

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.

Lot Area	Front Yard	Setback	Rear Yard Setl	oack
Square footage	Setback		11001 1010 001	
required:	required:	5 ft	Setback required:	
Square footage	Setback	/ 0.7 %	Cottagen regained:	
provided:	provided:	+/- 2.7 ft	Setback provided:	
	Relief	+/- 2.3 ft	·	
Relief requested:	requested:	1, 2.0 1.	Relief requested:	
Frontage	Side Yard	Setback	Exterior Side Yard S	Setback
	Setback			
Frontage required:	required:		Setback required:	
	Setback			
Frontage provided:	provided:		Setback provided:	
	Relief			
Relief requested:	requested:		Relief requested:	
Off-street Parking/Loading	Heig	ıht	Accessory Stru 5-foot Setba	
	Height			
Parking required:	permitted:		Type of structure:	
Parking provided:	Height		Square footage of	
Faiking provided.	provided:		structure:	
	Relief		Relief requested:	
Relief requested:	requested:		Trong requested:	
Loading required:		Oth	ner Variances	
Loading provided:	Relief requested	:		
Relief requested:	Zoning Ordinand	e		
Rener requested.	Article & Section	ı:		
Signs	Requirement:			
Area permitted:	Provided:			
Area provided:				
Relief requested:				
Height permitted:				
Height provided:		e lot. Only co	g requested for more than omplete the sections which s) you are applying for.	
Relief requested:		`		
Setback permitted:				
Setback provided:				
Relief requested:				

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	d include any lot numbers. Please note: The street number may be different than the Asse	
2. Is this property known by any	y other address:	
3. OWNER OF RECORD: 98	98 Beacon Street LLC The owner of record is the person or entity who owns title to the property as of today's date	e)
4. Address (es) of owner of reco	ord is /are40 Jackson Street, Worcester, MA 01608	
5. Worcester District Registry of	of Deeds (WDRD) Book(s) 67142 , Page(s) 140 (List Book and Page number of deed filed for the subject property as re	ecorded at the WDRD)
6. City of Worcester Assessor's (List	S Office Map 03 Block 001 Lot 000 MBL number for the subject property as listed at Assessor's Office	01A and 00008 e)
7. NAME OF APPLICANT(S): 9	98 Beacon Street LLC	
8. Address of Applicant: 40 Jacks	kson Street, Suite 3200, Worcester, MA 01608	
9. Telephone: <u>(508) 688-9136</u>		
10. Email:mborenstein@bowdi	ditch.com	
11. Check if you are an: owner ((SX lessee (S optionee (S (If you are not the owner of the subject proper opporting information such as a lease or a purchase and sale agreement that shows your in	rty and are a lessee or optionee, it nterest in the property.)
12. Zoning district(s) of the prop	perty (Indicate if more than one zoning district and any zoning over	erlay districts):
Business, General (BG-6.0) and	nd Commercial Corridors Overlay District (CCOD-D)	
13. Describe what is presently lo	located on the property (Use as much detail as possible including all uses and so	quare footage of each use):
The property is occupied by an extended loading dock area.	existing historic 4-story approximately 38,610 square foot mill building with an a	ccessory parking area and
14. The applicant seeks to (Descr	cribe what you want to do on the property in as much detail as possible):	
residences); (ii) upgrade building syste Beacon Street; (vi) repave the existing	erations to the existing building to install approximately 55 dwelling units (including stems; (iii) renovate the facade; (iv) replace windows and doors; (v) reconfigureing parking area to the east of the existing building to install 7 off-street parking s; (viii) remove the existing curb-cut and loading area along Lagrange Street; and	the existing curb-cut on spaces; (vii) install stairs
15. Such a use is permitted only Zoning Ordinance which permits the pro	ly by the City of Worcester Zoning Ordinance under Article (Insert A	urticle, Section (s) of the

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Article IV, Section 2, Table 4.1, Residential Use #10 - Multi-Family Dwelling, High-Rise (permitted as of right).

16. 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):
Unknown.
17. 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)? If so, explain:
No.
18. List any additional information relevant to the Variance (s):
Please see attached Statement in Support.
VARIANCE FINDINGS OF FACT
Complete the following questions. Your responses should provide justifications as to why the requested Variance(s) should be granted. Attach additional documentation as necessary.
1. Describe how a literal enforcement of the provision of the City of Worcester Zoning Ordinance would involve a substantial hardship, financial or otherwise, to the petitioner or appellant:
Please see attached Statement in Support.
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:
Please see attached Statement in Support.

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3. Describe how desirable relief may be granted without substantially derogating from the intent or purpose of the	, ,
Please see attached Statement in Support.	
4. Describe how the dimensional variance as it relates to	·
measures, if granted, shall be no greater than the minimu	m necessary to provide relief from the statutory hardship:
Please see attached Statement in Support.	
WHEREFORE, the applicant(s) requests that this Board g 98 Beacon Street LLC By its Manager; Worcester Beacon MM LLC	grant the variance (s) as requested above. 98 Beacon Street LLC By its Manager: Worcester Beacon MM LLC
By: , Andrew P. Consigli, Authority Signatory	- 1707-
(Signature of Applicant or Applicant's Agent) If more than one applicant, all applicants must fill out information.	(Signature of Property Owner or Owner's Agent) If more than one property owner, all owners must fill out information.
98 Beacon Street LLC	98 Beacon Street LLC
(Name of Applicant)	(Name of Property Owner)
40 Jackson Street, Worcester, MA 01608	40 Jackson Street, Worcester, MA 01608
(Address)	(Address)
(508) 688-9136	(508) 688-9136
(Contact Phone Number)	(Contact Phone Number)
mborenstein@bowditch.com	mborenstein@bowditch.com
(Email)	(Email)
February 27, 2023	February 27, 2023
(Date)	(Date)

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CERTIFICATION OF COMPLIANCE WITH WORCESTER REVISED ORDINANCES GOVERNING REVENUE COLLECTION

*Note: This form must be completed and signed by both the <u>applicant(s)</u> and <u>owner(s)</u> 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	r of residential property:
Name of Owner	
Home Address	_
Business Phone	Home Phone
Signature of owner (certifying pay	ment of all municipal charges):
	Date:
(2) If a Partnership or Multiple Owners	of residential property:
Full names and address of all par	tners
Printed Names	Addresses
Business Address Business Phone	
Signature of all owners of property necessary)	y (certifying payment of all municipal charges -attach multiple pages in
	Date:
	Date:
	Data

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(3) If a Corporation:

Printed Names of Officers of Corporation:	on Street, word	ester, MA 01608 Title
Worcester Beacon MM LLC		
Andrew P. Consigli		Manager Authorized Signatory
Owners of Corporation:		
Printed Names		Address % of stock
Worcester Beacon MM LLC		40 Jackson Street, Worcester, MA 01608
Signature of all owners of property (certifying necessary) Worcester Beacon MM LLC		
By: Over	Date. Date:	February 27, 2023
Andrew P. Consigli, Authorized Signatory	Date:	
Trust: Name of Trust Business Address	Date:	
Trust: Name of Trust	Date:	
Trust: Name of Trust Business Address	Date:	
Trust: Name of Trust Business Address	Date:	
Trust: Name of Trust	Date:	Address
Trust: Name of Trust	Date:	Address Address Address I municipal charges -attach multiple page
Trust: Name of Trust	Date:	Address Address Address I municipal charges -attach multiple page
Trust: Name of Trust	payment of a	Address Address Address I municipal charges -attach multiple page

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CERTIFICATION OF COMPLIANCE WITH WORCESTER REVISED ORDINANCES GOVERNING REVENUE COLLECTION

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(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:

Business Address	
Home Address	
Business Phone	Home Phone
Signature of owner (certifying payment of all	ll municipal charges):
	Date:
Partnership or Multiple Owners of resider	ntial property:
Full names and address of all partners	
Printed Names	Addresses
	
Dusings Address	
Business Address	
Business Phone	
Business Phone	
Business Phone	ng payment of all municipal charges -attach multiple
Signature of all owners of property (certifying	ng payment of all municipal charges -attach multiple Date:
Signature of all owners of property (certifying	payment of all municipal charges -attach multiple Date: Date:

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(3) If a Corporation:

		3200, Worcester, MA 01608 Title
Printed Names of Officers of Corporation: Worcester Beacon MM LLC		Manager
Owners of Corporation:		
Printed Names Worcester Beacon MM LLC		Address % of stock 2 Tammie Road, Hopedale, MA 01747
Signature of all owners of property (certifying necessary)		
98 Beacon Street LLC	Date:	
By its Manager: Worcester Beacon MM LLC By:	Date:	March 19, 2024
Andrew P. Consigli, Authorized Sign	atory Date:	March 18, 2024
Printed Names of Trustees:		Address
Printed Names of Beneficiaries:		Address
Printed Names of Beneficiaries:		Address
Printed Names of Beneficiaries: Signature of trustees of property (certifying panecessary)		I municipal charges -attach multiple pag
Signature of trustees of property (certifying pa	Date:	municipal charges -attach multiple pag
Signature of trustees of property (certifying pa	Date:	municipal charges -attach multiple pag
Signature of trustees of property (certifying pa	Date: Date: Date:	municipal charges -attach multiple pag

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