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**VARIANCE & 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

Fill in information for the Variances (s) you are applying for. Attach additional documentation as necessary.

Lot B

Lot Area		Front Yard Setback		Rear Yard Setback	
Square footage required:	27,000 SF	Setback required:		Setback required:	20 ft.
Square footage provided:	24,767 SF	Setback provided:		Setback provided:	7.5+/- ft.
Relief requested:	2,233 SF	Relief requested:		Relief requested:	12.5+/- ft.
Frontage		Side Yard Setback		Exterior Side Yard Setback	
Frontage required:	225 ft	Setback required:		Setback required:	
Frontage provided:	89.57 +/- ft	Setback provided:		Setback provided:	
Relief requested:	135.43 +/- ft	Relief requested:		Relief requested:	
Off-street Parking/Loading		Height		Accessory Structure 5-foot Setback	
Parking required:		Height permitted:	35 feet	Type of structure:	
Parking provided:		Height provided:	39.83+/- feet	Square footage of structure:	
Relief requested:		Relief requested:	4.83+/- feet	Relief requested:	
Loading required:		Other Variances			
Loading provided:		Relief requested:			
Relief requested:		Zoning Ordinance Article & Section:			
Signs		Requirement:			
Area permitted:		Provided:			
Area provided:		Indicate if Variances are being requested for more than one structure or more than one lot. Only complete the sections which pertain to the Variances (s) you are applying for.			
Relief requested:					
Height permitted:					
Height provided:					
Relief requested:					
Setback permitted:					
Setback provided:					
Relief requested:					

**TYPE OF SPECIAL PERMIT** (check the Special Permit you are requesting and describe what you are requesting)

- 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-Accessory Sign (Article IV, Section 6)
- 5.  Residential Conversion (Article IV, Section 9)
- 6.  Placement of Fill/Earth Excavation (Article IV, Section 5)
- 7.  Modification of Parking/Loading Requirements (Article IV, Section 7)
- 8.  Modification of Landscaping Requirements for Parking/Loading (Article IV, Section 7)
- 9.  Other Special Permit (Describe Special Permit sought):

\_\_\_\_\_

1. Assessor's **ADDRESS OF SUBJECT PROPERTY:** 36 Butler Street  
(List property subject to the application and include any lot numbers. Please note: The street number may be different than the Assessor's address).

2. Is this property known by any other address: \_\_\_\_\_

3. **OWNER OF RECORD:** GM Properties LLC  
(The owner of record is the person or entity who owns title to the property as of today's date)

4. Address (es) of owner of record is /are 234 Spring Street, Shrewsbury, MA 01545

5. Worcester District Registry of Deeds (WDRD) Book(s) 70087, Page(s) 335  
(List Book and Page number of deed filed for the subject property as recorded at the WDRD)

6. City of Worcester Assessor's Office Map 10 Block 043 Lot 00012  
(List MBL number for the subject property as listed at Assessor's Office)

7. **NAME OF APPLICANT(S):** GM Properties LLC

8. Address of Applicant: 234 Spring Street, Shrewsbury, MA 01545

9. Telephone: (508) 926-3464

10. Email: jsmith@bowditch.com

11. Check if you are an: owner (s) , lessee (s) , optionee (s)  (If you are not the owner of the subject property and are a lessee or optionee, it is recommended that you provide supporting information such as a lease or a purchase and sale agreement that shows your interest in the property.)

12. Zoning district(s) of the property (Indicate if more than one zoning district and any zoning overlay districts):  
RL-7

**13. Describe what is presently located on the property (Use as much detail as possible including all uses and square footage of each use):**

The property lot is approximately 38,387 square feet and is currently comprised of an historic building that was most recently used as a funeral home, accessory parking and other site features.

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

The Applicant proposes to divide existing lot into Lot A (to contain approximately 13,623 square feet) and Lot B (to contain approximately 24,767 square feet). Lot A will contain the existing building, which will be converted into a two-family building. Lot B will contain a new single-family attached development consisting of 9 units within 2 townhouse-style buildings, reconfigured drive aisles and parking spaces, new landscaping and other site features. The Lot B Project proposes 22 parking spaces in compliance with minimum parking requirements. The Existing Building will contain a total of 2 units, and, therefore, requires a minimum of 4 parking spaces. Although no parking spaces will be located on Lot A, there will be 4 parking spaces located on Lot B that will serve, and be in close proximity to, the Existing Building.

**15. 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):**

Article IV, Section 2, Table 4.1(12) - Single-family attached dwelling (Use allowed by Special Permit in the RL-7) (Lot B)  
Article IV, Section 2, Table 4.1(17) - Two-family detached dwelling (permitted by right) (Lot A)

**16. 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):

No

**17. 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)? If so, explain:**

No

**18. List any additional information relevant to the Variance (s) and Special Permit (s):**

Please see attached Statement in Support.

**VARIANCE FINDINGS OF FACT**

**Complete the following questions. Your responses should provide justifications as to why the requested Variance(s) should be granted. Attach additional documentation as necessary.**

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

Please see attached Statement in Support.

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:

Please see attached Statement in Support.

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:

Please see attached Statement in Support.

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:

Please see attached Statement in Support.

## **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 attached Statement in Support.

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

Please see attached Statement in Support.

**3. Adequacy of utilities and other public services:**

Please see attached Statement in Support.

**4. Neighborhood character and social structure:**

Please see attached Statement in Support.

**5. Impacts on the natural environment:**

Please see attached Statement in Support.

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

Please see attached Statement in Support.

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

DocuSigned by:  
GM Properties LLC  
By: [Signature], George Markopoulos, Its Manager  
(Signature of Applicant or Applicant's Agent)  
If more than one applicant, all applicants must fill out information.

DocuSigned by:  
GM Properties LLC  
By: [Signature], George Markopoulos, Its Manager  
(Signature of Property Owner or Owner's Agent)  
If more than one property owner, all owners must fill out information.

GM Properties LLC  
(Name of Applicant)

GM Properties LLC  
(Name of Property Owner)

234 Spring Street, Shrewsbury, MA 01545  
(Address)

234 Spring Street, Shrewsbury, MA 01545  
(Address)

(508) 926-3464  
(Contact Phone Number)

(508) 926-3464  
(Contact Phone Number)

jsmith@bowditch.com  
(Email)

jsmith@bowditch.com  
(Email)

7/10/2024  
(Date)

7/10/2024  
(Date)

**SUPPLEMENTARY QUESTIONS FOR SPECIAL PERMITS ONLY**

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

**Extension, Alteration or Change of a Privileged Pre-existing, Nonconforming Structure  
(Article XVI, Section 4)**

1. Describe what is currently nonconforming about this structure (list specific dimensional nonconformities)
  
2. Indicate how long the nonconforming aspects of the structure have been in existence:
  
3. At the time of construction, did the structure meet applicable zoning requirements? (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)
  
4. Describe the proposed extension, alteration or change and the total square footage of any physical expansion:

5. Explain how the extension, alteration, or change itself complies with the current Ordinance requirements:
  
6. Indicate the number of off-street parking spaces currently provided and to be provided for the proposed structure as extended, altered or changed: Note: In residential districts, the structure as extended, altered or changed shall meet the off-street parking requirements of the zoning ordinance.
  
7. Explain how the structure as extended, altered or changed will not be substantially more detrimental to the neighborhood than the existing structure:

**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 and the total square footage to be utilized for the use:
  
5. Explain how the extension, alteration, or change itself complies with the current Ordinance requirements:
  
6. Indicate the number of off-street parking spaces currently provided and to be provided for the proposed structure as extended, altered or changed: 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 use:

**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:**

Lot A will contain the Existing Building, which will be converted into a two-family building and 4 surface lot parking spaces (the "Lot A Project"). Lot B will contain a new single-family attached townhouse-style development consisting of 9 units within two townhouse-style buildings, reconfigured drive aisles, parking spaces, new landscaping and other site features (the "Lot B Project").

**2. Total number of dwelling units proposed, number of bedrooms per unit, and square footage of units:**

11 Total dwelling units proposed (2 - Lot A; 9 - Lot B). The 2 units on Lot A are 2 BR 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.**

9 driveway parking spaces proposed and 9 garage spaces proposed, for a total of 18 parking spaces for Lot B.

**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.**

**8. For a proposed Adult Entertainment use, provide additional documentation per Article IV, Section 10.**

**9. For a proposed Limited Residential Hospice House, provide additional documentation per Article IV, Section 2, Notes to Table 4.1, Note 10.**



10. For a proposed non-accessory parking lot or a motor vehicle display lot, provide additional documentation showing compliance with Article IV, Section 7B.

**Non-Accessory Sign  
(Article IV, Section 6)**

1. Square footage, length and width of proposed sign, and height of total structure:
  
  
  
  
  
  
  
  
  
  
2. Distance of proposed sign from other non-accessory signs along each side of a street.
  
  
  
  
  
  
  
  
  
  
3. Indicate on the submitted plan the type and style of sign, exact location, etc.

**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?

**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.

**Modification of Parking/Loading Requirements  
(Article IV, Section 7)**

1. Indicate what relief is being sought under the Special Permit:

Please see attached Statement in Support.

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

Please see attached Statement in Support.

2. If applicable, provide number of parking/loading spaces required and relief requested through the Special Permit:

Please see attached Statement in Support.

**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:

**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 GM Properties LLC

State of Incorporation MA

Principal Places of Business 234 Spring Street, Shrewsbury, MA 01545

Place of Business in Massachusetts 234 Spring Street, Shrewsbury, MA 01545

Printed Names of Officers of Corporation: \_\_\_\_\_ Title

George Markopoulos \_\_\_\_\_ Manager

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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)

GM Properties LLC Date: \_\_\_\_\_

By: George Markopoulos, Its Manager Date: 7/10/2024

\_\_\_\_\_ 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: \_\_\_\_\_