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## VARIANCE CHECKLIST

**CITY OF WORCESTER ZONING BOARD OF APPEALS**  
455 Main Street, Room 404, Worcester, MA 01608  
Phone 508-799-1400 ext. 31440 - Fax 508-799-1406

### **STEP 1: PROVIDE DIGITAL COPIES OF THE FOLLOWING ITEMS IN PDF FORMAT VIA EMAIL TO [PLANNING@WORCESTERMA.GOV](mailto:PLANNING@WORCESTERMA.GOV) AND CONFIRM WITH DPRS STAFF BEFORE SUBMISSION OF ONE (1) PHYSICAL COPY BY HAND DELIVERY OR MAIL:**

- Application with original signatures by all petitioners/owners.**  
If you are not the owner of subject property, it is recommended that you provide supporting information such as a lease or a purchase and sale agreement that shows your interest in the property.
- Zoning Determination Form** obtained from the Inspectional Services Division (ISD)  
(Email [inspections@worcesterma.gov](mailto:inspections@worcesterma.gov) or call 508-799-1198 for more information.)
- A Certified Abutters List(s)** issued within 3 months of this application's filing date which includes all properties affected and includes any contiguous, commonly owned property(s). This can be obtained from the Assessor's Office and includes all abutters and abutters to abutters within 300' of the edge of the landowner's property.  
*Note: If the property(s) is within 300 ft. of another town, an abutters list from that town may be required.*
- If the applicant is NOT the Owner, the **Owner(s) Authorization** for the applicant to apply is attached (page 4)
- Certification of Tax/Revenue Collection Compliance**  
All current owners of subject property and applicants must certify that all local taxes, fees, assessments, betterments, or any other municipal charges of any kind are current with the City Treasurer's Office (page 7)
- A **Site Plan** showing the full project scope and all elements listed on page 8 of this application, stamped, and signed by all applicable professionals
- Architectural drawings or renderings** showing exterior elevation, height in feet and stories, exterior materials for all structures, and corresponding floor plans stamped and signed by all applicable professionals, if applicable

**Note:** Any application items not produced electronically, such as hand-drawn plans or schematics, handwritten applications, or other materials created prior to March 2013 that are not available to the applicant in electronic format, are not required to be submitted electronically.

### **STEP 2: ONCE STAFF CONFIRMS VIA EMAIL REPLY THAT YOUR APPLICATION IS COMPLETE, SUBMIT THE FOLLOWING TO DPRS:**

- A. **Two Sets of Stamped Envelopes with Assessor's Address Labels for abutters and applicant.**
  - Request two (2) sets of Assessor's Address Labels (listing all abutters and abutters to abutters) from the Assessor's Office (2<sup>nd</sup> floor, City Hall)-prepared for a fee
  - Create two (2) separate sets of stamped envelopes with Assessor's labels.
  - Include two stamped, addressed envelopes for each applicant.
  - The return address on the envelopes should be: City of Worcester, Division of Planning and Regulatory Services; 455 Main Street, Room 404; Worcester, MA 01608
  - These envelopes will be used to send notices of the public hearing and outcome.
- B. **Appropriate fee.** Please make checks payable to the City of Worcester and list your project number on the memo line. Please confirm amount with staff prior to submission.



**VARIANCE APPLICATION**

**CITY OF WORCESTER ZONING BOARD OF APPEALS**

455 Main Street, Room 404, Worcester, MA 01608

Phone 508-799-1400 ext. 31440 - Fax 508-799-1406

Fill in information for the Variances (s) you are applying for. Attach additional documentation as necessary.

Address: CLIFF STREET

Parcel ID or MBL: M: 31 B: 002 L: 002+5

If more than one structure on the lot, identify relevant structure requiring relief: \_\_\_\_\_

Lot Area		Front Yard Setback		Rear Yard Setback	
Square footage required:		Setback required:		Setback required:	
Square footage provided:	18,381	Setback provided:	25'	Setback provided:	99/03
Relief requested:		Relief requested:		Relief requested:	
Frontage		Side Yard Setback		Exterior Side Yard Setback	
Frontage required:	65	Setback required:	8'	Setback required:	
Frontage provided:	35.48 <del>65</del>	Setback provided:	<del>8</del> 3.7'	Setback provided:	<del>8</del>
Relief requested:	29.52'	Relief requested:	4.3'	Relief requested:	
Off-street Parking		Height		Accessory Structure 5-foot Setback	
Parking required:		Height permitted:		Type of structure:	
Parking provided:	15	Height provided:		Square footage of structure:	
Relief requested:		Relief requested:		Relief requested:	
Off-street Loading		Other Variances			
Loading required:		Relief requested:			
Loading provided:		Zoning Ordinance Article & Section:			
Relief requested:		Requirement:			
		Provided:			

If you are requesting Variances for more than one structure or lot, provide this sheet for each structure/lot. Only complete the sections pertaining to the Variances (s) you are applying for.

1. Property Information

- a. CLIFF STREET  
Address(es) – please list all addresses the subject property is known by
- b. M 31 Block L 002+5  
Parcel ID or Map-Block-Lot (MBL) Number
- c. Worcester District Registry of Deeds, Book \_\_\_\_\_ Page \_\_\_\_\_  
Current Owner(s) Recorded Deed/Title Reference(s)
- d. RL-7  
Zoning District and all Zoning Overlay Districts (if any)
- e. 2 level 3 bedroom single family residence @ 4 Cliff St  
Describe what is presently located on the property (Use as much detail as possible including all uses and square footage of each use):
- f. New construction of 3 bedroom home  
If residential, describe how many bedrooms are pre-existing and proposed

2. Applicant Information

- a. B+V  
Name(s)
- b. P.O. Box 505, WORCESTER, MA 01613  
Mailing Address(es)
- c. kempton.rose@yahoo.com 508-825-3569  
Email and Phone Number(s)
- d. Contractor  
Interest in Property (e.g., Lessee, Purchaser, etc.)

I certify that I am requesting the Worcester Zoning Board of Appeals to grant the Variance as described below

B+V  
(Signature)

3. Owner of Record Information (if different from Applicant)

- a. Kim ~~AL~~ NGUYEN  
Name(s)
- b. 4 CLIFF Street, Worcester, MA 01607  
Mailing Address(es)
- c. kempton.rose@yahoo.com 508-825-3569  
Email and Phone Number

### VARIANCE - FINDINGS OF FACT

In the spaces below, please explain how the adverse effects of the proposed use will not outweigh its beneficial impacts to the City with respect to each of the following considerations per Article II, Section 6(A)(3) of the Zoning Ordinance. Attach additional supporting documentation as necessary.

1. Describe how a literal enforcement of the provisions of the City of Worcester Zoning Ordinance would involve a substantial hardship, financial or otherwise, to the petitioner or appellant:

The building on Lot B is occupied by a large multi-generational family that wants to expand into a new house to be built next door. Enforcement of the ordinance would cause a hardship by preventing the family from alleviating overcrowding.

2. Describe how the hardship is owing to circumstances relating to the soil conditions, shape, and/or topography of the land or structures and how the hardship especially affects said land or structures, but does not affect generally the zoning district in which it is located:

The existing lot is zoned partially in a manufacturing district and the lots are located on a steep slope.

3. Describe how desirable relief may be granted without detriment to the public good and without nullifying or substantially derogating from the intent or purpose of the City of Worcester Zoning Ordinance:

The surrounding neighborhood is composed of primarily of residential building of a similar scale and density as those proposed for this project. The objectives of this ordinance are not being undermined.

4. Describe how the dimensional variance as it relates to floor space, bulk, number of occupants, or other relevant measures, if granted, shall be no greater than the minimum necessary to provide relief from the statutory hardship:

The location of the proposed lot line has been drawn to minimize zoning relief, limiting it to a variance for frontage.

**TAX CERTIFICATION**

This certification must be completed by all applicants and owners of the property, certifying payment of all local taxes, fees, assessments, betterments, or any other municipal charges of any kind. Failure to include a completed certification shall result in the application being deemed incomplete.

**If a Single Owner or Proprietorship:**

- a. Lim Nguyen  
Name
- b. [Signature]  
Signature certifying payment of all municipal charges
- c. 4 Cliff Street, Worcester, MA 01607  
Mailing Address
- d. \_\_\_\_\_  
Email and Phone Number

**If a Partnership or Multiple Owners:**

- e. NA  
Names
- f. \_\_\_\_\_  
Signatures certifying payment of all municipal charges
- g. \_\_\_\_\_  
Mailing Address
- h. \_\_\_\_\_  
Email and Phone Number

**Applicant, if different from owner:**

- i. B+V P.O. Box 505, Worcester 01613 [Signature]  
Printed Name & Signature of Applicant, certifying payment of all municipal charges

**If a Corporation or Trust:**

- j. NA  
Full Legal Name
- k. \_\_\_\_\_  
State of Incorporation \_\_\_\_\_  
Principal Place of Business
- l. \_\_\_\_\_  
Mailing Address or Place of Business in Massachusetts
- m. \_\_\_\_\_  
Printed Name & Signature of Owner or Trustee, certifying payment of all municipal charges
- n. \_\_\_\_\_  
Printed Name & Signature of Owner or Trustee, certifying payment of all municipal charges
- o. \_\_\_\_\_  
Printed Name & Signature of Owner or Trustee, certifying payment of all municipal charges
- p. \_\_\_\_\_  
Printed Name & Signature of Owner or Trustee, certifying payment of all municipal charges



**SPECIAL PERMIT APPLICATION**

**CITY OF WORCESTER ZONING BOARD OF APPEALS**

455 Main Street, Room 404, Worcester, MA 01608

Phone 508-799-1400 ext. 31440 - Fax 508-799-1406

**TYPE OF SPECIAL PERMIT** (check the Special Permit you are requesting and answer only the associated supplementary questions on page 8-12)

- 1.  Extension, Alteration or Change of a Privileged Pre-existing, Nonconforming Structure and/ or Use (Article XVI, Section 4)
- 2.  Residential Use allowed only by Special Permit (Article IV, Section 2, Table 4.1)
- 3.  Non-Residential Use allowed only by Special Permit (Article IV, Section 2, Table 4.1)
- 4.  Non-Residential Use allowed only by Special Permit – Self Storage Facility (Article IV, Section 2, Table 4.1)
- 5.  Residential Conversion (Article IV, Section 9)
- 6.  Placement of Fill/Earth Excavation (Article IV, Section 5)
- 7.  Modification of Parking/Loading Requirements and/or Landscaping and Layout Requirements for Parking/Loading (Article IV, Section 7)
- 8.  Other Special Permit (Describe Special Permit sought):

**1. Property Information**

a. 4 Cliff Street  
Address(es) – please list all addresses the subject property is known by

b. M: 31 B: 002 L: 002+5  
Parcel ID or Map-Block-Lot (MBL) Number

c. Worcester District Registry of Deeds, Book \_\_\_\_\_ Page \_\_\_\_\_  
Current Owner(s) Recorded Deed/Title Reference(s)

d. R7 + MG 1.0  
Zoning District and all Zoning Overlay Districts (if any)

e. A single family two story home  
Describe what is presently located on the property (Use as much detail as possible including all uses and square footage of each use; attached separate narrative if necessary):

f.

If residential, describe how many bedrooms are pre-existing and proposed

**2. Applicant Information**

a. B+V

Name(s)

b. P.O. Box 505 WORCESTER, MA 01613

Mailing Address(es)

c. kempton.rose@yahoo.com

Email and Phone Number(s)

d. Contractor

Interest in Property (e.g., Lessee, Purchaser, etc.)

**I certify that I am requesting the Worcester Zoning Board of Appeals to grant the Special Permit as described below**

B+V  
(Signature)

**3. Owner of Record Information (if different from Applicant)**

a. Kim NGUYEN

Name(s)

b. 4 Cliff St, Worcester, MA 01607

Mailing Address(es)

c. kempton.rose@yahoo.com 508-825-3569

Email and Phone Number

**4. Representative Information**

a. Same as Applicant

Name(s)

b. \_\_\_\_\_  
Signature(s)

c. \_\_\_\_\_  
Mailing Address(es)

d. \_\_\_\_\_  
Email and Phone Number

e. \_\_\_\_\_  
Relation to Project (Architect/Attorney/Engineer/Contractor, etc.)

**4. Representative Information**

- a. B+V  
Name(s)
- b. B+V  
Signature(s)
- c. P.O. Box 505, WORCESTER, MA 01613  
Mailing Address(es)
- d. kempton.rose@yahoo.com      508-825-3569  
Email and Phone Number
- e. Contractor  
Relation to Project (Architect/Attorney/Engineer/Contractor, etc.)

**5. Owner Authorization**

Authorization I, Kin Nguyen, Owner of Record of the property listed with the Assessing Division of the City of Worcester, Massachusetts as Map 31 Block 002 Lot(s) 002<sup>15</sup>, do hereby authorize B+V to file this application with the Division of Planning & Regulatory Services of the City of Worcester on this the 5 day of March, 2024.

**6. Proposal Description**

- a. Build a 2 story - 3 bedroom, single family home  
The applicant seeks to (Describe what you want to do on the property in as much detail as possible)
- b. No  
Are you aware if this property has been previously granted approvals from any City Board or Commission? If so, please list (Provide dates of previous approvals, book and page numbers and/or certificate numbers of any recorded decisions and/or recorded/registered land. Also, please provide copies of previous recorded decisions)
- d. No  
Have you applied for or are you aware if other applicants have applied for a Building Permit for this site and been refused for non-compliance with the Zoning Ordinance (e.g., a cease-and-desist order has been issued)?
- e. \_\_\_\_\_  
List any additional information relevant to the Variance (s)



**5. Owner Authorization**

Authorization I, \_\_\_\_\_, Owner of Record of the property listed with the Assessing Division of the City of Worcester, Massachusetts as Map \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_, do hereby authorize \_\_\_\_\_ to file this application with the Division of Planning & Regulatory Services of the City of Worcester on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**6. Proposal (attach a separate narrative if necessary)**

a. #1 Extension Alteration or change of a Preexisting Structure  
The applicant seeks to (Describe what you want to do on the property in as much detail as possible)

b. #4 Modification of Parking, Landscaping + Layout  
Such a use is permitted only by the City of Worcester Zoning Ordinance under Article (Insert Article, Section (s) of the Zoning Ordinance which permits the proposed used of the property.

c. NO  
Are you aware if this property has been previously granted approvals from any City Board or Commission? If so, please list (Provide dates of previous approvals, book and page numbers and/or certificate numbers of any recorded decisions and/or recorded/registered land. Also, please provide copies of previous recorded decisions)

d. NO  
Have you applied for or are you aware if other applicants have applied for a Building Permit for this site and been refused for non-compliance with the Zoning Ordinance (e.g. a cease and desist order has been issued)?

e. \_\_\_\_\_  
List any additional information relevant to the Special Permit (s)

### SPECIAL PERMIT FINDINGS OF FACT

In the spaces below explain how the adverse effects of the proposed use will not outweigh its beneficial impacts to the City with respect to each of the following considerations per Article II, Section 6(A)(2) of the Zoning Ordinance. (Attach additional supporting documentation as necessary.)

1. Social, economic or community needs that are served by the proposal:

Will provide housing for extended family

2. Traffic flow and safety, including access, parking and loading areas:

Additional one housing unit will not significantly effect traffic

3. Adequacy of utilities and other public services:

Utilities in area are adequate

4. Neighborhood character and social structure:

Residential properties of equal

5. Impacts on the natural environment:

Will improve area

6. Potential fiscal impact, including city services needed, tax base, and employment:

~~to~~ none

### SUPPLEMENTARY QUESTIONS FOR SPECIAL PERMITS

Complete the requested information for the Special Permit requested. Attach additional documentation as necessary  
Only complete the sections which pertain to the Special Permit (s) you are applying for.

#### 1a. Extension, Alteration or Change of a Privileged Pre-existing, Nonconforming Structure (Article XVI, Section 4)

1. Describe what is currently nonconforming about this structure (list specific dimensional nonconformities)

Front yard setback, use

2. Indicate how long the nonconforming aspects of the structure have been in existence:

forever

3. At the time of construction, did the structure meet applicable zoning requirements? (Check with the zoning ordinance, as amended, that would have been in effect at the time of construction. Past zoning ordinances are available for research at the City Clerk's office. Past zoning maps are available at the Division of Planning and Regulatory Services)

yes

4. Describe the proposed extension, alteration or change:

New lot line creating non conformity

5. Indicate the total square footage of any physical expansion:

0

6. Indicate the number of off-street parking spaces currently provided and to be provided for the proposed structure as extended, altered or changed: Note: In residential districts, the use as extended, altered or changed shall meet the off-street parking requirements of the zoning ordinance.

2 will remain the same

7. Explain how the structure as extended, altered or changed will not be substantially more detrimental to the neighborhood than the existing structure:

no change to existing building - will remain consistent with surrounding residences

**1b. Extension, Alteration or Change of a Privileged Pre-existing, Nonconforming Use  
(Article XVI, Section 4)**

1. Describe what is currently nonconforming about this use:

Residential use in a MG 1.0 district

2. Indicate how long the nonconforming use has been in existence? What year did the use begin? (Check with the zoning ordinance, as amended, that would have been in effect at the time of construction. Past zoning ordinances are available for research at the City Clerk's office. Past zoning maps are available at the Division of Planning and Regulatory Services)

Since the owner purchased the property

3. At the time the use was initiated, was the use allowed under the then applicable Zoning Ordinance?

Yes Built in 1920

4. Describe the proposed extension, alteration or change of use:

None

5. Indicate the total square footage to be utilized for the proposed use:

Same

6. Indicate the number of off-street parking spaces currently provided and to be provided for the proposed use: Note: In residential districts, the use as extended, altered or changed shall meet the off-street parking requirements of the zoning ordinance.

2

7. Explain how the use as extended, altered or changed will not be substantially more detrimental to the neighborhood than the existing structure:

No change to existing structure - will remain consistent with surrounding residences

**2. Residential Use allowed only by Special Permit in a particular zoning district  
(Article IV, Section 2, Table 4.1)**

1. Describe the proposed residential use:

2. Total number of dwelling units proposed, number of bedrooms per unit, and square footage of units:

3. Number and dimensions of off-street parking spaces to be provided and location (garage, driveway). Off-street parking spaces must be located outside of the front yard and exterior side yard setbacks.

**3. Non-Residential Use allowed only by Special Permit  
(Article IV, Section 2, Table 4.1)**

1. Describe the proposed use (include description of business, proposed hours of operation, and number of employees)
2. Total square footage of proposed use:
3. Number of off-street parking spaces to be provided. Indicate location of those parking spaces: garage, parking lot, parking spaces on a different lot provided through the same ownership and/or leased spaces (a 5-year minimum lease with renewal options must be provided) within 1,000 feet of the use it will serve.
4. For a proposed animal hospital, animal clinic, pet shop or animal shelter, per Article IV, Section 2, Notes to Table 4.1, Note 4, indicate the location of any animal runs if a residential zoning district is within 200 feet of the subject property.
5. For a proposed Bed and Breakfast use, provide additional documentation per Article IV, Section 11.
6. For a proposed Adult Entertainment use, provide additional documentation per Article IV, Section 10.
7. For a proposed Limited Residential Hospice House, provide additional documentation per Article IV, Section 2, Notes to Table 4.1, Note 10.
8. For a proposed non-accessory parking lot or a motor vehicle display lot, provide additional documentation showing compliance with Article IV, Section 7B.

**4. Non-Residential Use allowed only by Special Permit – Self Storage  
(Article IV, Section 2, Table 4.1)**

1. Provide information that demand for self-storage exists both locally in proximity to the proposed site as well as overall in the city as demonstrated by a current market assessment
2. What conditions make the site poorly suited for other permitted uses?

3. Can adequate access can be provided without adversely affecting neighboring uses or the public realm?

4. Will structures with architectural or historical integrity will be appropriately preserved or improved, and that no such structures have been demolished within the past five (5) years to prepare the site for redevelopment?

**5. Residential Conversion  
(Article IV, Section 9)**

1. Total number of existing units/Total number of proposed units:

2. Will the external appearance of the structure remain unchanged except for new doors, windows, fire escapes, and stairways?

3. Number of off-street parking spaces to be provided (If new parking is being created, the applicant(s) may need to seek a Special Permit for extension, alteration or change of a pre-existing, nonconforming structure if existing structure does not meet current zoning dimensional requirements. If additional parking cannot be provided for new dwelling unit(s), the proposed conversion may also require a Variance or Special Permit from off-street parking requirements):

4. Which dimensional requirements/setbacks are you seeking relief by the Special Permit?

**6. Placement of Fill/Earth Excavation  
(Article IV, Section 5)**

1. Indicate whether the Special Permit is for Placement of Fill or Earth Excavation:

2. Attach documentation showing proposed measures to protect pedestrians and vehicles.

3. Provide a proposed timeline for completion of placement of fill.

4. Attach documentation from the Director of Public Health and the Conservation Commission as outlined in the City of Worcester Zoning Ordinance Article IV, Section 5.
5. Attach a site plan with all required information in support of the application per the City of Worcester Zoning Ordinance Article IV, Section 5.

**7. Modification of Parking/Loading Requirements and/or Landscaping and Layout Requirements for  
Parking/Loading  
(Article IV, Section 7)**

1. Indicate what relief is being sought under the Special Permit:

\* Relief from 3 foot buffer

2. If applicable, indicate locations, square footages, and dimensions of relief sought under the Special Permit:

the 3 foot buffer is on each side of the lot line and extends approx. 100 ft from the front

3. If applicable, provide number of parking/loading spaces required and relief requested through the Special Permit:

NA

**8. Other Special Permits**

1. Describe Special Permit sought and provide relevant details on the plan of land and rendering. Provide square footage and height of any structures and indicate percentage of lot structure will occupy:





**PROPOSED AND EXISTING EASEMENTS**

NO.	DATE	TO	FROM	TYPE	REMARKS
1	10/15/11	CLIFF STREET	LOT 1	EASEMENT	FOR PUBLIC USE
2	10/15/11	LOT 1	LOT 2	EASEMENT	FOR PUBLIC USE
3	10/15/11	LOT 2	LOT 3	EASEMENT	FOR PUBLIC USE
4	10/15/11	LOT 3	LOT 4	EASEMENT	FOR PUBLIC USE
5	10/15/11	LOT 4	LOT 5	EASEMENT	FOR PUBLIC USE
6	10/15/11	LOT 5	LOT 6	EASEMENT	FOR PUBLIC USE
7	10/15/11	LOT 6	LOT 7	EASEMENT	FOR PUBLIC USE
8	10/15/11	LOT 7	LOT 8	EASEMENT	FOR PUBLIC USE
9	10/15/11	LOT 8	LOT 9	EASEMENT	FOR PUBLIC USE
10	10/15/11	LOT 9	LOT 10	EASEMENT	FOR PUBLIC USE

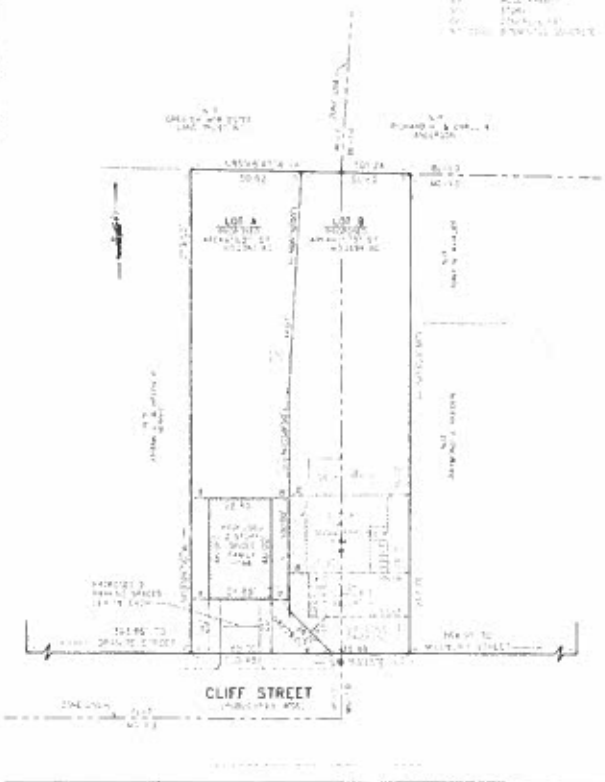
**LEGEND**

- 1. LOT
- 2. LOT CENTERLINE
- 3. LOT CORNER
- 4. LOT AREA
- 5. LOT PERIMETER
- 6. LOT EASEMENT
- 7. LOT ENCLOSURE



**NOTES**

1. THIS PLAN IS A PRELIMINARY PLAN AND IS NOT TO BE USED FOR CONSTRUCTION.
2. THE PROPERTY IS SUBJECT TO THE EASEMENTS SHOWN ON THIS PLAN.
3. THE PROPERTY IS SUBJECT TO THE EASEMENTS SHOWN ON THIS PLAN.
4. THE PROPERTY IS SUBJECT TO THE EASEMENTS SHOWN ON THIS PLAN.
5. THE PROPERTY IS SUBJECT TO THE EASEMENTS SHOWN ON THIS PLAN.



**PLAN OF LAND**  
**IN**  
**WORCESTER, MASSACHUSETTS**  
 TO ACCOMPANY VARIANCE REQUEST  
 PREPARED FOR  
**KIM NGUYEN**  
 4 CLIFF STREET  
 WORCESTER, MASSACHUSETTS 01607  
 DATE: MAY 3, 2011  
 SCALE: 1"=40'

**MERRIMACK ENGINEERING SERVICES**  
 80 PARK STREET  
 WORCESTER, MASSACHUSETTS 01607

10/15/11 10:00 AM 10/15/11 10:00 AM