



**SPECIAL PERMIT AMENDMENT 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 AMENDMENT** (check Amendment you are requesting and describe what you are requesting)

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

RECEIVED  
WORCESTER CITY/CLERK  
2024 NOV -5 PM 2:58

Empty rectangular box for additional information.

1. Assessor's **ADDRESS OF SUBJECT PROPERTY**: 7 Oak 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: No
3. **OWNER OF RECORD**: Scireh Four 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: 146 Main St. Suite 301 Worcester, MA
5. Worcester District Registry of Deeds (WDRD) Book(s) 59406, Page(s) 0029  
(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 03 Block 034 Lot 00016  
(List MBL number for the subject property as listed at Assessor's Office)
7. **NAME OF APPLICANT(S)**: Phigi 1 LLC
8. Address of Applicant: PO Box 164 Auburn, MA 01501
9. Telephone: 508-304-3038
10. Email: PDZorba@gmail.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): **BO-01**
13. Describe what is presently located on the property (Use as much detail as possible including all uses and square footage of each use):  
**Boarding House/Lodging House**
14. The applicant seeks to (Describe what you want to do on the property in as much detail as possible): **We seek to become the new operator of 7 Oak St a lodging house for 12 occupants.**
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, Use #8**
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): **Yes. The ZBA granted approval most recently on July 16, 2018 BK#59328, Pg. 245. Prior to that the property was known as "The Hope Lodge" and was used by The American Cancer Society for cancer patients and their long-term visitors.**
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 we are not aware of any Building Permit Applications.**

18. List any additional information relevant to the Special Permit (s): We request that 7 Oak Street be granted a special permit to operate as a lodging house by the ZBA.

ZB - Special Permit Amendment

Revised: January 11, 2012

### **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:

This proposal aims to serve an ongoing need for housing in the city by providing affordable lodging house accommodations. This will reduce demand for traditional apartments by concentrating residents in one address and reducing square footage needed per resident. This efficient and effective model for housing serves the residents with what they need at a more affordable rate than traditional apartment housing and leaves apartments available for residents that need more than a lodging house can offer.

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

There is no change to the onsite parking of the property. Current Zoning Bylaws call for .5 space per bed for lodging house use which would indicate a need for 10 spaces, 10 of which would be served by onsite parking.

3. Adequacy of utilities and other public services:

There is no change to the utility service at the property. The site is currently service by 400 Amp updated electricity, and a high efficiency Viessman Boiler which heats the entire property as well as providing domestic hot water. Additionally the entire property is protected by a fire suppression sprinkler system and upgraded fire alarm panel to ensure the property is safe for its residents as well as city and state first responders.

4. Neighborhood character and social structure:

The Elm park historic district is comprised of many buildings and structures similarly exemplified by 7 Oak Street. The neighborhood is also a thriving hub of the local higher education institutions. Both WPI and MCPHS campuses are within a half of a mile from 7 Oak Street. The neighborhood already has many properties serving as lodging houses such as 6 Oak Street directly across the street which is a lodging house of similar size and layout providing residence to 36 students.

5. Impacts on the natural environment:

The Natural environment will not be altered and the site will be maintained and manicured to preserve the natural environment of the area.

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

By preserving and fostering the character of the neighborhood, properties in the area will continue to rise in value thus driving property tax revenue for The City. The increase in resources needed will be minimal if any as the site has been continually operated as a lodging house for many years. By offering charming, affordable, safe and comfortable accommodations for students, we hope further endear them to Worcester, potentially driving new bright leaders to take permanent residence in the city.

By:   
(Signature of Applicant or Applicant's Agent)  
If more than one applicant, all applicants must fill out information.

Phigi 1 LLC

(Name of Applicant)

PO Box 164 Auburn, MA 01501

(Address)

508-304-3038

(Contact Phone Number)

PDZorba@gmail.com  
(Email)

10/21/2024  
(Date)

By:  TAYLOR BEARDEN  
MANAGER  
(Signature of Property Owner or Owner's Agent)  
If more than one property owner, all owners must fill out information.

SCIREH FOUR LLC  
(Name of Property Owner)

55 LINDEN ST WORCESTER MA 01609  
(Address)

617-249-3807  
(Contact Phone Number)

tbearden@civicodevelopment.com  
(Email)

NOVEMBER 1, 2024  
(Date)

ZB - Special Permit Amendment

Revised: anuary 11, 2012

ZB - Special Permit Amendment

Revised: anuary 11, 2012

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

## SUPPLEMENTARY QUESTIONS FOR SPECIAL PERMITS

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 total square footage of any physical expansion:
5. Explain how the extension, alteration or change itself complies with the current requirements of this Ordinance:
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 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 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:

**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: We propose the use to continue as a lodging house focusing on student housing.
2. Total number of dwelling units proposed, number of bedrooms per unit, and square footage of units: We propose 17 individual bedrooms and 2 studio units. All will be single occupancy.
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. The site is equipped with 10 off street parking spaces in a paved lot. A plot plan has been attached to show dimensions and location of parking.

**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.

**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: None

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:

**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 Phigi 1 LLC \_\_\_\_\_

State of Incorporation MA \_\_\_\_\_

Principal Places of Business 7 Oak St. Worcester, MA 01609 \_\_\_\_\_

Place of Business in Massachusetts 7 Oak St. Worcester, MA 01609 \_\_\_\_\_

Printed Names of Officers of Corporation:

Triantafylos Dimopoulos

Title

Manager

Owners of Corporation:

Printed Names

Triantafylos Dimopoulos

Address

88 Millbury Rd. Oxford, MA 01540

% of stock

100%

Signature of all owners of property (certifying payment of all municipal charges -attach multiple pages if necessary)



Date:

11/3/2024

Date:

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: Triantafylos Dimopoulos - Manager

Signature of Applicant:



Date:

11/3/2024

**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: \_\_\_\_\_

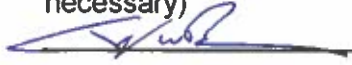
**(3) If a Corporation:**

Full Legal Name SCIREH FOUR LLC  
State of Incorporation MASSACHUSETTS  
Principal Places of Business 55 LINDEN ST, WORCESTER, MA 01609  
Place of Business in Massachusetts SEE ABOVE

Printed Names of Officers of Corporation:	Title
<u>ALBERT LAVALLEY</u>	<u>MANAGER</u>
<u>ANDREW CONSIGLI</u>	<u>MANAGER</u>
<u>TAYLOR BEARDEN</u>	<u>MANAGER</u>

Owners of Corporation:	Address	% of stock
Printed Names <u>ALBERT LAVALLEY</u>	<u>C/O SCIREH FOUR LLC</u> <u>55 LINDEN ST, WORCESTER, MA</u>	<u>25 %</u>
<u>ANDREW CONSIGLI</u>	<u>"</u>	<u>25 %</u>
<u>TAYLOR BEARDEN</u>	<u>"</u>	<u>25 %</u>
<u>ROBERT MURCHISON</u>	<u>"</u>	<u>25 %</u>

Signature of all owners of property (certifying payment of all municipal charges -attach multiple pages if necessary)

 \_\_\_\_\_ Date: NOVEMBER 4, 2024  
 \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ 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: \_\_\_\_\_

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## **CITY OF WORCESTER CERTIFIED LIST OF ABUTTERS**

Replace This Page with Certified List of Abutters  
From Assessor's Office

List of Abutters: The Applicant shall provide a list of "parties of interest" which shall be attached to the application form and shall include the names and address of all owners of land (if different from the petitioner), abutters, owners of land directly opposite street or way, and abutters to abutters within three hundred (300) feet of the Applicant's property line including all contiguously owned land. All such names and addresses shall be obtained from the most recent applicable tax list maintained by the City's Assessing Department. The Assessing Department shall certify the list of names and addresses.

### **MEETING WITH YOUR NEIGHBORS**

While not required, it is recommended, when possible, that applicants meet with neighbors prior to the scheduled public hearing to discuss the proposed development. State law requires that direct abutters and abutters to direct abutters within a 300-foot radius of the site receive notification of the hearing. Those abutters will receive a brief notice in the mail from the Division of Planning and Regulatory Services indicating the date and time of the public hearing and the requested Special Permit. In some cases, abutters may have additional questions or concerns about the proposed development that are not answered by the legal notice they receive in the mail. Additionally, abutters may not be able to visit the Division of Planning and Regulatory Services office during business hours to view the actual petition and plan.

**CERTIFICATION OF COMPLIANCE WITH WORCESTER  
REVISED ORDINANCE GOVENING REVENUE COLLECTION**

Pursuant to M.G. L. c.40, Section 57 and Worcester Revised Ordinances, Chapter 11, Article 2, Section 1, ET. Seq. I hereby certify, under pains and penalties of perjury, that the undersigned applicant, and all parties having an ownership interest therein, has 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 FULL NAMES AND RESIDENCES OF ALL PERSONS AND PARTIES  
INTERESTED IN THE APPLICATION**

(Give first and last name 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:**

Name of Owner: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

**2) If a Partnership:**

Full Name and Addresses of all Partners:

**NAMES**

**ADDRESS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_



**3) If a Corporation:**

Full Legal Names:

SCIREH Four LLC

State of Incorporation: Massachusetts

Principal Place of Business: 55 Linden Street, Worcester, MA 01609

Officers of Corporation:

NAME

TITLE

Taylor Bearden

Manager

**4) If a Trust:**

Name of Trust: \_\_\_\_\_

Business Address: \_\_\_\_\_

Names of Trustees: \_\_\_\_\_ Address: \_\_\_\_\_

(USE ADDITIONAL SHEETS IF NECESSARY)

DATED THIS 4th

DAY OF November 2024

BY 

NAME: TAYLOR BEARDEN

TITLE: Manager

BUSINESS ADDRESS: 55 Linden Street, Worcester, MA 01609

SOCIAL SECURITY OR FEDERAL IDENTIFICATION NUMBER: 83-1295790

**DEPARTMENT OF INSPECTIONAL SERVICES  
25 MEADE STREET, WORCESTER, MA.**

The Massachusetts Enforcement and Protection Program, Statute 1983, Chapter 233, and the emergency regulations implemented there under by the Commissioner of Revenue, 830 Code of Massachusetts Regulations 62C.47, required the City of Worcester to furnish certain information of the Department of Revenue.

Any person, who is applying for a right or license to conduct a profession, trade or business, or for renewal thereof, must certify under the penalties of perjury upon such application that he has complied with all the laws of the Commonwealth relative to taxes. Said license or renewal may not be issued without such certification.

"Pursuant to M.G.L. Ch. 62C, Sec.49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required by law.

Social Security Number OR  
Federal Identification #

83-1295790

Signature of Individual OR  
Corporate Name

 TAYLOR BEARDEN  
MANAGER

Date

11/04/2024

By Corporate Officer  
(if applicable)

Manager

**THIS FORM MUST BE RETURNED WITH APPLICATION FOR LICENSE**