



## **VARIANCE-EXTENSION OF TIME CHECKLIST**

### **CITY OF WORCESTER ZONING BOARD OF APPEALS**

455 Main Street, Room 404; Worcester, MA 01608

Phone 508-799-1400 - Fax 508-799-1393

#### **STEP 1: SUBMIT AN APPLICATION PACKAGE INCLUDING AN ORIGINAL AND FIFTEEN (15) STAPLED COPIES (*DOUBLE-SIDING IS ENCOURAGED*) OF THE FOLLOWING IN THIS ORDER TO THE DIVISION OF PLANNING & REGULATORY SERVICES (DPRS):**

##### **A. Cover Letter**

- Cover letter requesting an extension of time for the previous approval explaining why the extension is requested and for how long the extension is requested.

##### **B. Decision**

- Copy of the original decision for the original approval that was filed with the City Clerk.

##### **C. Previous Application**

- Copy of application from original approval.

##### **D. New 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.

##### **E. Abutter's List**

- A new abutter's list prepared by the Assessor for a fee (first floor, Room 108 City Hall)

##### **F. Plan of Land**

- Plan from original approval.

##### **G. Rendering**

- Rendering from original approval, if any.

#### **STEP 2: ALONG WITH 15 COPIES OF THE APPLICATION PACKAGE, 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 (first 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 & Regulatory Services; 455 Maint 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.**

#### **STEP 3: FILE ORIGINAL APPLICATION WITH THE CITY CLERK (2<sup>nd</sup> floor, City Hall). Your application must be processed by the Division of Planning & Regulatory Services before filing with the City Clerk.**

**DO NOT SUBMIT THIS PAGE – FOR YOUR INFORMATION ONLY**

The City of Worcester, by this document, does not provide legal advice. Questions about petitions should be directed to your legal counsel.

**IF YOUR PETITION IS APPROVED, OBTAIN A CERTIFIED COPY OF THE APPROVED DECISION FROM THE CITY CLERK’S OFFICE AND RECORD THE DECISION AT THE REGISTRY OF DEEDS.**

City Clerk, City Hall  
455 Main Street -Second Floor, Room 206  
508-799-1121  
Monday 8:45am - 5:00pm  
Tuesday - Friday 8:45am - 4:15pm  
[www.worcesterma.gov](http://www.worcesterma.gov)

Worcester District Registry of Deeds  
City Square  
90 Front Street, Level 2  
508-798-7717  
Recording Hours: Monday – Friday 9 am to 4 pm  
Closed on State or Federal Holidays  
[www.worcesterdeeds.com](http://www.worcesterdeeds.com)

**YOUR DECISION MUST BE RECORDED PRIOR TO USE**

**For more information about the rules and regulations of City of Worcester Boards and Commissions:**

1. The City of Worcester Zoning Ordinance and City of Worcester Zoning Map are available online at [www.worcesterma.gov](http://www.worcesterma.gov). Choose the "Document Center" option. Then click on "City Clerk" and scroll down to Zoning Ordinance or Zoning Map.
2. Copies of the City of Worcester Zoning Ordinance or Board Rules and Regulations can also be purchased at the City Clerk’s office, 2<sup>nd</sup> floor of City Hall.
3. For more information about M.G.L. Chapter 40A, Zoning: <http://www.mass.gov/legis/laws/mgl/index.htm>

**\*\*ALL APPLICATION DEADLINES ARE 2:00 P.M. UNLESS OTHERWISE SPECIFIED\*\*  
APPLICANTS ARE ENCOURAGED TO FILE BEFORE THE DEADLINE DATE WHENEVER POSSIBLE**

**CERTIFICATION OF COMPLIANCE WITH WORCESTER REVISED ORDINANCES GOVERNING REVENUE COLLECTION**

**\*Note: This form must be completed and signed by both the applicant(s) and owner(s) of the property certifying payment of all local taxes, fees, assessments, betterments, or any other municipal charges of any kind. Failure to include a fully completed certification form with the application shall result in the application being deemed incomplete and ineligible for further processing by the Zoning Board of Appeals.**

Pursuant to Massachusetts General Law, Chapter 40, Section 57 and the City of Worcester General Revised Ordinance, Chapter 11, Section 26-28, the undersigned applicant and all parties having an ownership interest therein, hereby certify, under the pains and penalties of perjury, that the applicant(s) and owner(s) have complied with the laws of the Commonwealth of Massachusetts and the City of Worcester regarding payment of all local taxes, fees, assessments, betterments or any other municipal charges of any kind.

(Give first and last names in full. In case of a corporation give names of President, Treasurer and Manager; and in case of firms, give names of individual members.)

**(1) If a Proprietorship or Single Owner of residential property:**

Name of Owner \_\_\_\_\_

Business Address \_\_\_\_\_

Home Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Signature of owner (certifying payment of all municipal charges):

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

**(2) If a Partnership or Multiple Owners of residential property:**

Full names and address of all partners

Printed Names

Addresses

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Signature of all owners of property (certifying payment of all municipal charges -attach multiple pages if necessary)

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

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

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

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

**(3) If a Corporation:**

Full Legal Name \_\_\_\_\_

State of Incorporation \_\_\_\_\_

Principal Places of Business \_\_\_\_\_

Place of Business in Massachusetts \_\_\_\_\_

Printed Names of Officers of Corporation:	Title
_____	_____
_____	_____
_____	_____
_____	_____

Owners of Corporation: Printed Names	Address	% of stock
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of all owners of property (certifying payment of all municipal charges -attach multiple pages if necessary)

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

**(4) If a Trust:**

Name of Trust \_\_\_\_\_

Business Address \_\_\_\_\_

Printed Names of Trustees:	Address
_____	_____
_____	_____
_____	_____
_____	_____

Printed Names of Beneficiaries:	Address
_____	_____
_____	_____
_____	_____
_____	_____

Signature of trustees of property (certifying payment of all municipal charges -attach multiple pages if necessary)

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

**(5) Signature of Applicant** (if different from owner, certifying payment of all municipal charges):

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_