



## VARIANCE APPLICATION

**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.

Address: 173 Lincoln Street

Parcel ID or MBL: 09-006-21+25

If more than one structure on the lot, identify relevant structure requiring relief: \_\_\_\_\_

Lot Area		Front Yard Setback		Rear Yard Setback	
Square footage required:	6,000 sf	Setback required:	15 ft	Setback required:	15 ft
Square footage provided:	12,397 sf	Setback provided:	15 ft	Setback provided:	NA
Relief requested:	0	Relief requested:	0	Relief requested:	0
Frontage		Side Yard Setback		Exterior Side Yard Setback	
Frontage required:	130 ft	Setback required:	10 ft	Setback required:	10ft
Frontage provided:	125 ft	Setback provided:	10 ft	Setback provided:	NA
Relief requested:	50 ft	Relief requested:	0	Relief requested:	NA
Off-street Parking		Height		Accessory Structure 5-foot Setback	
Parking required:	10	Height permitted:	50 ft	Type of structure:	NA
Parking provided:	8	Height provided:	<50 ft	Square footage of structure:	NA
Relief requested:	2	Relief requested:	0	Relief requested:	NA
Off-street Loading		Other Variances			
Loading required:	NA	Relief requested:	Special permit to modify parking/loading/landscaping requirements		
Loading provided:	NA	Zoning Ordinance Article & Section:	IV/7		
Relief requested:	NA	Requirement:	15% SLOPE		
		Provided:	> 15% SLOPE		

**If you are requesting Variances for more than one structure or lot, provide this sheet for each structure/lot. Only complete the sections pertaining to the Variances (s) you are applying for.**

**1. Property Information**

- a. 173 Lincoln Street  
Address(es) – please list all addresses the subject property is known by
- b. 09-006-21+25  
Parcel ID or Map-Block-Lot (MBL) Number
- c. Worcester District Registry of Deeds, Book 55832 Page 107  
Current Owner(s) Recorded Deed/Title Reference(s)
- d. RG-5  
Zoning District and all Zoning Overlay Districts (if any)
- e. 3 STORY DWELLING WITH 3 UNITS  
Describe what is presently located on the property (Use as much detail as possible including all uses and square footage of each use):
- f. EXISTING 2/UNIT (6 BEDROOMS) PROPOSED 2/UNIT (10 BEDROOMS)  
If residential, describe how many bedrooms are pre-existing and proposed

**2. Applicant Information**

- a. Emile Akpaki  
Name(s)
  - b. 104 Walnut St Apt.1 Brookline MA 02445  
Mailing Address(es)
  - c. 617-505-6670 vleroi@gmail.com  
Email and Phone Number(s)
  - d. Owner  
Interest in Property (e.g., Lessee, Purchaser, etc.)
- I certify that I am requesting the Worcester Zoning Board of Appeals to grant the Variance as described below**
- Emile Akpaki  
(Signature)

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

- a. \_\_\_\_\_  
Name(s)
- b. \_\_\_\_\_  
Mailing Address(es)
- c. \_\_\_\_\_  
Email and Phone Number

**4. Representative Information**

a. Lesley Wilson  
Name(s)

b. Lesley Wilson  
Signature(s)

c. 75 Hammond Street Worcester MA 01610  
Mailing Address(es)

d. lwilson@hstgroup.net 508-757-4944  
Email and Phone Number

e. Engineer  
Relation to Project (Architect/Attorney/Engineer/Contractor, etc.)

**5. Owner Authorization**

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\_\_\_\_\_.

**6. Proposal Description**

a. Add addition with 2 units and increasing parking to 10 spaces. The main part of the building is existing. The addition is small and will have no negative effects on neighborhood. The addition and expansion of the parking would not fit if the variance were not granted.  
The applicant seeks to (Describe what you want to do on the property in as much detail as possible)

b. Is submitted for site plan approval but not approved yet.  
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. NA  
List any additional information relevant to the Variance (s)

### VARIANCE - FINDINGS OF FACT

In the spaces below, please 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)(3) of the Zoning Ordinance. *Attach additional supporting documentation as necessary.*

1. Describe how a literal enforcement of the provisions of the City of Worcester Zoning Ordinance would involve a substantial hardship, financial or otherwise, to the petitioner or appellant:

Add addition with 2 units and increasing parking to 10 spaces. The main part of the building is existing. The addition is small and will have no negative effects on neighborhood. The addition and expansion of the parking would not fit if the variance were not granted.

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:

The site is currently occupied by an existing building and gravel parking. There is no additional space to add additional spaces. The main part of the building is existing. The addition and expansion of the parking would not fit if the variance were not granted.

3. Describe how desirable relief may be granted without detriment to the public good and without nullifying or substantially derogating from the intent or purpose of the City of Worcester Zoning Ordinance:

The site is currently occupied by an existing building and gravel parking. The addition and renovation of the building and parking will improve the aesthetics of the property.

4. Describe how the dimensional variance as it relates to floor space, bulk, number of occupants, or other relevant measures, if granted, shall be no greater than the minimum necessary to provide relief from the statutory hardship:

The addition and renovation of the building and parking will improve the aesthetics of the property. without the allowance for the variance of the setbacks this would not be possible as there would not be enough space.

**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. Emile Akpaki  
Name
- b. Emilo Akpaki  
Signature certifying payment of all municipal charges
- c. 104 Walnut St Apt.1 Brookline MA 02445  
Mailing Address
- d. 617-505-6670 vleroi@gmail.com  
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. \_\_\_\_\_  
Full Legal Name
- k. \_\_\_\_\_  
State of Incorporation                      Principal Place of Business
- l. \_\_\_\_\_  
Mailing Address or Place of Business in Massachusetts
- m. \_\_\_\_\_  
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



**SPECIAL PERMIT APPLICATION**

**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

**TYPE OF SPECIAL PERMIT** (check the Special Permit you are requesting and answer only the associated supplementary questions on page 8-12)

- 1.  Extension, Alteration or Change of a Privileged Pre-existing, Nonconforming Structure and/ or Use (Article XVI, Section 4)
- 2.  Residential Use allowed only by Special Permit (Article IV, Section 2, Table 4.1)
- 3.  Non-Residential Use allowed only by Special Permit (Article IV, Section 2, Table 4.1)
- 4.  Non-Residential Use allowed only by Special Permit – Self Storage Facility (Article IV, Section 2, Table 4.1)
- 5.  Residential Conversion (Article IV, Section 9)
- 6.  Placement of Fill/Earth Excavation (Article IV, Section 5)
- 7.  Modification of Parking/Loading Requirements and/or Landscaping and Layout Requirements for Parking/Loading (Article IV, Section 7)
- 8.  Other Special Permit (Describe Special Permit sought):

**1. Property Information**

a. 173 Lincoln Street

Address(es) – please list all addresses the subject property is known by

b. 09-006-21+25

Parcel ID or Map-Block-Lot (MBL) Number

c. Worcester District Registry of Deeds, Book 55832 Page 107

Current Owner(s) Recorded Deed/Title Reference(s)

d. RG-5

Zoning District and all Zoning Overlay Districts (if any)

**3 STORY DWELLING WITH 3 UNITS**

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. **EXISTING 2/UNIT (6 BEDROOMS) PROPOSED 2/UNIT (10 BEDROOMS)**

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

**2. Applicant Information**

a. Emile Akpaki

Name(s)

b. 104 Walnut St Apt.1 Brookline MA 02445

Mailing Address(es)

c. 617-505-6670 vleroi@gmail.com

Email and Phone Number(s)

d. Owner

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

I certify that I am requesting the Worcester Zoning Board of Appeals to grant the Special Permit as described below

Emile Akpaki

(Signature)

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

a. \_\_\_\_\_  
Name(s)

b. \_\_\_\_\_  
Mailing Address(es)

d. \_\_\_\_\_  
Email and Phone Number

**4. Representative Information**

a. Lesley Wilson

Name(s)

b. Lesley Wilson

Signature(s)

c. 75 Hammond Street Worcester MA 01610

Mailing Address(es)

d. lwilson@hstgroup.net 508-757-4944

Email and Phone Number

e. Engineer

Relation to Project (Architect/Attorney/Engineer/Contractor, etc.)

**5. Owner Authorization**

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\_\_\_\_\_.

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

Add addition with 2 units. The main part of the building is existing. The addition is small and will have no negative effects on neighborhood. The addition and expansion of the parking decreases the width of the driveway to 12 feet requiring a special permit. 8 spaces are proposed.

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

ARTICLE IV – USE REGULATIONS / Section 2 – Permitted Uses  
TABLE 4.1 - PERMITTED USES BY ZONING DISTRICTS –RESIDENTIAL USE

b. 11. Multi-family dwelling, low rise Y  
\_\_\_\_\_  
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.

Property is also being submitted for ZBA

c. \_\_\_\_\_  
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)

Property is also being submitted for ZBA

d. \_\_\_\_\_  
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)?

NA

e. \_\_\_\_\_  
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:

Add addition with 2 units would increase housing in the area. The main part of the building is existing. The addition is small and will have no negative effects on neighborhood.

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

A variance is required for the number of spaces but interior spaces will be set aside for bike parking inside the building.

3. Adequacy of utilities and other public services:

The small addition will not have a significant on public services.

4. Neighborhood character and social structure:

The addition will blend into the the existing building on site and will not change the character of the neighborhood.

5. Impacts on the natural environment:

There will be no impacts to natural environment.

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

There will be no impact on city services as the site already has an existing building on-site and any impact would be very minimal.



**1b. Extension, Alteration or Change of a Privileged Pre-existing, Nonconforming Use  
(Article XVI, Section 4)**

1. Describe what is currently nonconforming about this use:
  
  
  
  
  
  
  
  
  
  
2. Indicate how long the nonconforming use has been in existence? What year did the use begin? (Check with the zoning ordinance, as amended, that would have been in effect at the time of construction. Past zoning ordinances are available for research at the City Clerk's office. Past zoning maps are available at the Division of Planning and Regulatory Services)
  
  
  
  
  
  
  
  
  
  
3. At the time the use was initiated, was the use allowed under the then applicable Zoning Ordinance?
  
  
  
  
  
  
  
  
  
  
4. Describe the proposed extension, alteration or change of use:
  
  
  
  
  
  
  
  
  
  
5. Indicate the total square footage to be utilized for the proposed use:
  
  
  
  
  
  
  
  
  
  
6. Indicate the number of off-street parking spaces currently provided and to be provided for the proposed use: Note: In residential districts, the use as extended, altered or changed shall meet the off-street parking requirements of the zoning ordinance.
  
  
  
  
  
  
  
  
  
  
7. Explain how the use as extended, altered or changed will not be substantially more detrimental to the neighborhood than the existing structure:

**2. Residential Use allowed only by Special Permit in a particular zoning district  
(Article IV, Section 2, Table 4.1)**

1. Describe the proposed residential use:
  
  
  
  
  
  
  
  
  
  
2. Total number of dwelling units proposed, number of bedrooms per unit, and square footage of units:
  
  
  
  
  
  
  
  
  
  
3. Number and dimensions of off-street parking spaces to be provided and location (garage, driveway). Off-street parking spaces must be located outside of the front yard and exterior side yard setbacks.

**3. Non-Residential Use allowed only by Special Permit  
(Article IV, Section 2, Table 4.1)**

1. Describe the proposed use (include description of business, proposed hours of operation, and number of employees)
  
2. Total square footage of proposed use:
  
3. Number of off-street parking spaces to be provided. Indicate location of those parking spaces: garage, parking lot, parking spaces on a different lot provided through the same ownership and/or leased spaces (a 5-year minimum lease with renewal options must be provided) within 1,000 feet of the use it will serve.
  
4. For a proposed animal hospital, animal clinic, pet shop or animal shelter, per Article IV, Section 2, Notes to Table 4.1, Note 4, indicate the location of any animal runs if a residential zoning district is within 200 feet of the subject property.
  
5. For a proposed Bed and Breakfast use, provide additional documentation per Article IV, Section 11.
6. For a proposed Adult Entertainment use, provide additional documentation per Article IV, Section 10.
7. For a proposed Limited Residential Hospice House, provide additional documentation per Article IV, Section 2, Notes to Table 4.1, Note 10.
8. For a proposed non-accessory parking lot or a motor vehicle display lot, provide additional documentation showing compliance with Article IV, Section 7B.

**4. Non-Residential Use allowed only by Special Permit – Self Storage  
(Article IV, Section 2, Table 4.1)**

1. Provide information that demand for self-storage exists both locally in proximity to the proposed site as well as overall in the city as demonstrated by a current market assessment
  
2. What conditions make the site poorly suited for other permitted uses?

3. Can adequate access can be provided without adversely affecting neighboring uses or the public realm?

4. Will structures with architectural or historical integrity will be appropriately preserved or improved, and that no such structures have been demolished within the past five (5) years to prepare the site for redevelopment?

**5. Residential Conversion  
(Article IV, Section 9)**

1. Total number of existing units/Total number of proposed units:

2. Will the external appearance of the structure remain unchanged except for new doors, windows, fire escapes, and stairways?

3. Number of off-street parking spaces to be provided (If new parking is being created, the applicant(s) may need to seek a Special Permit for extension, alteration or change of a pre-existing, nonconforming structure if existing structure does not meet current zoning dimensional requirements. If additional parking cannot be provided for new dwelling unit(s), the proposed conversion may also require a Variance or Special Permit from off-street parking requirements):

4. Which dimensional requirements/setbacks are you seeking relief by the Special Permit?

**6. Placement of Fill/Earth Excavation  
(Article IV, Section 5)**

1. Indicate whether the Special Permit is for Placement of Fill or Earth Excavation:

2. Attach documentation showing proposed measures to protect pedestrians and vehicles.

3. Provide a proposed timeline for completion of placement of fill.

4. Attach documentation from the Director of Public Health and the Conservation Commission as outlined in the City of Worcester Zoning Ordinance Article IV, Section 5.
5. Attach a site plan with all required information in support of the application per the City of Worcester Zoning Ordinance Article IV, Section 5.

**7. Modification of Parking/Loading Requirements and/or Landscaping and Layout Requirements for Parking/Loading (Article IV, Section 7)**

1. Indicate what relief is being sought under the Special Permit:  
NUMBER OF PARKING SPACES. 10 ARE REQUIRED 8 ARE PROPOSED
2. If applicable, indicate locations, square footages, and dimensions of relief sought under the Special Permit:  
In paved parking lot.
3. If applicable, provide number of parking/loading spaces required and relief requested through the Special Permit:  
10 required  
8 provided

**8. Other Special Permits**

1. Describe Special Permit sought and provide relevant details on the plan of land and rendering. Provide square footage and height of any structures and indicate percentage of lot structure will occupy:

**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. Emile Akpaki  
Name
- b. Emile Akpaki  
Signature certifying payment of all municipal charges
- c. 104 Walnut St Apt.1 Brookline MA 02445  
Mailing Address
- d. 617-505-6670 vleroi@gmail.com  
Email and Phone Number

**If a Partnership or Multiple Owners:**

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Names
- f. \_\_\_\_\_  
Signatures certifying payment of all municipal charges
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- 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. \_\_\_\_\_  
Full Legal Name
- k. \_\_\_\_\_  
State of Incorporation                      Principal Place of Business
- l. \_\_\_\_\_  
Mailing Address or Place of Business in Massachusetts
- m. \_\_\_\_\_  
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. \_\_\_\_\_  
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