



**SPECIAL PERMIT FOR INCLUSIONARY ZONING INCENTIVES - 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. Property Information**

- a. 39 Lamartine Street  
Address(es) – please list all addresses the subject property is known by
- b. 05-014-00008  
Parcel ID or Map-Block-Lot (MBL) Number
- c. Worcester District Registry of Deeds, Book 67447 Page 1  
Current Owner(s) Recorded Deed/Title Reference(s)
- d. BG-3.0  
Zoning District and all Zoning Overlay Districts (if any)

The property is presently a vacant lot consisting primarily of impervious surface containing approximately 18,154 square feet

- e. Describe what is presently located on the property (Use as much detail as possible including all uses and square footage of each use; attached separate narrative if necessary):
- f. 0 existing bedrooms; 17-1 BR, 12-2 BR; 3-3BR and 6-bed penthouse. Total of 56 bedrooms proposed.  
If residential, describe how many bedrooms are existing and how many are proposed

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**2. Applicant Information**

- a. Polar Views LLC  
Name(s)
- b. 89 West Main Street, Unit 101, Northborough, MA 01532  
Mailing Address(es)
- c. jsmith@bowditch.com; 508-926-3464  
Email and Phone Number(s)
- d. Owner  
Interest in Property (e.g., Lessee, Purchaser, etc.)

**I certify that I am requesting the Worcester Planning Board to grant the Special Permit as described below**

Polar Views LLC

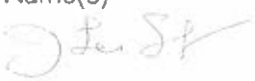
By , Daniel Yarnie, Its Manager

(Signature)

**3. Owner of Record Information (if different from Applicant)**

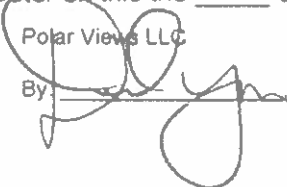
- a. Same as Applicant  
Name(s) \_\_\_\_\_
- b. \_\_\_\_\_  
Mailing Address(es)
- d. \_\_\_\_\_  
Email and Phone Number

**4. Representative Information**

- a. Joshua Lee Smith, Esq  
Name(s) \_\_\_\_\_
- b.   
Signature(s) \_\_\_\_\_
- c. Bowditch & Dewey, LLP, 311 Main Street, Worcester, MA 01608  
Mailing Address(es)
- d. jsmith@bowditch.com, 508-926-3464  
Email and Phone Number
- e. Attorney  
Relation to Project (Architect/Attorney/Engineer/Contractor, etc.) \_\_\_\_\_

**5. Owner Authorization**

Authorization I, Daniel Yarnie, Manager of Polar Views LLC, Owner of Record of the property listed with the Assessing Division of the City of Worcester, Massachusetts as Map 05 Block 014 Lot(s) 00008, do hereby authorize Joshua Lee Smith, Esq to file this application with the Division of Planning & Regulatory Services of the City of Worcester on this the \_\_\_\_\_ day of \_\_\_\_\_, 2024.

Polar Views LLC  
By:  Daniel Yarnie, Its Manager

**6. Proposal (attach a separate narrative if necessary)**

The project includes the development of a new, approximately 52,706 gross square feet, two levels of parking (one at the basement level and one at the ground floor), residential amenities, commercial retail space, 5 stories of multifamily Eligible Development which will include a mix of 1, 2 and 3-bedroom apartments, as well as indoor and outdoor common areas, new landscaping and other site features.

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

Article IV, Table 4.1 - Multifamily dwelling, high rise - permitted by right

- b. Article IV, Table 4.1 - Food service; retail food sales; service shop, personal services - permitted by right  
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.

- c. 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. Please see Statement in Support.  
List any additional information relevant to the Special Permit (s)

### **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:

See Statement in Support.

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

See Statement in Support.

3. Adequacy of utilities and other public services:

See Statement in Support.

4. Neighborhood character and social structure:

See Statement in Support.

5. Impacts on the natural environment:

See Statement in Support.

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

See Statement in Support.

### SUPPLEMENTARY QUESTIONS FOR SPECIAL PERMIT

Complete the requested information for the Special Permit requested. Attach additional documentation as necessary.

**Developments must include at least five percent (5%) of the units for the overall project with income restrictions at the sixty percent (60%) AMI limit to be eligible to apply (Article VII, Section 6A)**

1. Total proposed units: 33
2. Percentage of units proposed for households earning 60% or less AMI: 6% (2 of 33 units proposed)

#### **Off-Street Parking and Loading Incentives (Article VII, Section 6A. ii. b.)**

1. Describe what relief is being sought under the Special Permit (loading requirements; parking dimensional requirements, landscaping requirements, layout requirements, number of required parking spaces, etc.). If known, indicate the standard requirements as they would apply to the project and then indicate what is being proposed instead:

Applicant is seeking the grant of inclusionary zoning incentive (IZ) special permits pursuant to Article VII, Section 6.A.ii.b for noncompliance with the loading requirements as set forth in Table 4.5. A total of 2 loading spaces are required based on the gross floor areas of the New Building, and only a noncompliant loading area is provided off of Meade Street as shown on the plans. Applicant is also seeking an IZ special permit for noncompliance with parking dimensions (drive aisle width).

2. If applicable, indicate locations, square footages, and dimensions of relief sought under the Special Permit:

Loading area is provided off of Meade Street and is not 12 feet in width nor 50 feet in length. The drive aisle width of the entrance to the subsurface garage is 22 feet where 24 feet is required.

3. If applicable, provide number of parking/loading spaces required and relief requested through the Special Permit (*the total reduction in parking shall not exceed fifty percent (50%) and may not be combined with reductions permitted in Article IV, Section 7, A. 2.*):

Applicant is also seeking a special permit for a total reduction of the parking requirements up to 50% of the base requirement. Based on the proposed 33 residential units and the gross floor area of the retail sales use (1,495 square feet) within the New Building, and applying the 25% parking reduction entitlement under Article VII, Section 6.A.ii.a, the Project requires a minimum of 55 off-street parking spaces.

The Project will provide 40 parking spaces so the Applicant will require a special permit for an additional 15 spaces of relief after the entitlement (Approximately 44% of base requirement).

**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. \_\_\_\_\_  
Name
- b. \_\_\_\_\_  
Signature certifying payment of all municipal charges
- c. \_\_\_\_\_  
Mailing Address
- d. \_\_\_\_\_  
Email and Phone Number

**If a Partnership or Multiple Owners:**

- e. \_\_\_\_\_  
Names
- f. \_\_\_\_\_  
Signatures certifying payment of all municipal charges
- g. \_\_\_\_\_  
Mailing Address
- h. \_\_\_\_\_  
Email and Phone Number

**Applicant, if different from owner:**

- i. \_\_\_\_\_  
Printed Name & Signature of Applicant, certifying payment of all municipal charges

**If a Corporation or Trust:**

- j. Polar Views LLC \_\_\_\_\_  
Full Legal Name
- k. MA \_\_\_\_\_ 89 West Main Street, Unit 101, Northborough, MA 01532 \_\_\_\_\_  
State of Incorporation Principal Place of Business
- l. 89 West Main Street, Unit 101, Northborough, MA 01532 \_\_\_\_\_  
Mailing Address or Place of Business in Massachusetts  
Polar Views LLC
- m. By [Signature], Daniel Yarnie, Its Manager \_\_\_\_\_  
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