



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:	10,311	Setback provided:	25'	Setback provided:	99.03'
Relief requested:		Relief requested:		Relief requested:	
Frontage		Side Yard Setback		Exterior Side Yard Setback	
Frontage required:		Setback required:		Setback required:	
Frontage provided:	160.48	Setback provided:	8'	Setback provided:	8'
Relief requested:		Relief requested:		Relief requested:	
Off-street Parking		Height		Accessory Structure 5-foot Setback	
Parking required:		Height permitted:		Type of structure:	
Parking provided:	65'	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 B 002 L 002+5
Parcel ID or Map-Block-Lot (MBL) Number
- c. _____ Page _____
Worcester District Registry of Deeds, Book
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

4. Representative Information

a. B+V
Name(s)

b. B+V (RV)
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) 002⁵, 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)

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:

This is to build a single family residence for owners family

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:

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:

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:

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. Kim 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

**City of Worcester
Department of Inspectional Services
Zoning Determination Form**

To obtain a building permit, you are required to file the following Board application(s):

Property Address:

4 Clif

Zoning District:

RL-7

Planning Board (indicate all that apply)

Site Plan (circle all that apply):

Preliminary

Definitive

Trigger(s) ¹: (circle all that apply)

15% Slope Lodging Historical

WRP # of Units GFA

Subdivision Flood Plain¹

Special Permit related

Parking Plan:

of Spaces _____

Special Permits (circle all that apply)¹

AROD FPOD CCRC

WRP MU Cluster CCOD

Common Drive AHDB AOD

Other Filings (either Board)

- Amendment** _____
- Administrative Appeal**
- Extension of Time**
- Comprehensive Permit**
- Other** _____

Zoning Board of Appeals (indicate all that apply)

Variance(s) (indicate relief needed for all that apply)

Dimension	Requirement	Provided	Relief Requested
Gross Area (SF)	7K	10311	-
Frontage (ft.)	65'	65'	-
Setback (ft.)	Front	20'	25'
	Side	8'	8'
	Exterior Side		
	Rear	20'	44.03'
Height (ft.)			
Floor to Area Ratio			

Parking (spaces)			
Landscaping			
Other			

Applicable Section of Zoning Ordinance

Article: IV

Section: _____

Paragraph: Table 4.1

Special Permit (circle all that apply):

Expansion/Change of pre-existing nonconforming
Structure Use

Non-Residential/Residential Conversion

Other Special Permit

Todd Pappas

Department of Inspectional Services

Authorized Signature Required

TAM

DJH

DC

¹ AOD= Arts Overlay District, AHDB=Affordable Housing, AROD=Adaptive Reuse Overlay District, CCRC=Continuing Care Retirement Community, FPOD = Flexible Parking, FP Flood Plain, MU= Mixed Use WRP=Water Resources Protection.