

## 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

Address: 19 Dixon Ave	g for. Attach additional c	ocumentation a	s necessary.
Parcel ID or MBL: 09-041-0010A	S R		7.
If more than one structure on the lot, identify relevant s	structure requiring relief:		

Lot Area	Front Yard Setback	Rear Yard Sett	oack
Square footage required:	Setback required:	Setback required:	20'
Square footage provided:	Setback provided:	Setback provided:	13.1'
Relief requested:	Relief requested:	Relief requested:	6.9'
Frontage	Side Yard Setback	Exterior Side Yard	Setback
Frontage required:	Setback required:	Setback required:	
Frontage provided:	Setback provided:	Setback provided:	-
Relief requested:	Relief requested:	Relief requested:	
Off-street Parking	Height	Accessory Stru 5-foot Setba	
Parking required:	Height permitted:	Type of structure:	(F)
Parking provided:	Height provided:	Square footage of structure:	n e
Relief requested:	Relief requested:	Relief requested:	
Off-street Loading	Oth	ner Variances	. :
Loading required:	Relief requested:		
Loading provided:	Zoning Ordinance Article & Section:		
Relief requested:			·
	Provided:	10	e ij

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.

	(For office use only: Project Number: ZB-20
1.	Property Information
a.	19 Dixon Ave, Worcester, MA 01605
-	Address(es) – please list all addresses the subject property is known by
b.	Map 9, Block 41, Lot 10A
	Parcel ID or Map-Block-Lot (MBL) Number
c.	Worcester District Registry of Deeds, Book 52287 Page 20
	Current Owner(s) Recorded Deed/Title Reference(s)
d.	Candy Lo
	Zoning District and all Zoning Overlay Districts (if any)
е	Single detached house which has 4 bedrooms on the second floor. The two-car garage is attached to the house. It has an exterior porch off the kitchen in the back.
	Describe what is presently located on the property (Use as much detail as possible including all uses and square footage of each use):
	There are 4 hadrooms and that will not shange
f	There are 4 bedrooms and that will not change  If residential, describe how many bedrooms are pre-existing and proposed
	in residential, describe now mainy bedrooms are pre-existing and proposed
2.	Applicant Information
a.	Candy Lo
۵.	Name(s)
b.	19 Dixon Ave, Worcester, MA 01605
	Mailing Address(es) C.Lo@CLoSolutions.biz 617-319-0266
C.	Email and Phone Number(s)
d.	n/a
	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
	(Signature)
3.	Owner of Record Information (if different from Applicant)
a.	Name(s)
b.	Mailing Address(es)
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C.	Email and Phone Number

	(For office use only: Project Number: ZB-20)
4.	Representative information
a.	Charles De Gennaro
	Name(s)
b.	Shipartifets
4	19 Dixon Ave., Worcester, MA 01605
C.	Mailing Address(es)
d.	C.DeGennaro@csdg.biz 508-579-0516
	Email and Phone Number
Θ.	Husband Relation to Project (Architect/Attorney/Engineer/Contractor, etc.)
<b>5.</b> Autl	Owner Authorization horization I, Candy Lo, Owner of Record of the property listed with the
	sessing Division of the City of Worcester, Massachusetts as Map 9 Block 41 Lot(s) 10A, do hereby
auth	norize Charles De Gennaro to file this application with the Division of Planning &
Reg	gulatory Services of the City of Worcester on this the 27 day of November , 2024
6.	Proposal Description
a.	Remove the original outside deck and repiece it with a four-eason room extending the klichen. A part of the outside kitchen wall will be removed. The new room eize will be 18' long (along the house) and 14' feet deep (extending into the beckyard). A new cutaide deck will be on the eide of the new room, which will be 8's long and 14' deep. The new room will be a single story with a shed roof. The perimeter of this room will comprise mostly of windows. Under the new room will be unheated storage epace, and the etze will be approximately 16' long and 12' deep. This storage area will have full height ceiling of approximately 8'.
	The applicant seeks to (Describe what you want to do on the property in as much detail as possible)
b.	n/a
	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.	n/a  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)?
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Θ.	List any additional information relevant to the Variance (s)

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## **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.	Candy Lo
	Name A. A. D. A. C. S.
b.	_ Candy L Candy L
	Signature certifying payment of all municipal charges
c.	19 Dixon Ave., Worcester, MA
	Mailing Address
d.	C.Lo@CLoSolutions.biz 617-319-0266
	Email and Phone Number
	If a Partnership or Multiple Owners:
e.	n/a
٥.	Names
f.	
••	Signatures certifying payment of all municipal charges
g.	
9.	Mailing Address
h.	
	Email and Phone Number
	Name of the state
	Applicant, if different from owner:
	Printed Name & Signature of Applicant, certifying payment of all municipal charges
	If a Corporation or Trust:
	•
j.	Full Legal Name
1.	Full Legal Name
k.	State of Incorporation Principal Place of Business
	Trinopair (add 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.	
11.	Printed Name & Signature of Owner or Trustee, certifying payment of all municipal charges
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J.	Printed Name & Signature of Owner or Trustee, certifying payment of all municipal charges
n	
p.	Printed Name & Signature of Owner or Trustee, certifying payment of all municipal charges