



**DEFINITIVE SITE PLAN AMENDMENT APPLICATION**

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

1. Name of Applicant: Goventure Capital Group, LLC

2. Address of Applicant: 1 Mercantile Street, Suite 630, Worcester, MA 01608

3. Telephone: 774-479-9847

4. Interest in Property (check one):  
A. Owner  B. Developer  C. Other

5. Owner of Record: See attached authorization letter  
(If different from Applicant)

6. Address of Owner of Record: See attached authorization letter

7. **AUTHORIZATION:** I, \_\_\_\_\_, Owner of Record of the property listed with the Assessing Division of the City of Worcester, Massachusetts as Map \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_, do hereby authorize \_\_\_\_\_ to file this application with the Division of Planning & Regulatory Services of the City of Worcester on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

**NOTARY PUBLIC**

My Commission Expires: \_\_\_\_\_

(If there is more than one owner of the land to be considered in this application, a notarized authorization is required for each owner.)

8. Street Address of the Property in this Application:  
274,284,290 Franklin Street; 1,14,23 Hygeia Street; 25,33,48,45 Arctic Street; 2 Keese St; 0 Grafton St

9. Legal Description of Property:  
(Various See attached list of properites)

10. Zoning Classification(s):  
Business, General (BG 3 0); Downtown/Blackstone Canal Overlay District (DSOD); Commerical Corndors Overlay District (CCOD-E); MG2 0

- 11. Present Use:  
Vacant Land/Misc. Industrial and Commercial Uses Abandoned buildings
- 12. Zoning Relief Previously Granted (Variances, Special Permits with dates approved):  
n/a

13. Development Contains the Following:

<u>Residential</u>	
Number of Dwelling Units	364
Number of Buildings	1
Number of Parking Spaces	342

<u>Non-Residential</u>	
Building Square Footage	na
Number of Buildings	na
Number of Parking Spaces	na

- 14. Describe Proposed Use/General Description of Proposed Development of Property:  
Construction of multi-family residential structure with associated site improvements

- 15. Describe proposed amendments to the approved Definitive Site Plan (may answer by attaching separate letter):  
See Attached Narrative

CITY OF WORCESTER PLANNING BOARD



**SPECIAL PERMIT APPLICATION FOR COMMERCIAL CORRIDOR OVERLAY DISTRICT**

Division of Planning & Regulatory Services  
City Hall, 455 Main Street, Room 404, Worcester, MA 01608  
Office 508-799-1400 Ext. 31440 – Fax 508-799-1406

1. Street Address of the Property in this Application: 274,284,290 Franklin St; 1,14,23 Hygeia St; 25,33,46,45 Arctic St; 2 Keese St; 0 Grafton St

Assessor's Map, Block & Lot: (See attached list of properties)

2. Name of Applicant: Goventure Capital Group, LLC

3. Address of Applicant: 1 Mercantile Street, Suite 630, Worcester, MA 01608

4. Telephone: 774-479-9847

5. E-mail: hreader@gvcapgroup.com

6. Interest in Property:

- A. Owner                       B. Developer                       C. Other

7. Owner of Record, if different from Applicant: (See attached authorization letter)

8. Address of Owner of Record: (See attached authorization letter)

9. *If the applicant is different from the owner, fill out the following:*

AUTHORIZATION: I, \_\_\_\_\_, Owner of Record of the property listed with the Assessing Division of the City of Worcester, Massachusetts as Map \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_, do hereby authorize \_\_\_\_\_ to file this application with the Division of Planning & Regulatory Services of the City of Worcester on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

**NOTARY PUBLIC**

My Commission Expires: \_\_\_\_\_

(If there is more than one owner of the land to be considered in this application, a notarized authorization is required for each owner.)

**10. What CCOD Special Permit/s Are You Applying For? (check all that apply):**

- CCOD Special Permit for Motor Vehicle Related Uses:** To allow certain automobile-related uses within the CCOD under Article IX Section 5.A.1.a
- CCOD Special Permit for Residential Conversion:** To allow conversion of existing buildings to multi-family residential uses, mixed-use buildings with a residential component, or a loft, creative entrepreneurs use where not allowed as of right in the underlying zoning district under Article IX Section 5.B.
- CCOD Special Permit for Drive-Through:** To allow Drive-Through Facilities and Services under Article IX Section 5.C.
- CCOD Special Permit for Building Setback:** For relief from the Building Front Yard Setback Maximum Dimensional Requirements under Article IX Section 6.A.6.
- CCOD Special Permit to Reduce Parking Requirements for Conversion or Reuse of Existing Buildings:** To reduce minimum parking requirements for non-residential change of use or building reuse under Article IX Section 7.B.3.c.ii.
- CCOD Special Permit to Reduce Parking Requirements for Mixed Use:** To reduce minimum parking requirements through credit for Mixed Use Development under Article IX Section 7.C.2.b.
- CCOD Special Permit to Exceed Parking Maximums:** To exceed the maximum parking limits specified in the CCOD under Article IX Section 7.E.
- CCOD Special Permit for Modification of Parking Dimensional Requirements:** For relief from parking dimensional requirements under Article IX Section 7.E.

**11. Zoning Classification(s):**

BG-3.0;MG-2.0;CCOD-E;DSOD

**12. Present Use:**

Currently a combination of vacant land or industrial/commercial structures.

**13. Describe Proposed Use/General Description of Proposed Development of Property (include information about buildings (area, etc.) to be retained and proposed uses (in SF) of all buildings on site). Attach additional sheets if necessary:**

Demolition of Existing Structures and construction of new high-rise apartment building

**14. Land Use Approvals / Relief Previously Granted by other land use Boards:**

Planning Board Definitive Site Plan

**15. SPECIAL PERMIT FINDINGS OF FACT**

The Board will make findings based on the criteria below to determine whether or not to approve the Special Permit. The Board may choose to adopt the findings of fact provided by the applicant or modify them based on public or staff comments, or Board discussion as needed.

**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.)**

- a. Social, economic or community needs that are served by the proposal:

(See attached narrative)

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

(See attached narrative)

- c. Adequacy of utilities and other public services:

(See attached narrative)

- d. Neighborhood character and social structure:

(See attached narrative)

- e. Impacts on the natural environment:

(See attached narrative)

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

(See attached narrative)

**16. SUPPLEMENTARY SPECIAL PERMIT FINDINGS OF FACT**

Complete the requested additional information for the Special Permit(s) requested. Attach additional documentation as necessary. Only complete the sections which pertain to the Special Permit(s) you are applying for.

**a. CCOD Special Permit for Motor Vehicle Related Uses:**

If applying for a Special Permit to allow certain automobile-related uses within the CCOD under Article IX Section 5.A.1.a, complete the following:

- i. In the space below explain whether an existing building retains physical features, such as repair bays and/or specialized built-in equipment, and whether these characteristics are unique and central to the proposed use:

n/a

**b. CCOD Special Permit for Residential Conversion**

Not applicable. No supplemental findings of facts are required.

**c. CCOD Special Permit for Drive-Through**

If applying for a Special Permit to allow Drive-Through Facilities and Services under Article IX Section 5.C, complete the following:

- i. Describe the proximity to residential uses and potential impacts to residents resulting from proposed drive-through design and operating characteristics.

n/a

- ii. Explain whether the proposed site layout will have a detrimental effect on the street facade, require excessive driveway curb cuts, or adversely impact the pedestrian environment.

n/a

- iii. Describe screening of the drive-through service and lanes from the fronting street.

n/a

**d. CCOD Special Permit for Building Setback**

If applying for relief from the building front yard setback maximum dimensional requirements under Article IX Section 6.A.6, complete the following:

- i. Describe how the proposed project has unique architectural or functional aspects that warrant greater setback.

n/a

- ii. Explain how the proposed setback will not detract from the pedestrian environment or character of the neighborhood.

n/a

- iii. Explain how the front yard setback will be used for appropriate landscaping, pedestrian facilities or open spaces, and not for parking, loading or storage.

n/a

**e. CCOD Special Permit to Reduce Parking Requirements for Conversion or Reuse of Existing Buildings**

If applying to reduce minimum parking requirements for non-residential change of use or building reuse under Article IX Section 7.B.3.c.ii., complete the following:

- i. Explain how the site has sufficient access in the form of public on-street or off-street parking, transit service, or proximity to complementary uses.

n/a

- ii. Explain how physical constraints on the property would not reasonably allow for provision of required parking.

n/a

**f. CCOD Special Permit to Reduce Parking Requirements for Mixed Use:**

To reduce minimum parking requirements through credit for Mixed Use Development under Article IX Section 7.C.2.b, please complete the following:

- i. Explain how the site has sufficient access in the form of public on-street or off-street parking, transit service, or proximity to complementary uses.

n/a

**g. CCOD Special Permit to Exceed Parking Maximums OR  
CCOD Special Permit for Modification of Parking Dimensional Requirements**

If applying to exceed the maximum parking limits specified in the CCOD under Article IX Section 7.E, or for relief from parking dimensional requirements under Article IX Section 7.E, complete the following:

- i. Explain whether the resulting development with the modifications proposed is substantially consistent with the purposes and intent of the Commercial Corridors Overlay District.

(See attached narrative)

- ii. Explain the relationship of the modification to other planning considerations for the immediate area and within the Commercial Corridors Overlay District as a whole, including the plans, programs, policies and public investments of the various departments and agencies of the City of Worcester and the State of Massachusetts.

(See attached narrative)

- iii. Explain whether the pedestrian environment provided on site and its connection to, and interaction with, the public right of way(s) is designed using best practices within the site's context.

(See attached narrative)

- iv. Explain the impact of the modifications on neighboring properties.

(See attached narrative)



- v. Explain whether the requested modifications are needed to provide adequate parking within the context of the other special permit criteria taking into consideration the combination of on and off-street parking.

(See attached narrative)

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

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

Brenda Cove  
(Name of Applicant)

1 Mercantile St Worcester, MA 01608  
(Address)

774 314 9540  
(Contact Phone Number)

HReader@GVCapGroup.com  
(Email)

10/1/2024  
(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)

**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: 10/1/2021

## List of Properties

<u>Map and Parcel</u>	<u>Address</u>	<u>Book/Page</u>	<u>Owner</u>	<u>Address</u>
4-15-17+24	274 Franklin Street	52649/326	274 Franklin Street, LLC	303 Worcester Road, Framingham, MA 01701
4-15-00003	284 Franklin Street	10660/228	DOK Realty, LLC	303 Worcester Road, Framingham, MA 01701
4-15-0003A	290 Franklin Street	51159/98	290 Franklin Street, LLC	17 Warren Ave, Malden, MA 02148
4-15-00013	1 Hygiea Street	51145/300	290 Franklin Street, LLC	17 Warren Ave, Malden, MA 02148
4-15-00014	23 Hygeia Street	47339/305	Hygeia Street, LLC	10 Melvin Avenue, Brighton, MA 02135
4-15-00004	25 Arctic Street	10660/228	DOK Realty, LLC	303 Worcester Road, Framingham, MA 01701
4-15-00023	14 Hygeia Street	48356/84	Arctic Street, LLC	303 Worcester Road, Framingham, MA 01701
4-15-00015	33 Arctic Street	9408/316	Graphics Group, Realty Trust	33 Arctic Street, Worcester, MA 01604
4-15-00016	45 Arctic Street	48356/84	Arctic Street, LLC	303 Worcester Road, Framingham, MA 01701
4-15-00005	38 Arctic Street	10660/228	DOK Realty LLC	303 Worcester Road, Framingham, MA 01701
4-14-2A+3B	0 Grafton Street	44988/0275	Barry + Foley Motor Transportation, Inc.	2 Keese Street, Worcester, MA 01604
4-15-00007	2 Keese Street	59952/138	HFB, LLC	11 Thornton Road, Worcester, MA 01606

September 30, 2024

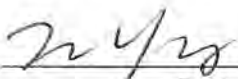
Planning & Regulatory Services  
City Hall Room 404  
455 Main Street  
Worcester, MA 01608

To Whom it May Concern:

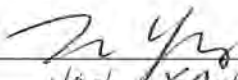
I certify that I am/we are the owner(s) of the Property identified in Exhibit A to this Authorization and not applicable to any other Property. I hereby request the Worcester Planning Board to grant the Site Plan Approval Modification and Special Permit. Our signatures will also certify as to payment of all local taxes, fees, assessments, betterments, or any other municipal charges of any kind with respect to the properties identified in Exhibit A.

Regards,

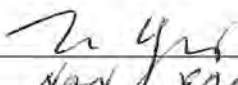
DOK REALTY, LLC

By:   
Name: NAN YANG  
Title: Manager

ARCTIC STREET, LLC

By:   
Name: NAN YANG  
Title: Manager

274 FRANKLIN STREET, LLC

By:   
Name: NAN YANG  
Title: Manager

290 FRANKLIN STREET, LLC

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

HYGEIA STREET, LLC

By: NY  
Name: NAN YANG  
Title: Manager

**EXHIBIT A**


Address

38 Arctic Street  
25 Arctic Street  
45 Arctic Street  
5/7 Arctic Street a/k/a 284 Franklin Street  
1 Hygeia Street  
14 Hygeia Street  
23 Hygeia Street  
274 Franklin Street  
290 Franklin Street


Owner

DOK Realty LLC 10660/228  
DOK Realty LLC 10660/228  
Arctic Street LLC 48356/84  
DOK Realty LLC 10660/228  
290 Franklin Street LLC 51145/300  
Arctic Street LLC 48356/84  
Hygeia Street LLC 47339/305  
274 Franklin Street LLC 52649/326  
290 Franklin Street LLC 51159/98

290 FRANKLIN STREET, LLC

By:   
Name: Patrick J. Magnikson  
Title: Manager

HYGEIA STREET, LLC

By:   
Name: NAN YANG  
Title: Manager

**EXHIBIT A**

Address

Owner

38 Arctic Street	DOK Realty LLC 10660/228
25 Arctic Street	DOK Realty LLC 10660/228
45 Arctic Street	Arctic Street LLC 48356/84
5/7 Arctic Street a/k/a 284 Franklin Street	DOK Realty LLC 10660/228
1 Hygeia Street	290 Franklin Street LLC 51145/300
14 Hygeia Street	Arctic Street LLC 48356/84
23 Hygeia Street	Hygeia Street LLC 47339/305
274 Franklin Street	274 Franklin Street LLC 52649/326
290 Franklin Street	290 Franklin Street LLC 51159/98

September 30, 2024

Planning & Regulatory Services  
City Hall Room 404  
455 Main Street  
Worcester, MA 01608

To Whom it May Concern:

I certify that I am/we are the owner(s) of the Property described in the attached Site Plan Approval Modification and Special Permit and I hereby request the Worcester Planning Board to grant the Site Plan Approval Modification and Special Permit. Our signatures will also certify as to payment of all local taxes, fees, assessments, betterments, or any other municipal charges of any kind with respect to the properties covered by these applications.

Regards,

Graphics Group Realty Trust

By: 

Name: Kar. Lunden

Title: Trustee



September 30, 2024


Planning & Regulatory Services  
City Hall Room 404  
455 Main Street  
Worcester, MA 01608

To Whom it May Concern:


I certify that I am/we are the owner(s) of the Property described in the attached Site Plan Approval Modification and Special Permit and I hereby request the Worcester Planning Board to grant the Site Plan Approval Modification and Special Permit. Our signatures will also certify as to payment of all local taxes, fees, assessments, betterments, or any other municipal charges of any kind with respect to the properties covered by these applications.

Regards,

HFB, LLC

By:   
Name: John D. Barry  
Title: Manager

BARRY & FOLEY MOTOR TRANSPORTATION, INC.

By:   
Name: John D. Barry  
Title: President and Treasurer