

**COMMITTEE ON APPOINTMENTS AND BRIEFINGS - June 12, 2018**  
**MEETING AT 7:00 PM, 133 William Street, New Bedford, MA - City Council Chambers - Room 214**  
**AGENDA**

1. PETITION, Luisander Caraballo, 9 Vandewater Street, Providence, RI 02908 d/b/a DANNY'S APPLIANCE, 1502 Purchase Street, New Bedford, MA 02740, requesting that he be granted a Waiver of Residency in accordance with Section 15-18 of the City Code, to obtain a RENEWAL OF A PAWNBROKERS LICENSE and LICENSE TO DEAL IN JUNK, OLD METALS OR ANY OTHER SECOND HAND ARTICLES. (Ref'd 5/8/18)

***INVITEES: Luisander Caraballo, Petitioner***

2. COMMUNICATION, City Clerk/Clerk of the City Council, to City Council, on behalf of Antonia Cruz d/b/a TRANSPORTE LA TRIXITA, 89 Beetle Street, New Bedford, MA 02746, hereby submitting a copy of the Application requesting a NEW PRIVATE LIVERY LICENSE, under the provisions of Massachusetts General Laws, Chapter 159A, Section 1, and amendments thereto, and M.G.L. Chapter 270, Section 22 (Smoke Free Workplace Law) and all other laws applicable to such operation to carry passengers for hire over the streets of New Bedford. (Ref'd 5/8/18)

***INVITEES: Antonia Cruz, Applicant***

3. PUBLIC HEARING on an APPLICATION, Khalil Arsanios, D/B/A International Auto Repair, for a SPECIAL PERMIT for Motor Vehicle General Repair and Light Service at 308 Mill Street, New Bedford, MA 02740. (Application Rec'd 5/23/18) (Duly advertised in The Standard-Times on Wednesday, May 30, 2018 and Wednesday, June 6, 2018.)

***INVITEES: Khalil Arsanios, Applicant; David Gerwatowski, Legal Counsel Attorney; Danny Romanowicz, Commissioner, Department of Inspectional Services; Abutters***

4. PUBLIC HEARING on an APPLICATION, Mohammad A. Dadauch, for a SPECIAL PERMIT for Motor Vehicle Sales and Rentals at 297 Belleville Avenue, New Bedford, MA 02746. (Application Rec'd 5/24/18) (Duly advertised in The Standard-Times on Wednesday, May 30, 2018 and Wednesday, June 6, 2018.)

***INVITEES: Mohammad A. Dadauch, Applicant; David Gerwatowski, Legal Counsel Attorney; Danny Romanowicz, Commissioner, Department of Inspectional Services; Abutters***

5. WRITTEN MOTION, Councillors Coelho, Lima, Carney, Giesta, Dunn, Lopes, Abreu, Gomes and Markey, requesting that Maria Rosario, Executive Director of the NorthStar Learning Centers, appear before the Committee on Appointments and Briefings to discuss the Learning Center's programs and their application for CDBG

monies for the construction of a new Childhood Program Center. (To be Referred to the Committee on Appointments and Briefings.) (Ref'd 5/8/18)

***INVITEES: Maria A. Rosario, Executive Director, NorthStar Learning Centers***

***Chair Suggests 'No Further Action' and 'Report Out to the Full City Council'***

6. WRITTEN MOTION, Council President Gomes, requesting that the Director of Parks, Recreation and Beaches, Mary Rapoza, look into installing Expression Swings in parks throughout the City, the recreational swings allow parents and infants or young children to swing together face-to-face in one unit; and further, that we look at Community Development monies to assist in this project. (Ref'd 7/16/15) (9/30/15-send letter to Park Board asking them to fund 3 Game Time Swings for Buttonwood, Hazelwood and Fort Taber; send letter to Community Development to see if funding is available to help with purchase of such swings)

7. WRITTEN MOTION, Councillor Gomes, requesting, that a letter be sent to the owner of the old HESS Gas Station or Speedway franchise located at the corner of Cove Road and Crapo Street, asking for immediate action as to what their intentions are for this location; and further, that City Solicitor McDermott begin the process of making sure that this company is held accountable for the deterioration and underground gas tanks and any other contaminants at said location; and further, that the Department of Inspectional Services and the Treasurer's office inform the City Council if there are any problems at this location or any taxes due. (To be Referred to the Committee on Appointments and Briefings.) (Ref'd 11/10/16) (11/30/16-returned unsigned by the Mayor) (10/19/17-tabled; send letter to Angel Tommervik requesting a copy of the environmental plan; 10/23/17-response received via email, copy all Councillors via email 10/23/17)

8. WRITTEN MOTION, Councillor Gomes, requesting, that the Committee on Appointments and Briefings meet with Derek Santos from New Bedford Economic Development Council, along with members of the Board of Park Commissioners and a representative of the Administration and Mass Development Council for the purposes of discussing the planned Business Park proposal for the Whaling City Golf Course; and further, that Mr. Santos provide the Council with a breakdown of how much this will cost the City to develop, what are the pros and cons with all the losses included, what will be the tax return, and more importantly, why wasn't this discussed on a City-wide basis before this decision was made, with those from the Board of Park Commissioners as well as the taxpayers of the City of New Bedford. (Ref'd 5/23/17)

9. WRITTEN MOTION, Councillor Gomes, requesting, that as Amazon is looking to establish a second headquarters in Massachusetts that the Administration, the City Council and the Economic Development Council

reach out to Amazon officials and their corporate office in a joint letter signed by all parties stating that the City of New Bedford, Massachusetts is ready and willing to negotiate with company officials the possibility of locating in the City; and further that company officials be invited to the City of New Bedford for seafood luncheon or dinner and a tour of the City and what we have to offer in making a home for Amazon in New Bedford. (Ref'd 9/14/17)

10. CITIZEN'S INPUT TIME – Not to exceed the first thirty (30) minutes of the meeting.

10a. Theresa Holmes, P.O. Box 5519, speaking on Unsanitary Conditions at a Hathaway Road Hotel in New Bedford. (Ref'd 5/23/18) (5/23/18-tabled)

***In accordance with the Americans with Disabilities Act (ADA), if any accommodations are needed, please contact the Clerk of Committees Office at 508-979-1482. Requests should be made as soon as possible but at least 48 hours prior to the scheduled meeting.***



Item Title:

PETITION: DANNY’S APPLIANCE / Waiver of Residency

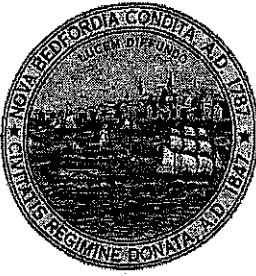
Item Detail:

1. PETITION, Luisander Caraballo, 9 Vandewater Street, Providence, RI 02908 d/b/a DANNY’S APPLIANCE, 1502 Purchase Street, New Bedford, MA 02740, requesting that he be granted a Waiver of Residency in accordance with Section 15-18 of the City Code, to obtain a RENEWAL OF A PAWNBROKERS LICENSE and LICENSE TO DEAL IN JUNK, OLD METALS OR ANY OTHER SECOND HAND ARTICLES. (Ref’d 5/8/18)

Additional Information:

ATTACHMENTS:

Description	Type
1. PETITION - Residency Waiver DANNY’S APPLIANCE	Cover Memo



## CITY OF NEW BEDFORD

Massachusetts

Date:

May 08, 2018

To the City Council  
City of New Bedford:

The undersigned respectfully asks that he or she be granted a waiver of the residency requirement in accordance with 15-38 of the City Code to obtain a Secondhand Dealers License for:

COMPANY NAME: DANNY'S APPLIANCE

Address: 1502 PURCHASE ST

City/State: New Bedford, Massachusetts

Zip Code: 02740

Applicant Signature: Luisander Caraballo

LUISANDER CARABALLO  
(Name- Please Print)

9 VANDERWATER ST  
(Address - Please Print)

PROVIDENCE, RI  
(City/State - Please Print)

02908  
(Zip Code)

401-286-6660  
(Business - Telephone Number)

401-286-6660  
(Home - Telephone Number)

IN CITY COUNCIL, May 08, 2018

Referred to the Committee on Appointments and Briefings. Dennis W. Farias, City Clerk  
a true copy, attest:

Dennis W. Farias

City Clerk



Item Title:

COMMUNICATION: TRANSPORTE LA TRIXITA / NEW PRIVATE LIVERY LICENSE

Item Detail:

2. COMMUNICATION, City Clerk/Clerk of the City Council, to City Council, on behalf of Antonia Cruz d/b/a TRANSPORTE LA TRIXITA, 89 Beetle Street, New Bedford, MA 02746, hereby submitting a copy of the Application requesting a NEW PRIVATE LIVERY LICENSE, under the provisions of Massachusetts General Laws, Chapter 159A, Section 1, and amendments thereto, and M.G.L. Chapter 270, Section 22 (Smoke Free Workplace Law) and all other laws applicable to such operation to carry passengers for hire over the streets of New Bedford. (Ref'd 5/8/18)

Additional Information:

ATTACHMENTS:

Description	Type
2. COMM - LIVERY LICENSE Transporte La Trixita	Cover Memo



DATE: IN CITY COUNCIL, **MAY 08, 2018**  
TO: HONORABLE MEMBERS OF THE NEW BEDFORD CITY COUNCIL  
FROM: CITY CLERK/CLERK OF CITY COUNCIL  
SUBJECT: LIVERY LICENSE APPLICATION – **NEW**

The undersigned, on behalf of the Applicant, hereby submits a copy of the Application requesting a Private Livery License, under the provisions of MGL, Chapter 159A, Section 1 and amendments thereto, and MGL, Chapter 270, Section 22 (Smoke Free Workplace Law) and all other laws applicable to such operation, to carry passengers for hire over the streets of New Bedford.

NAME	ANTONIA CRUZ
BUSINESS NAME	TRANSPORTE LA TRIXITA
ADDRESS	89 BEETLE STREET
BUSINESS ADDRESS	89 BEETLE STREET
CITY/STATE/ZIP CODE	NEW BEDFORD, MA 02746
BUSINESS CITY/STATE/ZIP	NEW BEDFORD, MA 02746

Please note that the City Clerk's Office has the Original Application on File, as well as additional paperwork necessary to receive the Private Livery License (CORI, DOR TAX, Smoke-Free Info, etc.).  
Thank you, in advance, for your attention to this matter.

Sincerely,

Dennis W. Farias,  
City Clerk/Clerk of the City Council

DWF:smh

IN CITY COUNCIL, May 08, 2018

Referred to the Committee on Appointments and Briefings. Dennis W. Farias, City Clerk  
a true copy, attest:

City Clerk



Item Title:

PUBLIC HEARING: Motor Vehicle SPECIAL PERMIT / 308 Mill Street

Item Detail:

3. PUBLIC HEARING on an APPLICATION, Khalil Arsanios, D/B/A International Auto Repair, for a SPECIAL PERMIT for Motor Vehicle General Repair and Light Service at 308 Mill Street, New Bedford, MA 02740. (Application Rec'd 5/23/18) (Duly advertised in The Standard-Times on Wednesday, May 30, 2018 and Wednesday, June 6, 2018.)

Additional Information:

ATTACHMENTS:

Description	Type
 3. Special Permit - 308 Mill St	Cover Memo





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: 4/17/18 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 LIBERIO DEMELLO 70 SHARP ST. NO. DARTMOUTH MA 02727  
Full Name and/or Company Address (Attach copy of Certificate of Title or Deed.)

OTHER Owner(s)/Landlord(s) (if applicable) \_\_\_\_\_

Lessee KHALIL ARSANIOS - INTERNATIONAL AUTO REPAIR 308 MILL ST.  
Full Name and/or Company Address NEW BEDFORD, MA 02740  
(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 308 MILL ST. NEW BEDFORD, MA 02740  
Street Number Name of Street

Assessor's Plot 57 194 8115 152  
Plot No. Lot No. Book No. Page No.

Dimensions of Lot 79.08 40.93 3226  
Frontage Depth Sq. Ft.

Zoning District(s) in which premises are located MUB

Premises in present ownership since 4/29/2006  
Date of Purchase

Number of buildings on lot 3

Size of existing buildings 8418

Size of proposed buildings \_\_\_\_\_

Present use of premises MOTOR VEHICLE GENERAL REPAIRS AND LIGHT SERVICE

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

Extent of proposed alterations \_\_\_\_\_

Explain the need for the SPECIAL PERMIT and what changes are proposed?  
TO BE ABLE TO DO GENERAL MOTOR VEHICLE AND LIGHT SERVICE REPAIRS WHEN MAIN GARAGE IS FULL.

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?  
If so, Reason: \_\_\_\_\_

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.

**PETITION FOR A SPECIAL PERMIT FOR MOTOR VEHICLES -**  
( ) SALES AND RENTALS ( ) BODY REPAIR (X) GENERAL REPAIR (X) LIGHT SERVICE

TO: CLERK OF COMMITTEES APPLICATION NO. \_\_\_\_\_ Date: 4/18/18 **PAGE 2**

All applications must be filled out completely and be submitted with the required drawings. Attach required drawings or proposed plans to this Petition. Must be done in BLACK INK to produce legible copies. If Petition is granted, the plans are specific to the plans submitted unless the City Council states otherwise.

Must provide Site Plan identifying positioning of existing structures. Must show footprint and dimensions. Show Rear, Front and Side Distances between Structure and Boundary Lines. Must provide separate site plan showing proposed alterations or additions with side, front and rear set property lines identified.

By signing this application, the Petitioner is stating that they have read and understand this Application and the accompanying instructions and information. Also, if granted, that the Special Permit needs to be recorded and acted on within one year.

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

Respectfully submitted:

(Although not a requirement of submission, you may wish to contact an attorney to help you with your application and Public Hearing.)

Owner(s)  
Signature [Signature]  
(Must be signature of current owner on record)

Represented by:  
Signature \_\_\_\_\_

Lessee(s)  
(If Corporation, must have letter on Letterhead  
Authorizing person to sign on Corporation's behalf.)

(If Corporation, must have letter on Letterhead  
Authorizing person to sign on Corporation's behalf.)

Address 308 MILL ST., NEW BEDFORD, MA-01740  
City/State/Zip Code

City/State/Zip Code

Telephone No. (Home) 508-982-6600

(Business) 508-989-1630

Other Owner(s) \_\_\_\_\_

Address \_\_\_\_\_  
City/State/Zip Code

City/State/Zip Code

Telephone No. (Home) \_\_\_\_\_

(Business) \_\_\_\_\_

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

Zoning Enforcement Officer shall be responsible for determining compliance with the city's  
Zoning Ordinance.

City Planner [Signature]

4/20/2018  
Date

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

special permit must be granted by City Council Under Section 6 Commercial #19 + #20 MV General Repair + Light  
Service. Wait 20 days for the Appeal Period - Have City Clerk Stamp + Take the Special Permit to the Registry of  
Deeds to Record, then return to Room 308 for Building Permit. Danahy, N.D. Bonaventura 4/19/18  
Dept. of Inspectional Services Commissioner Date

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

NOTIFYING AGENCY FROM THIS OFFICE - NO GAC STAYS -

[Signature]  
Licensing Board Clerk

4/18/18  
Date

I do/do not consent to the above application. I suggest the following conditions be included in application: (General, and Body Repairs & Light Service Only) RECEIPT FROM MAINTENANCE COMPANY SERVICING MDC TRAP, ONCE  
EVERY 6 MONTHS MUST BE SENT TO DPI-IPP PROGRAM.

[Signature]  
Dept. of Public Infrastructure Commissioner

5/22/18  
Date

I do do not consent to the above application. I suggest the following conditions be included in application:  
(Petroleum: Any on Premises; if so, Tanks only - Above or Underground?; Prior Use?; Use to be Continued?)

MUST file Business Certificate if approved

[Signature]  
Asst City Clerk

4/18/18  
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 #	57	LOT(S)#	194
ADDRESS: 308 Mill St			
OWNER INFORMATION			
NAME: KHALIL ARSANIO			
MAILING ADDRESS: 308 Mill St. New Bedford, MA 02740			
APPLICANT/CONTACT PERSON INFORMATION			
NAME (IF DIFFERENT):			
MAILING ADDRESS (IF DIFFERENT):			
TELEPHONE #	1-508-989-1630		
EMAIL ADDRESS:			
REASON FOR THIS REQUEST: Check appropriate			
<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): CITY COUNCIL SPECIAL PERMIT		

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

4/18/2018

Date

April 18, 2018  
Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 308 Mill Street (57-194).  
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
57-198	581 KEMPTON ST	CUDLITZ DAVID "TRS", DAVID CUDLITZ NOMINEE TRUST 26 RICKETSON ST NO. DARTMOUTH, MA 02747
57-199	573 KEMPTON ST	FOWLER STEVEN R, FOWLER NILA M 993 SOUTH PRECINCT STREET TAUNTON, MA 02780
57-100	567 KEMPTON ST	FOWLER STEVEN, FOWLER NILA 933 SOUTH PRECINCT STREET E TAUNTON, MA 02718
57-197	559 KEMPTON ST - 561	PINA JOAO G, 559 KEMPTON STREET NEW BEDFORD, MA 02740
57-201	593 KEMPTON ST	COMMONWEALTH OF MASSACHUSETTS, (THE) ONE ASHBURTON PLACE BOSTON, MA 02108
57-212	307 MILL ST	<del>TAYEH EMILE C "TRUSTEE", MILL STREET NEW BEDFORD REALTY TRUST</del> <i>Amanda Tayeh</i> <del>96 MAIN STREET</del> <i>65 Bryant Street</i> <del>BRIDGEWATER, MA 02324</del> <i>West Bridgewater, MA 02359</i>
57-99	305 MILL ST	DEMELO LIBERIO, 70 SHARP STREET NO DARTMOUTH, MA 02747
57-214	286 MILL ST	PAPAS JIMMY, <i>Ruth M. Papas</i> 14 BELMONT STREET NEW BEDFORD, MA 02744
57-204	145 NEWTON ST	REIS BRIAN S "TRUSTEE", NEWTON REALTY TRUST 912 OLD FALL RIVER ROAD DARTMOUTH, MA 02747
57-98 <i>ns</i>	MILL ST	COMMONWEALTH OF MASSACHUSETTS, ONE ASHBURTON PLACE BOSTON, MA 02108
57-194	308 MILL ST	DEMELO LIBERIO, 70 SHARP STREET NO. DARTMOUTH, MA 02747

57-1

N 57-45

57-48

57-359

57-38

57-304

57-303

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57-278

57-308

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57-273

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NORTH ST

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57-210

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MILL ST

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57-209

57-206

57-302

57-205

57-212

57-99

57-204

NEWTON ST

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57-112

57-114

57-115

MILL ST

57-120

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JAMES ST

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NEWTON ST

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51-431

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51-39

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51-425

51-362

51-46

51-41

51-309

51-301

MIDDLE ST

51-302

51-26

51-27

51-28

Legend



Abutters

0 30 60 120 180 240 Feet

50-381

51-7

KNOW ALL MEN BY THESE PRESENTS

That I, **FREDERICK O. SPRAGUE, a/k/a FRED SPRAGUE** of 300 Falmouth Road, Mashpee, Massachusetts

for consideration paid, and in full consideration of **\$79,000.00**

grant to **LIBEIRO DAMELO** of 70 Sharp Street, Dartmouth, Massachusetts 02747


with quitclaim covenants

the land and buildings in New Bedford, Bristol County, Massachusetts

bounded and described as follows:

See Exhibit "A" hereto attached

Witness my hand and seal this 28th day of April, 2006.

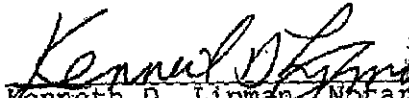
  
FREDERICK O. SPRAGUE, a/k/a FRED SPRAGUE

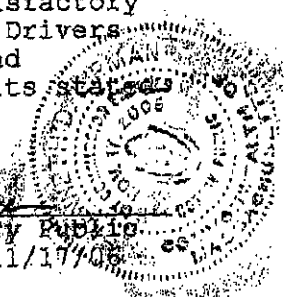
COMMONWEALTH OF MASSACHUSETTS

Bristol, ss

New Bedford

On this 28th day of April, 2006, before me, the undersigned notary public, personally appeared Frederick O. Sprague, a/k/a Fred Sprague, proved to me through satisfactory evidence of identification, which was a Massachusetts Drivers License to be the person whose name is signed above and acknowledged to me that he signed it voluntarily for its stated purpose.

  
Kenneth D. Lipman, Notary Public  
My commission expires: 11/17/06



"A"

The land in New Bedford, Bristol County, Massachusetts, together with the buildings thereon, bounded and described as follows:

BEGINNING at the northwest corner of the lot to be conveyed at a point formed by the intersection of the south line of Mill Street with the east line of Liberty Street;

THENCE running easterly in said southerly line of Mill Street, 122.49 feet to land now or formerly of Samuel Whitehead;

THENCE southerly in line of last named land, 79.11 feet to land now or formerly of George S. Homer;

THENCE westerly in line of last named land, lands now or formerly of D. Finni, and Beetle and Jenney, 122.49 feet to the easterly of Liberty Street; and

THENCE northerly in said easterly line of Liberty Street, 79.08 feet to said south line of Mill Street and point of beginning.

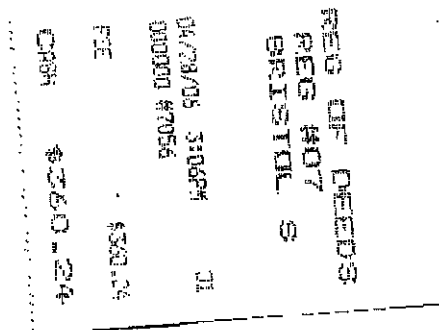
CONTAINING 35.57 square rods, more or less.

FOR TITLE see deed from Claire A. Costa to Frederick O. Sprague, a/k/a of even date, recorded herewith.

k30\misd\costa\prague.freddesapr06

A true copy of instrument as recorded in  
Bristol County (S.D.) Registry of Deeds  
in Book 8115 Page 152

ATTEST:

  
REGISTER




**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***

**308 Mill Street – PLOT: 57 – LOT: 194 – ZONED DISTRICT: MUB**  
**Special Permit Required from the CITY COUNCIL**

***Zoning Code Review as follows:***

#### ***Special Permit***

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##### **❖ SECTION**

- 2200 – USE REGULATIONS
- 2210 – GENERAL
- 2230 – TABLE OF REGULATIONS – APPENDIX A – COMMERCIAL,
  - #19 MOTOR VEHICLE GENERAL REPAIRS
  - #21 MOTOR VEHICLE LIGHT SERVICE
- 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)

## DISTRICTS

DISTRICTS



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

## **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.



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

FOR BUILDING DEPT. USE

DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_

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

Permit No. \_\_\_\_\_  
Completion Date \_\_\_\_\_

(AT LOCATION) 308 Mill St.  
(NO) (STREET)  
BETWEEN \_\_\_\_\_ (CROSS STREET) AND \_\_\_\_\_ (CROSS STREET)  
PLOT 57 LOT 194 DISTRICT \_\_\_\_\_ ACCEPTED STREET \_\_\_\_\_  
PLANS FILED ☐ YES ☐ NO

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

A. TYPE OF IMPROVEMENT

- COT*  
*Take over Ag*  
*Increase Garage Space*
- 1 ☐ New Building  
2 ☐ Addition (If residential, enter number of new housing units added, if any, in Part D, 14)  
3 ☐ Alteration (If residential, enter number of new housing units added, if any, in Part D, 14)  
4 ☐ Repair, replacement  
5 ☐ 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)  
6 ☐ Moving (relocation)  
7 ☐ Foundation only

D1. PROPOSED USE — For demolition most recent use

Residential

- 13 ☐ One family  
14 ☐ Two or more family — Enter number of units \_\_\_\_\_  
15 ☐ Transient hotel, motel, or dormitory — Enter number of units \_\_\_\_\_  
16 ☐ Garage  
17 ☐ Carport  
18 ☐ Other — Specify \_\_\_\_\_

Nonresidential

- 19 ☐ Amusement, recreational  
20 ☐ Church, other religious  
21 ☐ Industrial  
22 ☐ Parking garage  
23 ☒ Service station *repair garage*  
24 ☐ Hospital, institutional  
25 ☐ Office, bank, professional  
26 ☐ Public utility  
27 ☐ School, library, other educational  
28 ☐ Stores, mercantile  
29 ☐ Tanks, towers  
30 ☐ Funeral homes  
31 ☐ Food establishments  
32 ☐ Other — Specify \_\_\_\_\_

B. OWNERSHIP

- 8 ☒ Private (individual, corporation, nonprofit institution, etc.)  
9 ☐ Public (Federal, State, or local government)

D2. Does this building contain asbestos?

☐ YES ☒ NO If yes complete the following.

Name & Address of Asbestos Removal Firm: \_\_\_\_\_

Submit copy of notification sent to DEOE and the State Dept. of Labor & Industries and results of air sample analysis after asbestos removal is completed.

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.

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.....

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.

E. PRINCIPAL TYPE OF FRAME

- 33 ☐ Masonry (wall bearing)  
34 ☐ Wood frame  
35 ☐ Structural steel  
36 ☐ Reinforced concrete  
37 ☐ Other — Specify \_\_\_\_\_

G. TYPE OF SEWAGE DISPOSAL

- 43 ☐ Public or private company  
44 ☐ Private (septic tank, etc.)

H. TYPE OF WATER SUPPLY

- 45 ☐ Public or private company  
46 ☐ Private (well, cistern)

F. PRINCIPAL TYPE OF HEATING FUEL

- 38 ☐ Gas  
39 ☐ Oil  
40 ☐ Electricity  
41 ☐ Coal  
42 ☐ Other — Specify \_\_\_\_\_

I. TYPE OF MECHANICAL

- Is there a fire sprinkler system?  
47 ☐ YES 48 ☐ NO  
Will there be central air conditioning?  
49 ☐ Yes 50 ☐ No  
Will there be an elevator?  
51 ☐ Yes 52 ☐ No

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. (58÷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) \_\_\_\_\_



## 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) *N/A*

Signature of Permit Applicant \_\_\_\_\_

Date *4/9/18*

## 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: *Add Adjacent Garage Space to Current Garage*

Est. Cost \_\_\_\_\_

Address of Work: *308 Mill St. New Bedford, MA 02740*

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 *4/9/18*

Owner Signature \_\_\_\_\_

## XII. BUILDING COMMISSIONERS REVIEW COMMENTS AND CONDITIONS

C. Building Permit Rejected ☒ *Special Permit City Council*

Reason For Rejection:

Fee \_\_\_\_\_

Permit # \_\_\_\_\_

*" See Attachments "*

Comments and Conditions:

Signed \_\_\_\_\_

Date: *4/13,*

20 *18*

Title *Building Commissioner*

Not valid unless signed (not stamped) by Building Commissioner

## 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.
KHALIL ARSANIOS	308 MILL ST. NEW BEDFORD, MA	02740	508-992-6600
E-mail Address: KHALILARSANIOS@LIVE.COM			
CONTRACTOR NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
		LICENSE #	
E-mail Address:			
		HOME IMP #	
ARCHITECT NAME	MAILING ADDRESS	ZIP CODE	TELEPHONE NO.
		LICENSE #	
E-mail Address:			
SIGNATURE OF OWNER		APPLICANT SIGNATURE	DATE

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.

  
Applicant's Signature

308 Mill St. New Bedford, MA 02740  
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.

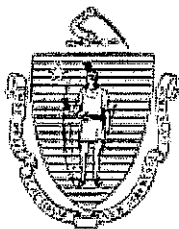
Signed this \_\_\_\_\_

9<sup>th</sup>

day of

April

, 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): INTERNATIONAL AUTO REPAIR

Address: 308 MILL STREET

City/State/Zip: NEW BEDFORD, MA 02740 Phone #: 508-992-6600

**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 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: \_\_\_\_\_

Date: 4/9/19

Phone #: 508-992-6600

**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 #: \_\_\_\_\_

**Location:** 308 MILL ST**Parcel ID:** 57 194**Zoning:** MUB**Fiscal Year:** 2018**Current Owner Information:**

DEMELO LIBERIO

70 SHARP STREET

NO. DARTMOUTH, MA 02747

**Current Sales Information:****Sale Date:**

04/29/2006

**Sale Price:**

\$79,000.00

Card No. 1 of 1

**Legal Reference:**

8115-152

**Grantor:**

SPRAGUE, FREDERICK O

This Parcel contains 0.22 acres of land mainly classified for assessment purposes as AUTOREP with a(n) COMMERCIAL GARAGE style building, built about 1930, having Conc Blk exterior, Rolled Composition roof cover and 8418 Square Feet, with 1 unit(s), total room(s), total bedroom(s) 0 total bath(s), 0 3/4 baths, and 2 total half bath(s).

**Building Value:**

159300

**Land Value:**

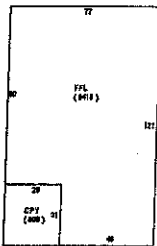
85800

**Yard Items Value:**

13600

**Total Value:**

258700

**Fiscal Year 2018****Fiscal Year 2017****Fiscal Year 2016**

Tax Rate Res.:	16.63	Tax Rate Res.:	16.69	Tax Rate Res.:	16.49
Tax Rate Com.:	35.65	Tax Rate Com.:	36.03	Tax Rate Com.:	35.83
Property Code:	332	Property Code:	332	Property Code:	332
Total Bldg Value:	159300	Total Bldg Value:	169500	Total Bldg Value:	137900
Total Yard Value:	13600	Total Yard Value:	13600	Total Yard Value:	14400
Total Land Value:	85800	Total Land Value:	85800	Total Land Value:	85800
<b>Total Value:</b>	<b>258700</b>	<b>Total Value:</b>	<b>268900</b>	<b>Total Value:</b>	<b>238100</b>
<b>Tax:</b>	<b>\$9,222.66</b>	<b>Tax:</b>	<b>\$9,688.47</b>	<b>Tax:</b>	<b>\$8,531.12</b>

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.



# BUSINESS CERTIFICATE

City of New Bedford

☐ New Filing

☒ Renewal

Filing Fee: \$40.00

This Certificate, file # 124654, Expires 1/22/2019

In conformity with the provisions of Chapter one hundred and ten, Section five of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of.

Business Name: INTERNATIONAL AUTO REPAIR

(Please Print)

Corporate Name: \_\_\_\_\_

(Please Print)

is conducted at 308 MILL STREET

Zip 02740

(P.O. Box not permitted)

Business Phone: 508-989-1630

by the following named person(s)

Owner Name: KHALIL ARSANIOS

Owner Tel: 508-994-6712

Owner Home Address: 1220 PLEASANT STREET

NEW BEDFORD, MA 02740

Owner Name 2: \_\_\_\_\_

Owner 2 Home Address: \_\_\_\_\_

Signed

(SIGNATURE)

(SIGNATURE)

(SIGNATURE)

(SIGNATURE)

Commonwealth of Massachusetts

County: Sussex

Date 5/26/15

Personally appeared before me, the named individual(s) Khalil Arsanios

On the above date and made oath that the foregoing statement is true.

Signature: \_\_\_\_\_

Notary Public/Designated Clerk

(Notary seal)

Commission Expires: 1 / 1, \_\_\_\_\_

**Important Notice:** This certificate expires four years from the date of issue. If you cease conducting business before that time, the law requires that you withdraw this certificate with the Office of the City Clerk. Any change of location, residence or owner must be filed in the office of the City Clerk. A business operating in violation of this State Law "shall be punished by a fine of not more than \$300. for each month during which such violation occurs."

**THIS CERTIFICATE DOES NOT GRANT PERMISSION TO CONDUCT BUSINESS IN VIOLATION OF ZONING LAWS.**

BUS.  
NEWTON ST

**LIBERTY ST**

LIBRARY

BUS.  
170

179

98  
30116

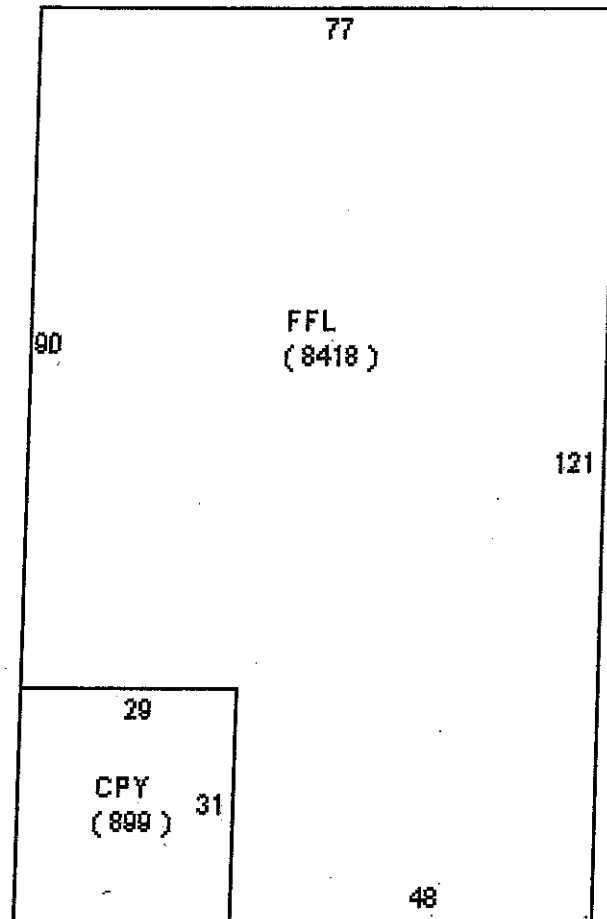
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49.98	30.15
120.5	45.1
2254.04	29.1
50	12.16
2551.91	34.5
52.86	78.79
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BUS.

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BUS.  
159





<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>MY5086921460</b>		2. Page 1 of 1		3. Emergency Response Phone <b>877-377-7485</b>		4. Manifest Tracking Number <b>018091110 JJK</b>				
		5. Generator's Name and Mailing Address <b>Mr. Barry DeMello 208 Mill Street New Bedford, MA 02740 508-692-1469</b>		Generator's Site Address (if different than mailing address)								
6. Transporter 1 Company Name <b>Clark Corp.</b>		U.S. EPA ID Number <b>MA090363023</b>										
7. Transporter 2 Company Name		U.S. EPA ID Number										
8. Designated Facility Name and Site Address <b>Tradebe Treatment &amp; Recycling of Stoughton, LLC 441 Rear Canton Street Stoughton, MA 02072 781-297-3530</b>		U.S. EPA ID Number <b>MA0902179000</b>										
Facility's Phone:												
<b>GENERATOR</b>	9a. HM	9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
						No.	Type					
		1. NA1993, Combustible Liquid N.O.S. (oil & water) Combustible Liquid, PG III. (MA98)				001	TT	55	G	MA98		
		2.						0				
		3.						0				
	4.						0					
14. Special Handling Instructions and Additional Information <b>1. 305001 BLM</b>												
15. <b>GENERATOR'S/OFFEROR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.												
Generator's/Offoror's Printed/Typed Name <b>Joseph P. DeMello</b>						Signature <i>[Signature]</i>		Month Day Year <b>5 12 00</b>				
<b>INT'L</b>	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____											
	Transporter signature (for exports only): _____											
<b>TRANSPORTER</b>	17. Transporter Acknowledgment of Receipt of Materials											
	Transporter 1 Printed/Typed Name <b>Clark Corp.</b>						Signature <i>[Signature]</i>		Month Day Year <b>5 21 00</b>			
	Transporter 2 Printed/Typed Name						Signature		Month Day Year			
<b>DESIGNATED FACILITY</b>	18. Discrepancy											
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection											
	Manifest Reference Number:											
	18b. Alternate Facility (or Generator)						U.S. EPA ID Number					
	Facility's Phone:											
	18c. Signature of Alternate Facility (or Generator)						Signature		Month Day Year			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)												
1.			2.			3.			4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a												
Printed/Typed Name						Signature		Month Day Year				

Please indicate which Tradebe Facility(s) are being utilized for this Profile

☐ TTR East Chicago, IN
 ☐ TTR Millington, TN
 ☐ United Oil Recovery, INC Meriden, CT
 ☐ Zecco Northboro, MA

☐ Bridgeport United Recycling Bridgeport, CT
 ☒ ECC Stoughton, MA
 ☐ United Oil Recovery, INC Newington, NH
 ☐ Norlite Corp Cohoes, NY

PLEASE FAX COMPLETED FORM TO YOUR CUSTOMER SERVICE REPRESENTATIVE (203) 238-6744

## A. GENERATOR INFORMATION:

Generator Name: MR. BARRY DEMELLO  
 Facility Address: 308 MILL ST.  
 City: NEW BEDFORD State: MA Zip: 02740  
 Customer Name: SAME  
 Customer Phone: 508-692-1469  
 Customer Fax: NONE  
 Generator USEPA/Federal ID #: MV5086921469

## BILLING INFORMATION:

Billing Name: FRANK CORP ENVIRONMENTAL SERVICES  
 Billing Address: 615 TARKILN HILL RD.  
 City: NEW BEDFORD State: MA Zip: 02745  
 Billing Contact Name: KIRK FRANKLIN  
 Billing Phone: 508-995-9997  
 Billing Fax: 508-995-9119  
 Sales Rep: \_\_\_\_\_

If no ID number is the Generator a "Conditionally Exempt Small Quantity Generator?" ☐ Yes ☒ No

Generator's S.I.C. Code(4 Digit): \_\_\_\_\_ Generator State ID # (if applicable): \_\_\_\_\_

Please check if generator has "No Canada Disposal" policy ☐ Yes ☒ No

Please check if generator has "No Landfill" policy ☐ Yes ☒ No

## B. WASTE STREAM INFORMATION:

Name of the Waste: WASTE MOTOR OIL AND WATER

Original Process Generating Waste: SEPARATOR PUMP OUT

Is this waste exempt from RCRA regulation? ☐ Yes ☒ No

If "yes" explain (example HHW, CESQG): \_\_\_\_\_

Is waste a combination package (examples: Drum with inner containers or skid with cases of consumer product) ☐ Yes ☒ No

Current method of disposal: \_\_\_\_\_

Is this waste from a CERCLA cleanup site? ☐ Yes ☒ No

Is a representative sample provided? ☐ Yes ☒ No

Is there any Analytical attached? ☐ Yes ☒ No

Does the Waste have any of the following characteristics? ☐ Yes (if yes check all that apply) ☒ No

<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Dioxin or Suspect	<input type="checkbox"/> Water Reactive	<input type="checkbox"/> Air Reactive	<input type="checkbox"/> Inhalation Hazard: Zone _____
<input type="checkbox"/> Hexachrome	<input type="checkbox"/> Infectious Waste	<input type="checkbox"/> Radioactive	<input type="checkbox"/> Chelating Agent	<input type="checkbox"/> Organic Peroxide
<input type="checkbox"/> Explosive	<input type="checkbox"/> Shock Sensitive	<input type="checkbox"/> Polymerizer	<input type="checkbox"/> Pyrophoric	<input type="checkbox"/> Lachrymator

## C. GENERAL CHARACTERISTICS:

Color:	Physical state @ 70 F	Phases	Btu/lb	pH
<u>BLACK</u>	<u>98%</u> liquid	<u>single layer</u>	<u>&lt;3000</u>	<u>&lt;2</u> 10.0-12.5
<u>Odor: CLEAR</u>	<u>2%</u> solid	<u>double layer</u>	<u>3,000-5,000</u>	<u>2.0-4.0</u> >12.5
<input type="checkbox"/> None	<input type="checkbox"/> % sludge	<u>&gt;2 layers</u>	<u>5,000-10,000</u>	<u>4.0-10.0</u>
<input checked="" type="checkbox"/> Mild	<input type="checkbox"/> % debris	<u>how many?</u>	<u>&gt;10,000</u>	
<input type="checkbox"/> Strong				

Liquid Flashpoint: ☐ <73 F ☐ 73 to 99 F ☐ 100 to 139 F ☒ 140 to 200 F ☐ >200 F ☐ None

Specific Gravity: 1.0-1.0 Total Halogens 0 % Total Organic Carbon (TOC) \_\_\_\_\_ %

## D. CHEMICAL COMPOSITION: Total of Maximum concentration must be &gt; or = to 100%.

Constituents	Min%	Max%	ppm	Constituents	Min%	Max%	ppm
<u>MOTOR OIL</u>		<u>30-50</u>					
<u>WATER</u>		<u>70-50</u>					

Does the Waste contain any of the following?

Nitrocellulose ☐ Yes ☒ No
 Metal Powder or Flake ☐ Yes ☒ No
 Sharps ☐ Yes ☒ No

Petroleum Phase	Suspected Level	Actual Level	Aqueous Phase	Suspected Level	Actual Level	Aqueous Phase	Suspected Level	Actual Level
PCB	0		Copper	0		Cobalt	0	
Halogens			Cadmium			Mercury		
Solvents			Chromium			Arsenic		
Arsenic			Lead			Barium		
Cadmium			Nickel			Sulfides		
Chromium			Silver			Cyanides		
Lead	0		Zinc	0		Phenols	0	

List Specific Solvents: NONE

Does the waste contain Benzene? Yes ☒ No

Do any of the following SIC codes cover the operations at your facility? If "yes," check all that apply:

2812 2813 2816 2819 2821 2822 2823 2824 2833 2834 2835 2836 2841 2842 2843 2844 2851 2852  
2855 2869 2873 2874 2875 2876 2879 2891 2892 2893 2896 2899 2911 2999 3312 4953 4959 9511

#### E. OTHER WASTE STREAM INFORMATION:

Is this waste a "USED OIL" per 40CFR PART 279?

If "Yes", does the total halogen content exceed 1,000 ppm?

If "Yes", can you identify the "Chlorinated Constituent" present in the oil?

If "Yes", can you rebut the presumption that this material is a "Hazardous Waste"?

Is the Waste subject to RCRA Subpart CC controls? (40 CFR 265 SUBPART CC)

Does the waste contain organic UHCs above treatment standards levels? (40 CFR 368.48, 268.7)

If "yes" identify those chemicals in Appendix I - Underlying Hazardous Constituents

Does the Waste contain more than 500ppmw volatile organics (VO)? (40 CFR 265 SUBPART CC)

Does the Waste contain any Class I or Class II ozone-depleting substances?

Does waste contain EPCRA 313 chemicals identified in 40 CFR 372.65?

If "yes" identify those chemicals in Appendix II of this form.

Does this waste contain any "Chemicals of interest" listed in 6 CFR Part 27 Appendix A (Department of Homeland Security)? If "yes" please list in Appendix II of this form.

#### F. R.C.R.A. CHARACTERIZATION:

Is this a USEPA "Hazardous Waste" as defined in 40 CFR §261.3?

Is this a "Universal Waste" per 40CFR part 273?

Please list any characteristic codes (D001-D043): NONE

If waste carries characteristic code, please check all applicable Underlying Hazardous Constituents in Appendix I

Please list any applicable "F" or "K" codes: NONE

Please list any applicable "U" or "P" codes: NONE

Please list any state regulated codes: MA98

#### G. SHIPPING INFORMATION:

☒ Bulk Liquid (> 500 Gallons) ☐ Bulk Solids (roll-off box, vacuum box, etc)

☐ Cubic Yard Boxes ☐ Totes (Please specify size)

☐ Drums (Specify size) 85 55 30 15 5 ☐ Metal ☐ Plastic ☐ Fiberboard

Shipping Frequency: Number of Units Per Month Quarter Year Other

#### H. DOT SHIPPING INFORMATION

Is this a U.S. Department of Transportation (USDOT) Hazardous Material?

Proper Shipping Name per 49 CFR 172.101 Hazardous Materials Table: NA1993, COMBUSTIBLE LIQUID, N.O.S.

(OIL/WATER) COMBUSTIBLE LIQUID, III

Hazard Class or Division: C.L. NA# 1993 Packing Group I

Technical descriptors if required: (OIL/WATER) RQ if required: III

#### I. GENERATOR CERTIFICATION:

I agree by assignment of my personal signature that I hereby certify that the above and attached description is complete and accurate and that no omissions of characteristics, composition or properties exist and that all known or suspected hazards have been disclosed. I also certify that each sample provided to PCI is representative of the waste material described above and give Tradebe permission and consent to make amendments and corrections and that I am an authorized agent of the Generator.

Name (print): X Jose M. Pacheco

Signature: X Jose M. Pacheco

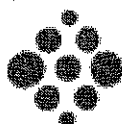
Title: X

Date: X 5-21-20

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number MV5008921469		2. Page 1 of 1		3. Emergency Response Phone 877-577-7466		4. Manifest Tracking Number <b>018091108 JJK</b>				
		5. Generator's Name and Mailing Address Mr. Barry DeMello 300 Mill Street New Bedford, MA 02740 508-992-1400		Generator's Site Address (if different than mailing address)								
6. Transporter 1 Company Name Frank Corp.		U.S. EPA ID Number MA00000363023										
7. Transporter 2 Company Name		U.S. EPA ID Number										
8. Designated Facility Name and Site Address Northland Environmental, LLC 275 Algon Avenue 401-781-6340 Providence, RI 02905		U.S. EPA ID Number RI0040008352										
Facility's Phone:												
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
			No.	Type								
		1. MA State Regulated Oily Sludge		002	DM	800	P	MA01	RD15			
		2.				0						
		3.				0						
	4.				0							
14. Special Handling Instructions and Additional Information 1. STANDOFF 2. 55 DM DM												
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.												
Generator's/Offor's Printed/Typed Name T. J. DeMello						Signature T. J. DeMello		Month 5		Day 21		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:												
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials											
	Transporter 1 Printed/Typed Name Lester Rickwood						Signature Lester Rickwood		Month 5		Day 21	
	Transporter 2 Printed/Typed Name						Signature		Month		Day	
DESIGNATED FACILITY	18. Discrepancy											
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection											
	Manifest Reference Number:											
	18b. Alternate Facility (or Generator)						U.S. EPA ID Number					
	Facility's Phone:											
	18c. Signature of Alternate Facility (or Generator)						Month		Day		Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)												
1.			2.			3.			4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a												
Printed/Typed Name						Signature		Month		Day		

# Generator's Waste Profile STAB01FRANK-02

Printed: 10/25/2016



# Stericycle®

Environmental Solutions

Status: Active

Starts: 2016-08-18  
Expires: 2017-08-31

**A. Generator Site Information**  
**MR. BARRY DEMELLO MV508 6921469**  
**308 MILL ST.**  
**NEW BEDFORD, MA**  
 Phone: **508-692-1469 02740**  
 Contact: **SAME**

**B. Customer Address**  
 FRANK CORP ENV. SERVICES  
 PO BOX 51593  
 NEW BEDFORD, MA 02745  
 Phone: (508) 995-9997  
 Fax: (508) 995-9119

**C. Waste Information**  
 MSDS: No Analysis: No Sample: No  
 Waste Name: NON HAZARDOUS OILY SLUDGE (STAB01)  
 Process: CONSOLIDATION OF OILS  
 Unused Commercial Product: No Spill Residue: No

**D. Physical Characteristics of Waste**

<b>Layers</b>	<b>Phys States</b>	<b>Colors</b>	<b>Spec Grav:</b> 1.00	<b>PH Range:</b> 5-10
Single Phased	Sludge	VARIES	Free Liq %: 100	Flash Test:
	Middle N/A		Odor: None	Flash Range: >141F
	Bottom N/A		% Water: 0	Viscosity: High
% Ash: 0	% Halogens:	0	Benzene PPM: 0	
Pumpable: No	BTU:	<2000		

**E. Chemical Composition of Waste**

PCBs: NS	Cyanides: NS	Phenolics: NS	Sulfides: NS	TOC: NS	VOC: NS
Dioxins: NS	Herbicides: NS	Pesticides: NS	Ammonia: NS		
Volatile Organic Compounds: NS		Total Organic Carbons: NS			

<b>Chemicals:</b>	<b>Min</b>	<b>Max</b>	<b>Unit</b>
FUEL OIL	30		%
HYDRAULIC OIL	30		%
MOTOR OIL	30		%
TRANSMISSION OIL	30		%

**F. Metals**  
 Metals Method: Generator Knowledge

Arsenic (As)	<5.0 ppm	Barium (Ba)	<100 ppm
Cadmium (Cd)	<1.0 ppm	Chromium (Cr)	<5.0 ppm
Lead (Pb)	<5.0 ppm	Mercury TCLP	<0.2 ppm
Mercury Total	ppm	Selenium (Se)	<1.0 ppm
Silver (Ag)	<5.0 ppm	Nickel (Ni)	<134 ppm
Thallium (Tl)	<130 ppm	Zinc (Zn)	<500 ppm
Copper (Cu)	<100 ppm		

**G. Regulated Organics**  
 Organic Code Min Reg TCLP Total

**H. Other Characteristics of Waste**

Ign. Solid? No	Oxidizer? No	Sulfide Reactive No	Other Reactive? No
Shock Sensitive? No	Water Reactive? No	Cyanide Reactive No	Universal Waste? No
Radioactive? No	Explosive? No	Asbestos? No	Water > 10%? No
Medical? No			

**I. Use EPA/State Waste Identification**

Form Code: W603	TSCA: No	Subpart CC: No	
DW/EHW: DW	Source Code: G19	Debris: Yes	CERCLA: No
EPA Regulated? No	State Regulated? Yes	Contains Regulated Organics? No	
EPA Codes:			
State Codes: CR04 CR05 MA01 MA99 R015			
UHC Codes:			
Texas Codes:			

**J. Shipping Information**

Container Type: DM

Qty to Ship Now:

Projected Volume: 1

Poisonous?

No

Marine Pollutant?

No

Dangerous When Wet?

No

Inhalation Hazard?

No

DOT Shipping Name: NON DOT NON RCRA REGULATED LIQUID

NOS:

Hazard Class:

SubHazard Class:

Additional Description:

**K. Special Handling Information**

Waste Category: STAB01

**GENERATOR CERTIFICATION**

I hereby certify, as an authorized representative of the Generator named above, that Northland Environmental, LLC has been fully informed of all information known about this waste, including but not limited to, the waste's generation process, composition, and physical characteristics, necessary to identify proper treatment and disposal of waste and this information is true and accurate. If this is an existing profile which is being renewed, I hereby certify that there have been no changes in this waste, chemical, physical, or regulatory designation since full characterization by sample testing.

In accordance with 40 CFR 264.12(b), Northland Environmental, LLC has the appropriate permits for, and will accept the waste the generator is shipping as described in this profile.

*X Jose M. Pacheco*

Signature

*X Jose M. Pacheco X*

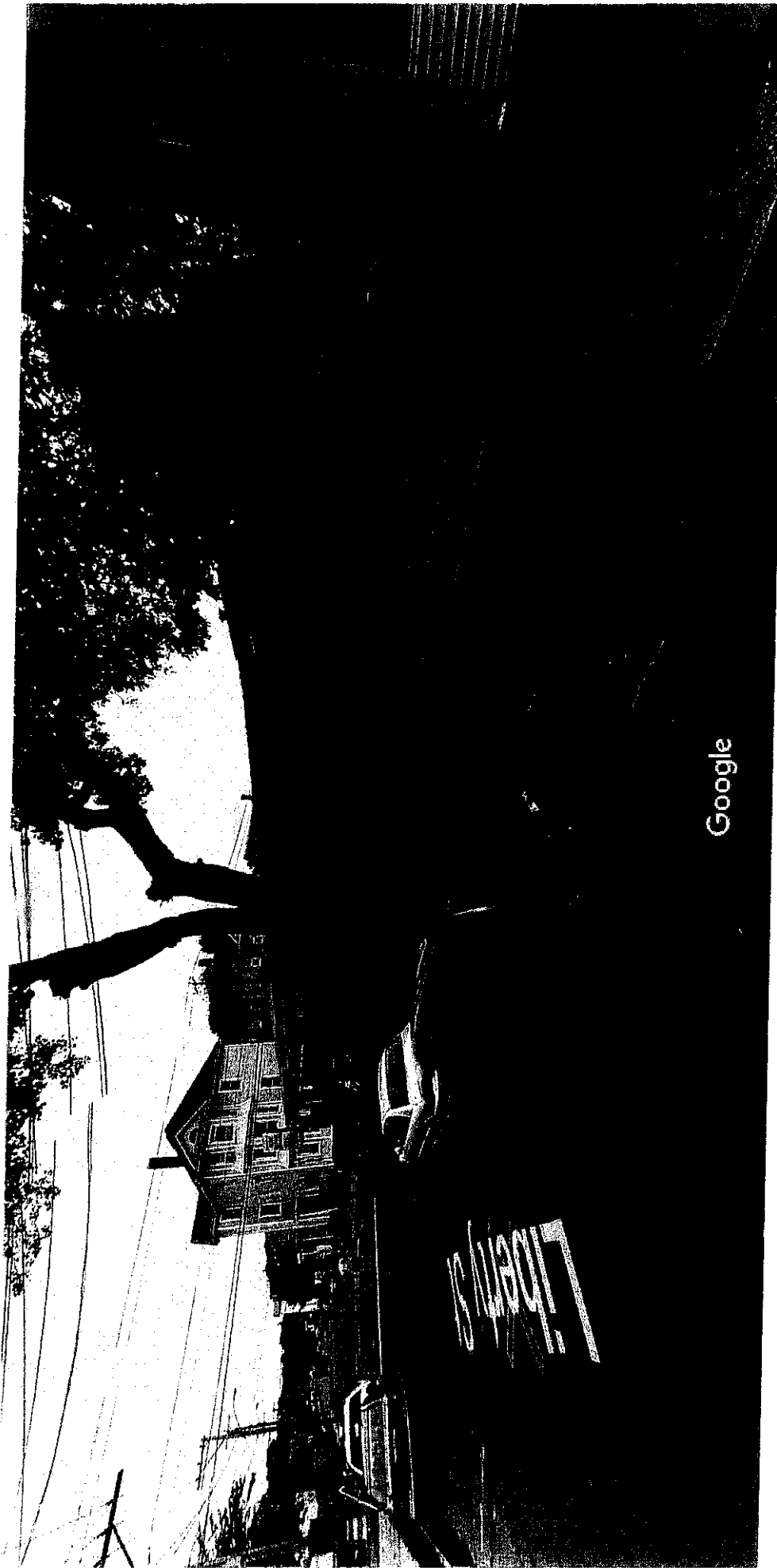
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*X 5-21-20*

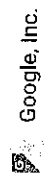
Title

Date

Google Maps · 96 Liberty St



New Bedford, Massachusetts



Google, Inc.

Street View - Sep 2012

Image capture: Sep 2012 © 2018 Google



New Bedford, Massachusetts

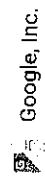
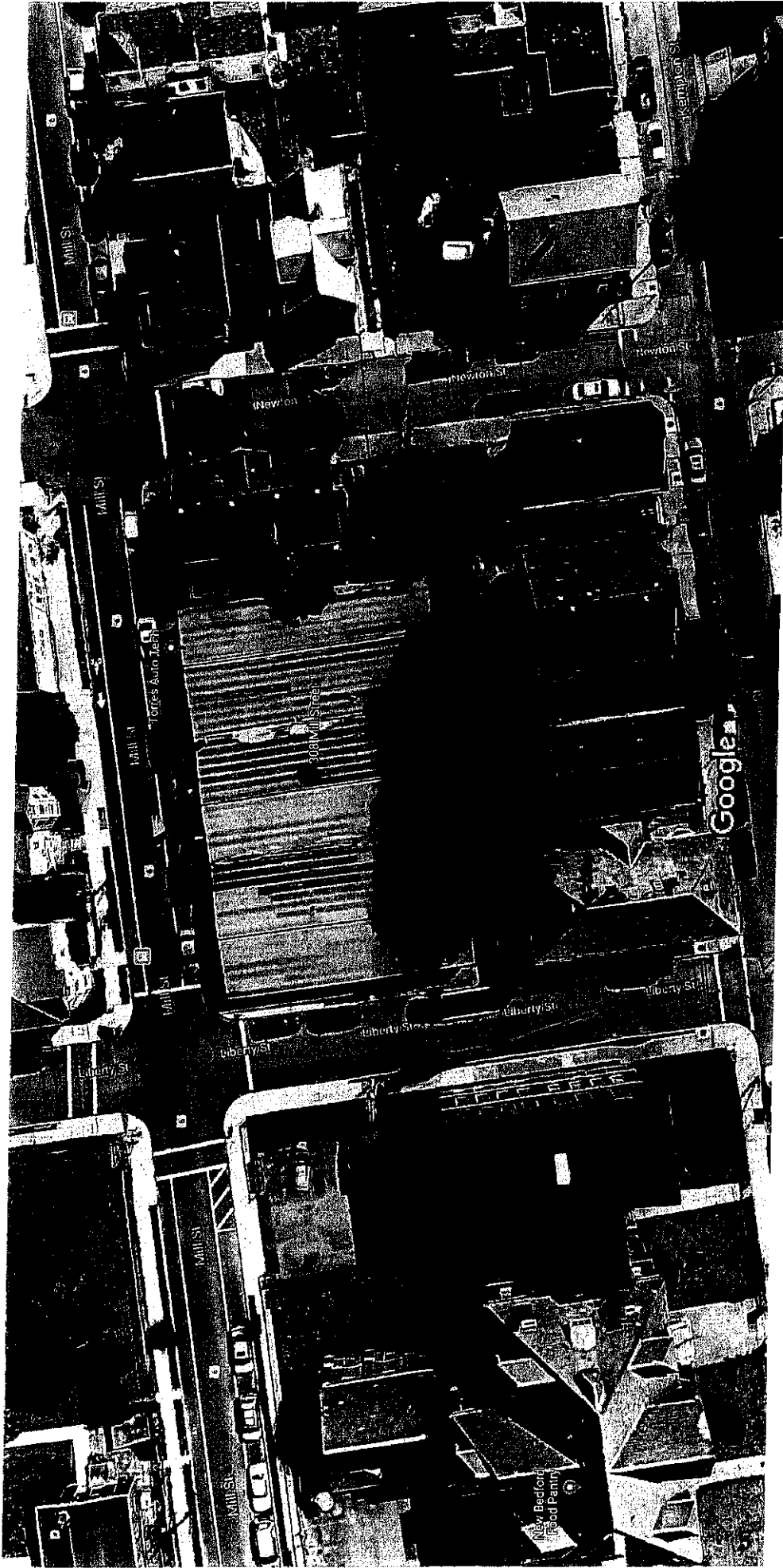
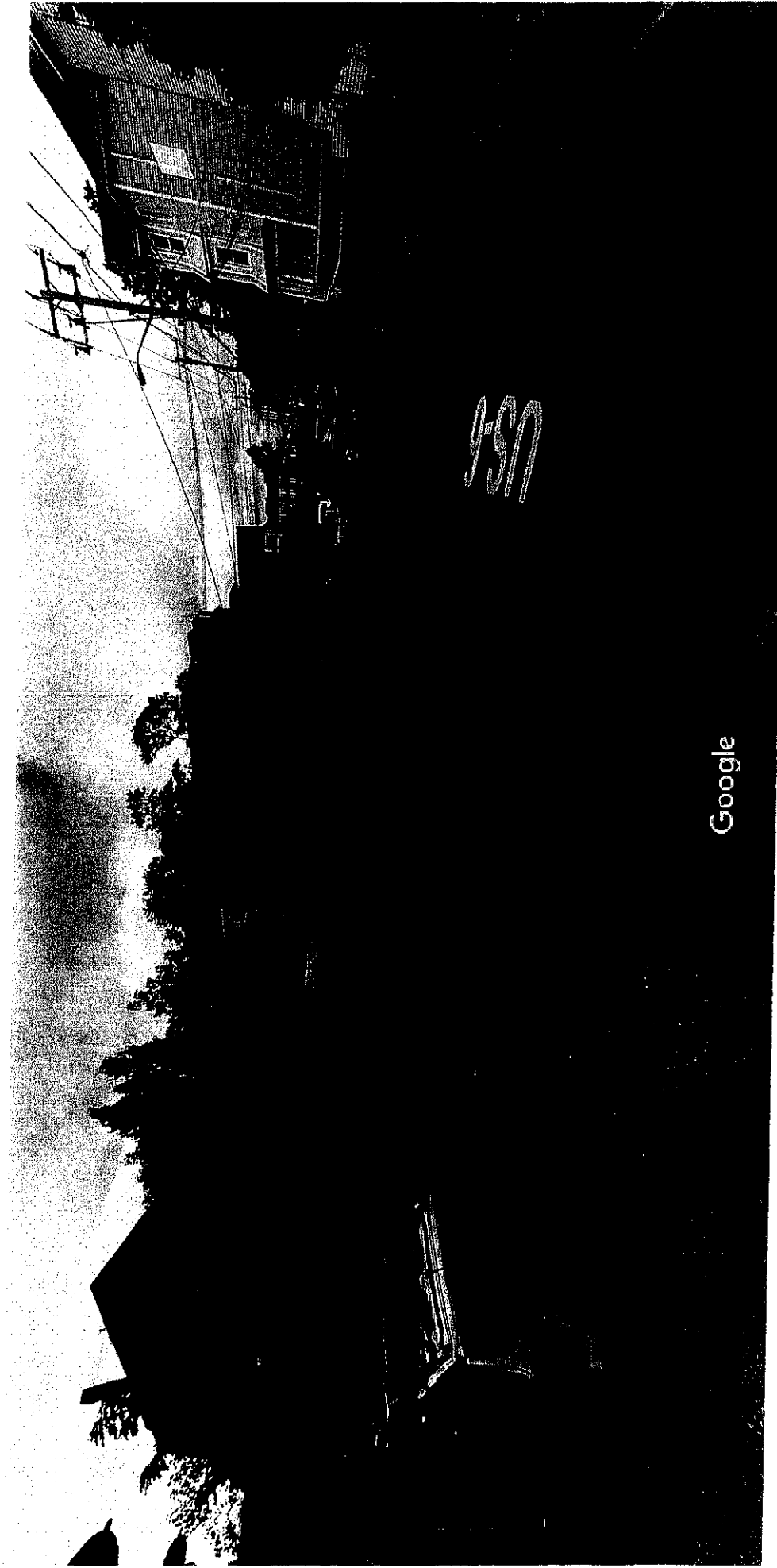


Image capture: Sep 2012 © 2018 Google

Street View - Sep 2012







Google

New Bedford, Massachusetts

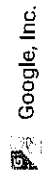


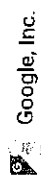
Image capture: Sep 2012 © 2018 Google

Street View - Sep 2012



Image capture: Sep 2012 © 2018 Google

New Bedford, Massachusetts



Street View - Sep 2012

Liberty St  
Ark St  
Smith St  
- 64

COMMITTEE ON APPOINTMENTS & BRIEFINGS

RECEIPT

DATE: 05/23/18

FROM: Khalil Arsanio, International Auto Repair

Receipt of Seven Hundred Dollars

For Special Permit for Motor Vehicle General Repairs and Light Service at 308 Mill Street, New Bedford,  
MA 02740

A handwritten signature in cursive script, reading "Donna M. Britto", written over a horizontal line.

Donna M. Britto  
Assistant Clerk of Committees



Item Title:

PUBLIC HEARING: Motor Vehicle SPECIAL PERMIT / 297 Belleville Avenue

Item Detail:

4. PUBLIC HEARING on an APPLICATION, Mohammad A. Dadauch, for a SPECIAL PERMIT for Motor Vehicle Sales and Rentals at 297 Belleville Avenue, New Bedford, MA 02746. (Application Rec'd 5/24/18) (Duly advertised in The Standard-Times on Wednesday, May 30, 2018 and Wednesday, June 6, 2018.)

Additional Information:

ATTACHMENTS:

Description	Type
4. Special Permit - 297 Belleville Ave	Cover Memo



CITY OF NEW BEDFORD, MASSACHUSETTS  
CLERK OF COMMITTEES OFFICE - ROOM 213 - CITY HALL

PETITION FOR A SPECIAL PERMIT FOR MOTOR VEHICLES:

{☒} SALES AND RENTALS { } BODY REPAIR { } GENERAL REPAIR { } LIGHT SERVICE

TO: CLERK OF COMMITTEES APPLICATION NO. \_\_\_\_\_ Date: \_\_\_\_\_ PAGE 1

The undersigned petitions the City Council to grant a SPECIAL PERMIT in the manner and for the reasons hereinafter set forth under the provisions of the Zoning Ordinance to the following described premises:

Owner/Landlord Rui Bizarro 225 GAFFNEY ROAD, DART., MA 0278  
Full Name and/or Company Address (Attach copy of Certificate of Title or Deed.)

OTHER Owner(s)/Landlord(s) (if applicable) \_\_\_\_\_

Lessee Mohammad A Dadaouh 74 Lambert St #22a Cranston, RI 02910  
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 297 BELLEVILLE AVE  
Street Number Name of Street

Assessor's Plot 99 76 3113 320  
Plot No. Lot No. Book No. Page No.

Dimensions of Lot 84.09 X 58.27 4388 Square Feet  
Frontage Depth Area Sq. Ft.

Zoning District(s) in which premises are located Mixed - Use - Business

Premises in present ownership since 8/4/1993  
Date of Purchase

Number of buildings on lot 1 (one)

Size of existing buildings 20' x 16' 320 Square Feet

Size of proposed buildings \_\_\_\_\_

Present use of premises Used Auto Sales / Sales and Rentals

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

Extent of proposed alterations \_\_\_\_\_

Explain the need for the SPECIAL PERMIT and what changes are proposed?  
New Owner

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: NEED SPECIAL PERMIT

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.

**PETITION FOR A SPECIAL PERMIT FOR MOTOR VEHICLES -**  
(☒ SALES AND RENTALS { } BODY REPAIR { } GENERAL REPAIR { } LIGHT SERVICE

TO: CLERK OF COMMITTEES APPLICATION NO. \_\_\_\_\_ Date: \_\_\_\_\_ **PAGE 2**

All applications must be filled out completely and be submitted with the required drawings. Attach required drawings or proposed plans to this Petition. Must be done in BLACK INK to produce legible copies. If Petition is granted, the plans are specific to the plans submitted unless the City Council states otherwise.

Must provide Site Plan identifying positioning of existing structures. Must show footprint and dimensions. Show Rear, Front and Side Distances between Structure and Boundary Lines. Must provide separate site plan showing proposed alterations or additions with side, front and rear set property lines identified.

By signing this application, the Petitioner is stating that they have read and understand this Application and the accompanying instructions and information. Also, if granted, that the Special Permit needs to be recorded and acted on within one year.

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

Respectfully submitted:

(Although not a requirement of submission, you may wish to contact an attorney to help you with your application and Public Hearing.)

Owner(s) \_\_\_\_\_  
Signature RW Bizarro  
(Must be signature of current owner on record)

Represented by:  
Signature \_\_\_\_\_

Lessee(s) Muhammad Dadaouh  
(If Corporation, must have letter on Letterhead  
Authorizing person to sign on Corporation's behalf.)

(If Corporation, must have letter on Letterhead  
Authorizing person to sign on Corporation's behalf.)

Address Cranston, RI 02910 74 Lambert St #220  
City/State/Zip Code

City/State/Zip Code

Telephone No. (Home) 401-470-3190

(Business) \_\_\_\_\_

Other Owner(s) N/A

Address N/A  
City/State/Zip Code

City/State/Zip Code

Telephone No. (Home) N/A

(Business) \_\_\_\_\_

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

Planning sign off is predicated on the representation made by the lessee - zoning Enforcement  
Office shall be responsible for determining compliance with the City's Zoning Ordinance  
5/22/18  
City Planner \_\_\_\_\_ Date

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

Approved Special Permit must be stamped by City Clerk 20 Days Right of Appeal - then Taken to the  
Registry of Deeds to be recorded + Brought Back to Room 309 for a Building Permit  
5/22/18  
Dept. of Inspectional Services Commissioner \_\_\_\_\_ Date

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

MUST APPLY FOR CLASS II DISCOUNT  
\_\_\_\_\_  
Licensing Board Clerk \_\_\_\_\_ Date 5/22/18

I ☒ do not consent to the above application. I suggest the following conditions be included in application: (General, and Body Repairs & Light Service Only) IF ANY REPAIRS WILL TAKE PLACE ON THE PREMISES AT MOC TRAP  
MUST BE INSTALLED AND MAINTENANCE AGREEMENT SENT TO DPI-IPP PROGRAM.

5/22/18  
Dept. of Public Infrastructure Commissioner \_\_\_\_\_ Date

I ☒ do not consent to the above application. I suggest the following conditions be included in application:  
(Petroleum: Any on Premises; if so, Tanks only - Above or Underground?; Prior Use?; Use to be Continued?)

Applicant will need to file Business Certificate if Approved  
\_\_\_\_\_  
Asst. City Clerk \_\_\_\_\_ Date 5/22/18



*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 #	99
LOT(S)#	76
ADDRESS: 297 BELLEVILLE AVE	
OWNER INFORMATION	
NAME:	
MAILING ADDRESS:	
APPLICANT/CONTACT PERSON INFORMATION	
NAME (IF DIFFERENT): Mohammad A. Dadauch	
MAILING ADDRESS (IF DIFFERENT):	
TELEPHONE #	401-470-3190
EMAIL ADDRESS:	adossdadauch@yahoo.com
REASON FOR THIS REQUEST: Check appropriate	
<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): 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

5/24/2018  
Date

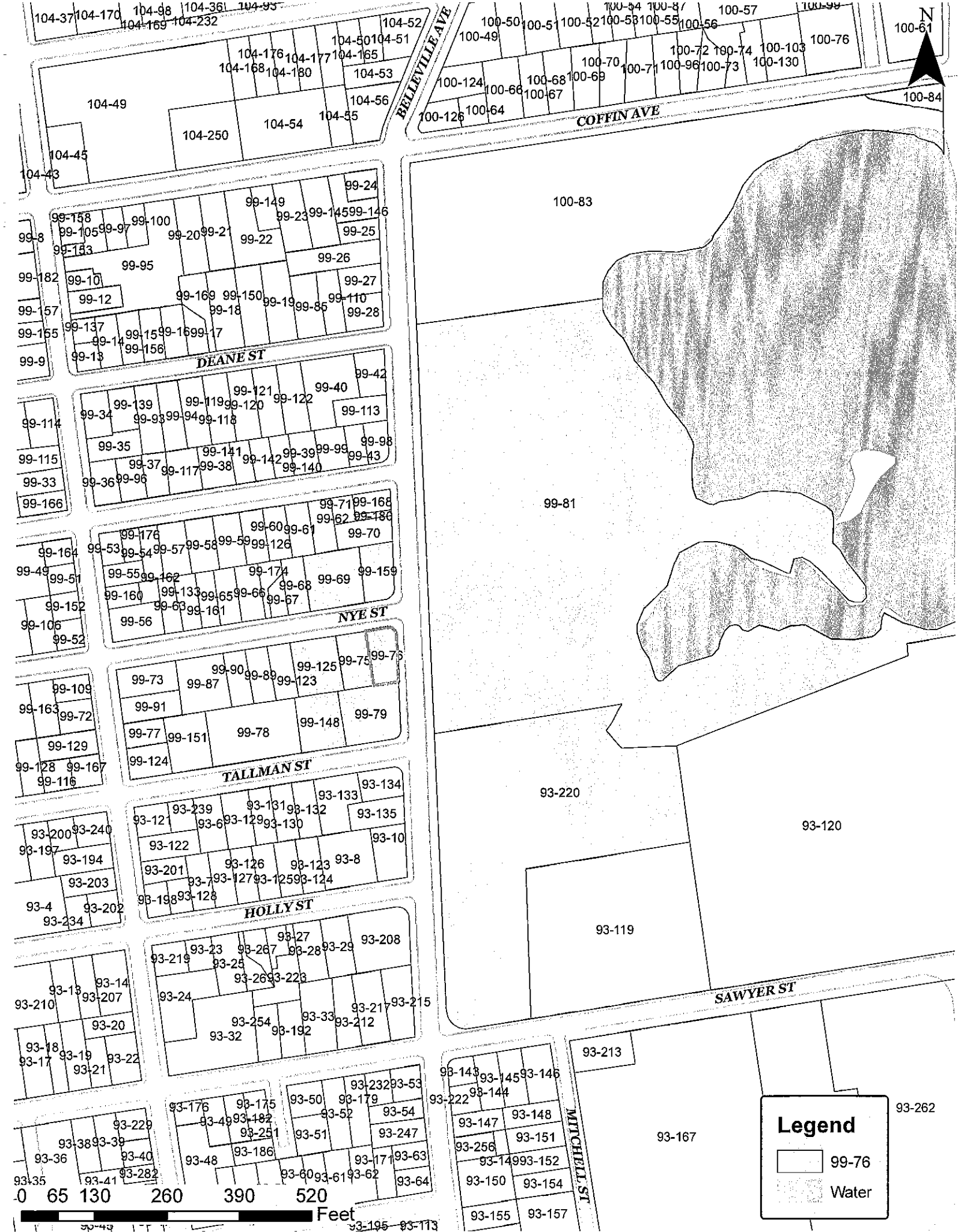


May 23, 2018  
Dear Applicant,

Please find below the List of Abutters within 300 feet of the property known as 297 Belleville Avenue (99-76). 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
99-81	BELLEVILLE AVE	CITY OF NEW BEDFORD, 131 WILLIAM STREET NEW BEDFORD, MA 02740
99-75	10 NYE ST	BIZARRO RUI, 225 GAFFNEY ROAD S DARTMOUTH, MA 02748
99-76	297 BELLEVILLE AVE	BIZARRO RUI, 225 GAFFNEY ROAD DARTMOUTH, MA 02748
99-159	319 BELLEVILLE AVE	DEMELO LIBERIO "TRUSTEE", 319 BELLEVILLE AVENUE REALTY TRUST <del>319 BELLEVILLE AVE</del> 70 Sharp St. <del>NEW BEDFORD, MA 02746</del> Dartmouth, MA 02747
99-69	11 NYE ST	TOBIN MARY "TRUSTEE", 11 NYE STREET REALTY TRUST 609 SALEM STREET ROCKLAND, MA 02370
93-220 ES	BELLEVILLE AVE	CITY OF NEW BEDFORD, 131 WILLIAM STREET NEW BEDFORD, MA 02740
99-148	9 TALLMAN ST	DEFRIAS MIGUEL, DEFRIAS ALDA 9 TALLMAN ST NEW BEDFORD, MA 02746
99-125	12 NYE ST	<del>GOVERNMENT REALTY TRUST,</del> Arhat, LLC <del>P.O. BOX 920201</del> 39 Walnut St. Fairhaven, MA 02719 <del>NEEDHAM, MA 02492</del>
99-79	291 BELLEVILLE AVE	PINHANCOS ALBERTO R., PINHANCOS CAROLINA DACOSTA 291 BELLEVILLE AVE NEW BEDFORD, MA 02746



**Location:** 297 BELLEVILLE AVE**Parcel ID:** 99 76**Zoning:** MUB**Fiscal Year:** 2018**Current Owner Information:**

BIZARRO RUI

225 GAFFNEY ROAD

DARTMOUTH, MA 02748

**Current Sales Information:****Sale Date:**

08/04/1993

**Sale Price:**

\$0.00

Card No. 1 of 1

**Legal Reference:**

3113-320

**Grantor:**

BIZARRO RUI

This Parcel contains 0.10 acres of land mainly classified for assessment purposes as AUTO S&S with a(n) General Office style building, built about 2004, having Vinyl exterior, Asphalt Shingles roof cover and 320 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:**

40000

**Land Value:**

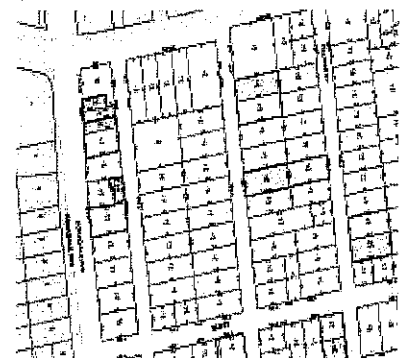
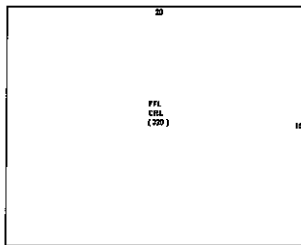
74200

**Yard Items Value:**

6400

**Total Value:**

120600

**Fiscal Year 2018****Fiscal Year 2017****Fiscal Year 2016**

Tax Rate Res.:	16.63	Tax Rate Res.:	16.69	Tax Rate Res.:	16.49
Tax Rate Com.:	35.65	Tax Rate Com.:	36.03	Tax Rate Com.:	35.83
Property Code:	330	Property Code:	330	Property Code:	330
Total Bldg Value:	40000	Total Bldg Value:	39600	Total Bldg Value:	37200
Total Yard Value:	6400	Total Yard Value:	6400	Total Yard Value:	6400
Total Land Value:	74200	Total Land Value:	74200	Total Land Value:	70300
<b>Total Value:</b>	<b>120600</b>	<b>Total Value:</b>	<b>120200</b>	<b>Total Value:</b>	<b>113900</b>
<b>Tax:</b>	<b>\$4,299.39</b>	<b>Tax:</b>	<b>\$4,330.81</b>	<b>Tax:</b>	<b>\$4,081.04</b>

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.

BK3113PG0320

19380

QUITCLAIM DEED

WE, RUI BIZARRO and LUCIA A. BIZARRO, of New Bedford, Bristol County, Massachusetts

for consideration paid, and in full consideration of LOVE AND AFFECTION,

grant to RUI BIZARRO, of 10 Nye Street, New Bedford, Bristol County, Massachusetts,

with QUITCLAIM COVENANTS,

the land in New Bedford, Bristol County, Massachusetts, bounded and described as follows:

BEGINNING at the northeast corner of the land herein described at a point formed by the intersection of the southerly line of Nye Street with the westerly line of Belleville Avenue;

thence SOUTHERLY in line of said Belleville Avenue, one hundred and 69/100 (100.69) feet to land of parties unknown;

thence WESTERLY in line of last-named land, ninety-nine and 17/100 (99.17) feet to land now or formerly of one Nye;

thence NORTHERLY in line of last-named land, one hundred (100) feet to the said line of Nye Street; and

thence EASTERLY in line of said Nye Street, one hundred ten (110) feet to the said line of Belleville Avenue and the point of beginning.

CONTAINING thirty-eight and 41/100 (38.41) square rods, more or less.

BEING the same premises conveyed to us by deed of Maria J. Pinhancos, dated January 14, 1993 and recorded in the Bristol County (S.D.) Registry of Deeds, Book 2986, Page 317.

SUBJECT to the real estate taxes for the fiscal year 1994 which the grantee herein assumes and agrees to pay.

Property Address: 10 Nye Street  
New Bedford, MA 02746

The address in the margin is  
not a part of this conveyance.  
Its accuracy has not been  
verified.

MADE & SIGNED BY  
ATTORNEY AT LAW  
BY LUCIA A. BIZARRO  
AND RUI BIZARRO

DEEDS REG 07  
BRISTOL SOUTH

08/04/93

0.00  
NEXT  
CASH

32794128.09:51  
EXCISE TAX

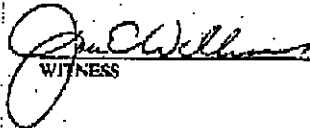
BK3113PG0321

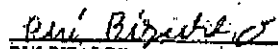
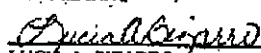
-2-

TITLE NOT SEARCHED BY PREPARED OF THIS DEED

WITNESS our hands and seals this 2nd day of August, 1993.

Signed and sealed in presence of:

  
WITNESS

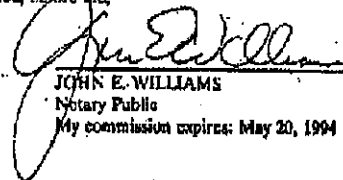
  
RUI BIZARRO  
  
LUCIA A. BIZARRO

COMMONWEALTH OF MASSACHUSETTS


BRISTOL, SS.

August 2, 1993

Then personally appeared the above-named RUI BIZARRO and LUCIA A. BIZARRO and acknowledged the foregoing instrument to be their free act and deed, before me.

  
JOHN E. WILLIAMS  
Notary Public  
My commission expires: May 20, 1994

Received & Recorded *Aug. 4, 1993* at *9 hrs. 51 min. A.M.*

ATTEST   
Asst. Registrar

DAVID W. WILLIAMS, CLU  
Secretary of State  
211 South Street  
Boston, MA 02108



TS-13.1702

98'

SEP 04 1988

15

3

2

office

20'

16'

5 20'

10 11

APPROVED

9/3/88

DATA BUILDING DEPARTMENT

6

7 8

9

12

50'

84'

\* Scale:

98' = 22 cm  
50' = 11.2 cm  
46' = 10.5 cm  
etc

98' → 22 cm 98': 22 cm  
20' → x cm  
 $x = \frac{20' \times 22}{98}$  ; 4.5 cm

Belleville Ave

Clear Automotive  
297 Belleville Ave

5x2

COMMITTEE ON APPOINTMENTS & BRIEFINGS

RECEIPT

DATE: 05/24/18

FROM: Rui Bizarro for Mohammad A. Dadauch

Receipt of Seven Hundred Dollars

For Special Permit for Motor Vehicle Sales and Rentals at 297 Belleville Avenue, New Bedford, MA  
02746

A handwritten signature in cursive script, reading "Donna M. Britto", is written over a horizontal line.

Donna M. Britto  
Assistant Clerk of Committees





Item Title:

WRITTEN MOTION: NorthStar Learning Centers / CDBG monies

Item Detail:

5. WRITTEN MOTION, Councillors Coelho, Lima, Carney, Giesta, Dunn, Lopes, Abreu, Gomes and Markey, requesting that Maria Rosario, Executive Director of the NorthStar Learning Centers, appear before the Committee on Appointments and Briefings to discuss the Learning Center's programs and their application for CDBG monies for the construction of a new Childhood Program Center. (To be Referred to the Committee on Appointments and Briefings.) (Ref'd 5/8/18)

Additional Information:

ATTACHMENTS:

Description	Type
5. WM - NorthStar Learning Centers CDBG monies	Cover Memo

## Susan Henriques

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**From:** Debora Coelho  
**Sent:** Thursday, May 03, 2018 9:52 AM  
**To:** Susan Henriques  
**Subject:** FW: NorthStar Learning Centers...

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**From:** Maria Rosario [mrosario@northstarlc.org]  
**Sent:** Tuesday, May 01, 2018 5:27 PM  
**To:** Debora Coelho  
**Subject:** NorthStar Learning Centers...

Dear Councilor Coelho (Debora):

I am writing to ask for your continued support of NorthStar Learning Centers and for embracing our mission of providing high-quality early education and care services to ALL children and families in our community. NorthStar submitted an \$177,000 application to CDGB to support the acquisition, legal fees and closing costs of a long-vacant parcel of land at the corner of Rivet Street and Hyacinth Street.

On this parcel, NorthStar will construct a new 14,000 square-foot, state-of-the-art Early Childhood Program Center to house NorthStar's primary childcare program. This modern building will be in the heart of the underserved and low-income South End neighborhood. The construction of this facility will enable NorthStar to deliver high-quality early childhood education programs to 150 children ages one month through kindergarten. The new Center will provide essential care for families within this area, as well as easy access to others by public transportation.

NorthStar has determined that renting, while flexible and low-risk, limits our ability to truly be able to provide its mission-driven early childhood education at the highest level of quality. Families who need and utilize the current Early Childhood Program Center face geographic challenges, including limited access to public transportation and long distances from public schools.

The new Center is an important factor in the long-term economic and social health of the City. Research shows that high-quality early education programs for low-income children can lead to greater school success, including reduced need for special education services, lower grade repetition, and higher rates of graduating from high school and continuing onto college. Moreover, increased school readiness gained from early education has a positive and lasting impact into adulthood including attaining higher education, being more likely to be employed and earning more, and being less likely to be dependent on subsidies. While low-income children gain the most, all children benefit from quality early education.

The new Early Childhood Program Center will accomplish the following goals:

- Provide high quality early childhood education to 150 New Bedford children;
- Provide accessible early childhood education within a facility easily accessed by public transportation;
- Support rejuvenation, discourage crime, and promote safety in the low-income South End neighborhood.

Today, I ask for your support of NorthStar Learning Centers and our CDBG request of \$177,000 to purchase the property at the corner of Rivet Street and Hyacinth Street. This grant will enable NorthStar to continue to provide high quality, nationally accredited programs and services for children, youth and families living in New Bedford.

If you any questions, please do not hesitate to call me at (508) 517-9349 or email me at [mrosario@northstarlc.org](mailto:mrosario@northstarlc.org).

I thank you for your time and consideration,

***Maria A. Rosario***

Executive Director

NorthStar Learning Centers

53 Linden Street

New Bedford, MA 02740

(508) 991-5907 - office

(508) 517-9349 - cell

(508) 984-3389 - fax

Email: [mrosario@northstarlc.org](mailto:mrosario@northstarlc.org)

**Confidentiality Notice:** The information contained in this e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient and have received this communication in error, please contact the sender by reply e-mail and destroy all copies of the original message. Thank you for your cooperation.



Item Title:

WRITTEN MOTION re Expression Swings

Item Detail:

6. WRITTEN MOTION, Council President Gomes, requesting that the Director of Parks, Recreation and Beaches, Mary Rapoza, look into installing Expression Swings in parks throughout the City, the recreational swings allow parents and infants or young children to swing together face-to-face in one unit; and further, that we look at Community Development monies to assist in this project. (Ref'd 7/16/15) (9/30/15-send letter to Park Board asking them to fund 3 Game Time Swings for Buttonwood, Hazelwood and Fort Taber; send letter to Community Development to see if funding is available to help with purchase of such swings)

Additional Information:



Item Title:

WRITTEN MOTION re HESS Gas Station / Cove Road and Crapo Street

Item Detail:

7. WRITTEN MOTION, Councillor Gomes, requesting, that a letter be sent to the owner of the old HESS Gas Station or Speedway franchise located at the corner of Cove Road and Crapo Street, asking for immediate action as to what their intentions are for this location; and further, that City Solicitor McDermott begin the process of making sure that this company is held accountable for the deterioration and underground gas tanks and any other contaminants at said location; and further, that the Department of Inspectional Services and the Treasurer's office inform the City Council if there are any problems at this location or any taxes due. (To be Referred to the Committee on Appointments and Briefings.) (Ref'd 11/10/16) (11/30/16-returned unsigned by the Mayor) (10/19/17-tabled; send letter to Angel Tommervik requesting a copy of the environmental plan; 10/23/17-response received via email, copy all Councillors via email 10/23/17)

Additional Information:



Item Title:

WRITTEN MOTION re Business Park Proposal / Whaling City Golf Course

Item Detail:

8. WRITTEN MOTION, Councillor Gomes, requesting, that the Committee on Appointments and Briefings meet with Derek Santos from New Bedford Economic Development Council, along with members of the Board of Park Commissioners and a representative of the Administration and Mass Development Council for the purposes of discussing the planned Business Park proposal for the Whaling City Golf Course; and further, that Mr. Santos provide the Council with a breakdown of how much this will cost the City to develop, what are the pros and cons with all the losses included, what will be the tax return, and more importantly, why wasn't this discussed on a City-wide basis before this decision was made, with those from the Board of Park Commissioners as well as the taxpayers of the City of New Bedford. (Ref'd 5/23/17)

Additional Information:



Item Title:

WRITTEN MOTION re Amazon Corporate Office

Item Detail:

9. WRITTEN MOTION, Councillor Gomes, requesting, that as Amazon is looking to establish a second headquarters in Massachusetts that the Administration, the City Council and the Economic Development Council reach out to Amazon officials and their corporate office in a joint letter signed by all parties stating that the City of New Bedford, Massachusetts is ready and willing to negotiate with company officials the possibility of locating in the City; and further that company officials be invited to the City of New Bedford for seafood luncheon or dinner and a tour of the City and what we have to offer in making a home for Amazon in New Bedford. (Ref'd 9/14/17)

Additional Information:



Item Title:

CITIZEN'S INPUT TIME: Unsanitary Conditions / Hathaway Road Hotel

Item Detail:

10. CITIZEN'S INPUT TIME – Not to exceed the first thirty (30) minutes of the meeting.

10a. Theresa Holmes, P.O. Box 5519, speaking on Unsanitary Conditions at a Hathaway Road Hotel in New Bedford. (Ref'd 5/23/18) (5/23/18-tabled)

Additional Information:





Item Title:  
Accessibility Statement

Item Detail:

***In accordance with the Americans with Disabilities Act (ADA), if any accommodations are needed, please contact the Clerk of Committees Office at 508-979-1482. Requests should be made as soon as possible but at least 48 hours prior to the scheduled meeting.***

Additional Information: