romas					
MAILING ADDRESS (IF DIFFERENT): 92 Smith Street New Bedford, MA 02740					
TELEPHONE #	774-414-7984	4			
EMAIL ADDRESS: Anieve11@icloud.com					
REASON FOR THIS REQUEST: Check appropriate					
ZONING BOARD OF APPEALS APPLICATION					
PLANNING BOARD APPLICATION					
CONSERVATION COMMISSION APPLICATION					
LICENSING BOARD APPLICATION					
[✓] OTHER (Please explain):	Motor Vehicle S	pecial Percuit A	pplication	

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:		
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Paragraph	je i jedina	Signification of the state of t
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Amount Due	\$5.00	
Date Paid	1/27/2023	
Confirmation Number	CHECK 1080	



