



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

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2024 SEP 18 PM 3:30

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2024 SEP 3 PM 3:25

TYPE OF SPECIAL PERMIT (check the Special Permit you are requesting and answer 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. 1078 WEST BOVLSTON ST, WORCESTER, MA 01606
Address(es) – please list all addresses the subject property is known by
- b. 32-020-00033
Parcel ID or Map-Block-Lot (MBL) Number
- c. Worcester District Registry of Deeds, Book 55039 Page 136
Current Owner(s) Recorded Deed/Title Reference(s)
- d. BL-1
Zoning District and all Zoning Overlay Districts (if any)

TROPHY SHOP 1300 SQ FT	COMMUNITY HEALTH ADMIN OFFICE 600 SQ FT
HAIR SALON 1800 SQ FT	MASSAGE OFFICE 350 SQ FT
DR OFFICE 1400 SQ FT	ADMIN OFFICE 600 SQ FT
	TATOO SHOP 800 SQ FT

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. NA

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

2. Applicant Information

a. JOHN MARCULIDS

Name(s)

b. 99 WILKINSON ST, WORCESTER, MA 01606

Mailing Address(es)

c. JOHNLEND566@GMAIL.COM 508-208-5766

Email and Phone Number(s)

d. LESSEE

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



(Signature)

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

a. Peter Prodrumidis

Name(s)

b. 37 FOXMEADOW DR WORCESTER, MA 01602

Mailing Address(es)

d. Lisa and peter@charter.net 508-769-1036

Email and Phone Number

4. Representative Information

a. PETER PRODROMIDIS

Name(s)

b. 

Signature(s)

c. 37 FOXMEADOW DR WORCESTER MA 01602

Mailing Address(es)

d. LISA AND PETER@CHARTER.NET 508-769-1036

Email and Phone Number

e. OWNER

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

5. Owner Authorization

Authorization by Peter Prodanomidis, Owner of Record of the property listed with the Assessing Division of the City of Worcester, Massachusetts as Map 32 Block 020 Lot(s) 00033, do here authorize JOHN MARCULI FIS to file this application with the Division of Planning & Regulatory Services of the City of Worcester on this the 5th day of JUNE, 202

6. Proposal (attach a separate narrative if necessary)

a. CLASS II USED VEHICLE DEALERSHIP
The applicant seeks to (Describe what you want to do on the property in as much detail as possible)

b. ARTICLE IV, SEC 2, TABLE 4.1 #15 AND MOTOR VEHICLES DISPLAY ^{AND BUSINESS USE #16)}
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. —
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:

THERE ARE MANY AUTOBODY 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 DEALERSHIP IS VERY SMALL IN SCOPE WITH A MAXIMUM OF 15 VEHICLES. MOST VEHICLES WILL BE PARKED IN THE BACK LOT WITH AMPLE PARKING AND ACCESS. THERE WILL BE SIGNIFICANTLY LESS TRAFFIC THAN THE PREVIOUS USE AS A DAY CARE CENTER.

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.

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, WITH ~~THE EXCEPTION OF HIRING LOCAL EMPLOYEES.~~ NO ADDITIONAL SERVICES WILL BE REQUIRED.

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

MLA

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) *VEHICLES SALE AND RENTALS, OPEN 9-5, 2 EMPLOYEES*

2. Total square footage of proposed use

2021 SQ FT

3. Number of off-street parking spaces to be provided. Indicate location of those parking spaces (garage, 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.

15

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.

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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)**

N/A

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 structures have been demolished within the past five (5) years to prepare the site for redevelopment?

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

N/A

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, stairways?

3 Number of off-street parking spaces to be provided (If new parking is being created, the applicant(s) may need 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)**

N/A

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)**

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1. Indicate what relief is being sought under the Special Permit
2. If applicable, indicate locations, square footages, and dimensions of relief sought under the Special Permit
3. If applicable, provide number of parking/loading spaces required and relief requested through the Special Permit

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.

ZBA SPECIAL PERMIT FOR WR (GP-3)

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. Peter Prodromidis
Name
- b. 
Signature certifying payment of all municipal charges
- c. 37 Foxmeadow Drive Worcester, MA 01602
Mailing Address
- d. Lisa and peter@charter.net 508-769-1036
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. JOHN MARCULITIS - 
Printed Name & Signature of Applicant certifying payment of all municipal charges

If a Corporation or Trust:

- j. DRIVEN VENTURES LLC
Full Legal Name
- k. MA MILFORD, MA
State of Incorporation Principal Place of Business
- l. 231 E. MAIN ST. MILFORD, MA 01757
Mailing Address or Place of Business in Massachusetts
- m. JOHN MARCULITIS 
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