

## SUBMISSION INSTRUCTIONS FOR DEMOLITION DELAY WAIVER APPLICATION

Application Package Checklist	
<input type="checkbox"/> Completed <i>Building Demolition Delay Waiver Application</i> (see reverse)	<b>Required</b>
<input type="checkbox"/> *Certified abutters list	<b>Required</b>
<input type="checkbox"/> **One set of stamped, addressed, letter sized envelopes (empty)	<b>Required</b>
<input type="checkbox"/> Clear, color photos showing current conditions of the overall property and detailed photos showing areas of proposed work	<b>Required</b>
<input type="checkbox"/> Written description of project scope of work	<b>Required</b>
<input type="checkbox"/> Plot plan showing location of buildings (Professional survey not necessary)	May Need
<input type="checkbox"/> Architectural drawings and/or renderings	May Need
<input type="checkbox"/> Historical documentation to support proposed work (i.e. Demonstrating alterations previously conducted)	May Need

\*Certified abutters lists should be obtained from the City's Assessing Office, Room 209, City Hall for a small fee. Please contact Assessing at least one week in advance to ensure timely receipt. A copy of the list must be included in the application package.

\*\*Address the envelopes using the labels provided with the abutters list. These envelopes will be used by City staff to mail abutter notifications and must have a return address of:

City of Worcester  
DPRS at City Hall  
455 Main Street, Room 404  
Worcester, MA 01608

**Fees:** There is no application filing fee.

### How to file:

- Combine all required items (listed above) to create the Application Package. (This does not include the envelopes)
- Submit the original Application Package plus 10 complete hard copies, and the set of envelopes, to the Division of Planning and Regulatory Services by the application filing deadline date. These may be hand delivered to Room 404, City Hall or mailed to the address above.
- Email the application package in a single PDF to [planning@worcesterma.gov](mailto:planning@worcesterma.gov). (Files greater than 50MB may be broken into separate files)

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

**The Applicant or authorized representative is expected to appear at a regularly scheduled public meeting of the Commission whereat the Commission will discuss the proposed project.**

**It is highly recommended that the owner be present.**

**\* DO NOT INCLUDE THIS PAGE WITH YOUR APPLICATION \***

**CITY OF WORCESTER HISTORICAL COMMISSION**



**BUILDING DEMOLITION DELAY WAIVER APPLICATION**

Planning & Regulatory Services Division • 455 Main St., Room 404, Worcester, MA 01608  
Phone: 508-799-1400 ext. 31440 • Office Hours: 8:30 am – 5:00 pm

1. **Building Address/Location:** \_\_\_\_\_
2. **Year Originally Built:** \_\_\_\_\_ **Source:** \_\_\_\_\_
3. **Description of Work:** (i.e. Scope of work. List and explain each proposed change separately. Include description of materials and condition of items to be impacted. Attach additional pages if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Reason/Justification for Proposed Work:** (e.g. Renovation, maintenance, addition, new use, code violation, etc. Attach additional pages if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **Claiming Economic Hardship?:**  Yes  No

If yes, provide detailed cost estimates of removal, or replacement using different material, versus restoration. Include information outlining property expenses and income. These are required and should be attached separately.

This information will be necessary if the Commission determines that the proposed work is detrimental to the architectural and historical resources of the City, and does not approve the waiver.

6. **Applicant Name:** \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Applicant's Signature** certifying that the above information is true and accurate to the best of his/her knowledge:

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

7. **Owner Name:** (if different from Applicant) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Owner's Signature** certifying that the above information is true and accurate to the best of his/her knowledge:

*(This is required if the Applicant is not the same as the Owner)*

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