



SPECIAL PERMIT APPLICATION

CITY OF WORCESTER PLANNING BOARD
455 Main Street, Room 404, Worcester, MA 01608
Phone 508-799-1400 Ext. 31440 - Fax 508-799-1406

RECEIVED
WORCESTER CITY CLERK
2024 OCT 15 PM 3:39

TYPE OF SPECIAL PERMIT (circle Special Permit you are requesting)

- 1. Density Bonus
- 2. Cluster Zoning
- 3. Continuing Care Retirement Community
- 4. Water Resources Protection Overlay District
- 5. Adaptive Reuse Overlay District
- 6. Common Driveway
- 7. Wind Energy Conversion Facility

1. Name of Applicant(s): JOHN MARCULITIS

2. Address of Applicant: 99 WILKINSON ST WORCESTER, MA 01606

3. Telephone: 508-205-5766

4. Email: JOHNLENDS66@GMAIL.COM

5. That he / she is the owner (s), lessee (s), optionee (s) (check one) of certain premises situated at

1078 WEST BOYLSTON ST Worcester, Massachusetts

(List property subject to the application and include any lot numbers. Please note: The street number may be different than the Assessor's address).

and that the owner of record is in the name of PETER PRODRONIDIS

(The owner of record is the person or entity who owns title to the property as of today's date)

whose address (es) is /are 37 FOXMEADOW DR, WORCESTER MA 01602, by a deed duly

recorded in the Worcester District Registry of Deeds, Book(s) 55039

Page(s) 136, and is further described by the City of Worcester Assessor's Office as

Map 32 Block 020 Lot 0033

6. Is this property known by any other address? NO

7. Zoning district(s) of the property (Indicate if more than one zoning district and any zoning overlay districts):

BL-1 WR (GP-3)

8. Describe what is presently located on the property (Use as much detail as possible including all uses and square footage of each use):

RETAIL AND OFFICE SPACE

9. The applicant seeks to (Describe what you want to do on the property in as much detail as possible):

OPEN A CLASS II USED VEHICLE SALES & RENTAL BUSINESS

10. 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):

ARTICLE IV, SECTION 2

11. 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):

NO

12. List any requested waivers:

WE ARE SEEKING A SPECIAL PERMIT TO ALLOW THE VEHICLE SALES AND RENTALS USE

13. List any additional information relevant to the Special Permit:

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:

THERE ARE MANY AUTO BODY AND AUTOMOTIVE REPAIR SHOPS IN THE AREA. HOWEVER, THERE IS NOT A LOCAL RENTAL AGENCY

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

THE PROPOSED DECARWASH IS VERY SMALL IN SCOPE WITH A MAXIMUM OF 15 PARKING SPACES. MOST VEHICLES WILL BE PARKED IN THE BACK LOT WITH AMPLE PARKING AND ACCESS. THERE WILL BE SIGNIFICANTLY LESS TRAFFIC THAN THE PREVIOUS USES.

3. Adequacy of utilities and other public services:

ALL UTILITIES ARE ADEQUATE AND UP TO DATE.

4. Neighborhood character and social structure:

THE BUILDING HAS BEEN IN PLACE FOR A LONG TIME AND APPEARS TO BLEND IN WELL WITH THE AESTHETICS OF THE AREA. THE BUSINESS WILL BE MUCH QUIETER THAN THE FORMER DAY CARE FACILITY

5. Impacts on the natural environment:

NONE, THERE IS A SIGNIFICANT LAWN BUFFER ON THE SIDE CLOSEST TO THE WATER PROTECTION DISTRICT AREA

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

I DON'T SEE ANY FISCAL IMPACT OF THE BUSINESS - NO ADDITIONAL SERVICES WILL BE REQUIRED

WHEREFORE, the applicant(s) requests that this Board grant the special permit (s) as requested above.

By: [Signature]
(Signature of Applicant or Applicant's Agent)
If more than one applicant, all applicants must fill out information.

JOHN MARGULIES
(Name of Applicant)

99 WILKINSON ST WRE C, MA 01606
(Address)

508-208-5766
(Contact Phone Number)

JOHNLENDS66@GMAIL.COM
(Email)

5-6-2024
(Date)

By: _____
(Signature of Property Owner or Owner's Agent)
If more than one property owner, all owners must fill out information.

(Name of Property Owner)

(Address)

(Contact Phone Number)

(Email)

(Date)

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

WATER RESOURCES PROTECTION OVERLAY DISTRICT

The purposes of the Water Resources Protection Overlay District (WRPOD) Article of the Zoning Ordinance are:

1. To promote the health, safety and general welfare of the community;
2. To preserve and maintain the existing and potential groundwater supplies, aquifers and groundwater recharge areas of affected municipalities and to protect them from adverse development or land use practices;
3. To preserve and protect present potential sources of drinking water supply for the public health and safety;
4. To prevent blight and the pollution of the environment.

Review Standards

In addition to its special permit review criteria under Article II of the Zoning Ordinance, the Planning Board shall also consider the proposed project's conformance with the following criteria:

1. Will not degrade the groundwater quality at the boundaries of the premises below existing levels.
2. Is in harmony with the purpose and intent of the Zoning Ordinance and does not denigrate from the purposes of the Water Resources Protection Overlay District.
3. Will not, during construction or thereafter, have an adverse environmental impact on the Zone of Contribution (GP-2) or Secondary Recharge Area (GP-3).
4. Will not adversely affect an existing or identified potential public water supply within the Water Resources Protection Overlay District.
5. Will meet the following standards:
 - (a) Any earth removal or land disturbing activity within the GP-2 zone of the overlay district may not be closer than four (4) feet above the historic high-water elevation. Such earth removal or grading must employ appropriate measures to control erosion and siltation.
 - (b) All fill material must be clean and free from hazardous materials, construction debris and other material whose leaching would be a potential contamination hazard to ground or surface waters.
 - (c) Hazardous materials stored above-ground must be located on an impervious surface. The storage area must be equipped with a secondary containment system to prevent the material from reaching ground or surface water in the event of a leak or spill. The containment system must be able to contain one hundred and ten (110) percent of the tank's contents.
 - (d) Appropriate measures must be taken to ensure that any increase in storm water runoff is artificially recharged into the ground. This may be done through such methods as dry wells, infiltration trenches, retention basins, etc.
 - (e) All storm water management facilities must be designed for the twenty-five (25) year storm and designed to ensure that the rate and amount of runoff leaving the site does not exceed the rate and amount of runoff in the predevelopment state. Facilities for runoff from paved areas shall include structures for trapping oil, gas and other containments before recharge into the ground. These facilities shall be maintained by the owner on a not less than an annual basis.

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE PROPOSED USE IN THE WATER RESOURCES PROTECTION OVERLAY DISTRICT:

1. Explain how the proposed use will not degrade the groundwater quality at the boundaries of the premises below existing levels:

THE EXISTING STRUCTURE AND SITE ARE NOT BEING CHANGED
& THERE IS A SIGNIFICANT BUFFER OF GRASS/SOIL BEFORE
THE PROTECTED AREA.

2. Explain how this proposed use is in harmony with the purpose and intent of this Ordinance and does not denigrate from the purposes of the Water Resources Protection Overlay District:

PLEASE SEE #1

3. Explain how the proposed use will not, during construction or thereafter, have an adverse environmental impact on the Zone of Contribution (GP-2) or Secondary Recharge Area (GP-3):

PLEASE SEE #1

4. Explain how the proposed use will not adversely affect an existing or identified potential public water supply within the Water Resources Protection Overlay District:

THE PRIOR BUSINESS WAS A DAY CARE CENTER. WE WILL BE
USING LESS WATER

5. Explain how the proposed use meets the following standards:

(1) Any earth removal or land disturbing activity within the GP-2 zone of the overlay district may not be closer than four (4) feet above the historic high-water elevation. Such earth removal or grading must employ appropriate measures to control erosion and siltation.

nl

(2) All fill material must be clean and free from hazardous materials, construction debris and other material whose leaching would be a potential contamination hazard to ground or surface waters.

nl

(3) Hazardous materials stored above-ground must be located on an impervious surface. The storage area must be equipped with a secondary containment system to prevent the material from reaching ground or surface water in the event of a leak or spill. The containment system must be able to contain one hundred and ten (110) percent of the tank's contents.

nl

(4) Appropriate measures must be taken to ensure that any increase in storm water runoff is artificially recharged into the ground. This may be done through such methods as dry wells, infiltration trenches, retention basins, etc.

THE EXISTING TOWN WATER/SEWER MEETS REQUIREMENTS

(5) All storm water management facilities must be designed for the twenty-five (25) year storm and designed to ensure that the rate and amount of runoff leaving the site does not exceed the rate and amount of runoff in the predevelopment state. Facilities for runoff from paved areas shall include structures for trapping oil, gas and other containments before recharge into the ground. These facilities shall be maintained by the owner on a not less than an annual basis.

THE BUILDING IS CURRENTLY USING DOWN WATER & SEWER

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 DRIVEN VENTURES LLC
State of Incorporation MA
Principal Places of Business MILFORD, MA
Place of Business in Massachusetts 231 E. MAIN ST, MILFORD, MA 01757

| Printed Names of Officers of Corporation: | Title |
|-------------------------------------------|--------------|
| <u>JOHN MARCULITS</u> | <u>OWNER</u> |
| _____ | _____ |
| _____ | _____ |

| Owners of Corporation: | Address |
|----------------------------------------|-------------------------------------------------------------------------------|
| Printed Names <u>JOHN MARCULITS</u> | <u>100 % of stock</u> <u>99 WILKINSON ST</u> <u>WORCESTER, MA 01606</u> |
| _____ | _____ |
| _____ | _____ |

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 | Address |
|----------------------------|---------|
| _____ | _____ |
| Business Address | _____ |
| _____ | _____ |
| Printed Names of Trustees: | _____ |
| _____ | _____ |
| _____ | _____ |


| 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: JOHN MARCULITS

Signature of Applicant:  Date: 8-6-2024