

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

V-C	DEC 0 2	7076
En	/h	-011

4	P	ro	ne	rtv	Info	rma	tion
	г	ıv	na	I LY	IIIIO	riila	LIUII

	• •		
a.	216 and 221 Chandler Street		
	Address(es) – please list all addresses the subject property is known by		
b.	06-012-00036 & 00055	63	
	Parcel ID or Map-Block-Lot (MBL) Number	2	9
	68090/92 (216 Chandler)	ander	õ
C.	Worcester District Registry of Deeds, Book Page 68988 48 (221 Chandler)	m	
	Current Owner(s) Recorded Deed/Title Reference(s)		
		N	27.70
d.	BG-3.0 and CCOD-E		03<
	Zoning District and all Zoning Overlay Districts (if any)	-1.	. J. 171
	Towning District and an Estimag Districts (It dity)	ယ္	53
		ÇŢ.	771

216 Chandler last contained a dilapidated mixed-use building that was unoccupied for years and was recently razed and removed. 221 Chandler Street is a small retail plaza known as Keystone Plaza containing an approximately 35,537 square foot commercial building and 50+/- parking spaces with limited landscaping features.

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):

The Applicant intends to construct and develop a mixed-use Eligible Development, consisting of a new approximately 29,497 gross square foot 6-story building (the "New Building") that will contain 21 dwelling units within 5 stories and approximately 2,920 square feet of commercial retail space on the ground level. The New Building will contain a mix of 1- and 2-bedroom apartments and a 6-bedroom penthouse suite on the top floor, roof garden, fitness rooms, lobby and lounge areas, and other common and amenity areas.

If residential, describe how many bedrooms are existing and how many are proposed

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 (216 Chandler Street) and Developer (221 Chandler Street)

Interest in Property (e.g., Lessee, Purchaser, etc.)

I dertify that I am requesting the Worcester Planning Board to grant the Special Permit as

described below Polar Views ILC

By: , Daniel Yarnie, its Manager

Page 3 of 11

Planning Board - Special Permit for Inclusionary Zoning Application

Revised December 2023

	(For office use offiny, Project Number, Po-20
3.	Owner of Record Information (if different from Applicant)
a.	Daniel Yarnie Name(s)
b.	89 West Main Street, Unit 101, Northborough, MA 01532 Mailing Address(es)
d.	ismith@bowditch.com; (508) 926-3464 Email and Phone Number
4.	Representative Information
a.	Joshua Lee Smith, Esq. Name(s)
b.	Signature(s)
c.	311 Main Street, Worcester, MA 01608 Mailing Address(es)
đ.	jsmith@bowditch.com; (508) 926-3464 Email and Phone Number
e.	Attorney Relation to Project (Architect/Attorney/Engineer/Contractor, etc.)
5 . Aut	Owner Authorization horization I, Polar Views LLC and Daniel Yarnie , Owner of Record of the property listed with the 00036
Ass	lessing Division of the City of Worcester, Massachusetts as Map $\frac{06}{}$ Block $\frac{012}{}$ Lot(s)00055, do hereby
autl	norize Joshua Lee Smith, Esq. to file this application with the Division of Planning &
1	pulatory Services of the City of Worcester on this the

6.	Proposal (attach a separate narrative if necessary)
a.	
	The applicant seeks to (Describe what you want to do on the property in as much detail as possible)
L	Article IV, Section 2, Table 4.1 - Residential Use (10) Multifamily dwelling, High Rise - Permitted by right Article IV, Section 2, Table 4.1 - Business Uses (26) Retail Sales - Permitted by right
b.	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.
٠.	List any additional information relevant to the Special Permit (s)

(For office use only: Project Number: PB-20____-

(For office use only: Project Number: PB-	20
---	----

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:
	Please see Statement in Support.
2,	Traffic flow and safety, including access, parking and loading areas:
	Please see Statement in Support.
3.	Adequacy of utilities and other public services:
	Please see Statement in Support.
4.	Neighborhood character and social structure:
	Please see Statement in Support.
-	Impacts on the natural environment:
J.	Please see Statement in Support.
	rease see statement in support.
6.	Potential fiscal impact, including city services needed, tax base, and employment:
	Please see Statement in Support.

(For office use	only: Project	Number: PB-20	* <u>1</u>
-----------------	---------------	---------------	------------

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	21	
	I Utai	DIODOSCU	uriita.		

2. Percentage of units proposed for households earning 60% or less AMI: 9.5% (2 of 21 units)

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 1 loading space is required based on the gross floor areas of the New Building, and only a noncompliant loading area is provided as shown on the plans.

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

One approximately 12'x 22' loading space will be provided on site as described in the Statement in Support.

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.):

64 total parking spaces are required without taking into account any IZ entitlements. 54 parking spaces are required with all IZ entitlements. Special Permit required for up to 50% of the base residential requirement results in 52 parking spaces required. There are 50 parking spaces provided. Please see Statement in Support.

(For office use only: Project Number: PB-20	
---	--

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	Daniel Yarnie
1	Name
b.	The state of the s
	Signature certifying payment of all municipal charges
C.	89 West Main Street, Unit 101, Northborough, MA 01532
	Mailing Address
d-	jsmith@bowditch.com; (508) 926-3464
	Email and Phone Number
	If a Partnership or Multiple Owners:
e,	
	Names
f.	Signatures certifying payment of all municipal charges
9-	Mailing Address
h.	Email and Phone Number
	Email and Phone Number
i.	Applicant, if different from owner:
	Printed Name & Signature of Applicant, certifying payment of all municipal charges
	If a Corporation or Trust:
1.	Polar Views LLC Full Legal Name
L.	
ĸ.	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 LIVO
m.	Don't A Manager Daniel Vernie ita 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
0.	
	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
	Printed Name & Signature of Owner or Trustee, certifying payment of all municipal charges