

Leicester Zoning Board of Appeals

PERMIT TYPE: ☒ Special Permit ☐ Variance

Date: 2/18/2019

Owner Information			
Owner Name:	JASON SOUTHWICK		
Owner Signature:			
Address:	103 MARSHALL STREET LEICESTER, MA 01524		
Phone:	508-792-2764	Fax:	NONE
Email:	jason@marshallstreetdiscgolf.com		
Applicant Information			
Applicant Name:	JASON SOUTHWICK		
Applicant Signature:			
Address:	103 MARSHALL ST, LEICESTER, MA 01524		
Phone:	508-792-2764	Fax:	NONE
Email:	jason@marshallstreetdiscgolf.com		
Project Information			
Project Address:	103 MARSHALL ST	Zoning District:	SA
Assessors Map & Parcel #	5 A3.10	Deed Reference (Book & Page):	51300-383
Applicable Zoning Bylaw Section(s):	1-5.01		
Brief Description of Application:			

The petitioner is applying for a Special Permit to build a 100 x 40' steel building to be used as a commercial disc golf pro shop. This structure lies between petitioner's dwelling and the road (Marshall St), which requires a Special Permit, as per Town of Leicester Zoning By-Laws.

State Briefly Reasons for Variance or Special Permit:

see attachment

"Reasons for Special Permit"

Attach additional pages as necessary to fully describe the application.

Reasons for Special Permit

The purpose of the proposed building is to move the existing business out of my house and into the new building. Marshall Street, the business, currently takes up about 75% of my house. We sell frisbee golf discs and accessories, and also have an 18-hole pay-to-play disc golf course on site.

The proposed 4,000 square foot building will greatly increase our physical space, which we'll need to improve efficiency and expand the business as the sport and our customer base grows. We have already run out of space in the current building, which has forced us to stop selling clothing, and to remove thousands of discs from inventory and store them in the attic.

In addition, I believe the intent of Section 1.5.01 of the Leicester Zoning Bylaws, which requires a Special Permit to erect a structure between the road and an existing building, is to prevent eye sores from popping up on people's front lawns. My house is about 900 feet from the road. The proposed building will be about 500 feet from the road, and will be barely visible from the road. In short, I do not think that it will negatively impact the neighborhood's aesthetics.

Septic and Water

The proposed building will tie into the existing septic system and well. The plan is to have one unisex bathroom for employees. Portable toilets will be provided for customers/players.

Retail vs Operational Space

Of the 4,000 sq ft, approximately 2,800 sq ft will be retail, and the remaining 1,200 sq ft will be operational and office space.

Hours of Operation, Number of Employees

Our hours of operation will stay the same: 8 am to 7 pm (seasonally adjusted to 8-5) seven days a week. We'll have between one and six employees working at any given time. The existing building, my house, will no longer be used for commercial purposes.

Parking

There are currently about 30 spaces available, not including overflow parking. The plan is to add additional parking, in order to exceed Leicester's parking regulations, which sets the minimum number of spaces required for a retail establishment at 1 per 200 sq ft of gross retail floor area.

Town of Leicester

Abutters List

ParcelID	Location	Owner	Co-Owner	Mailing Address	City	State	Zip
4 A3.1 0	100 MARSHALL ST	DODGE STEVEN L		100 MARSHALL ST	LEICESTER	MA	01524
4 A4.1 0	90 MARSHALL ST	LEMPICKI BERNARD A		90 MARSHALL STREET	LEICESTER	MA	01524
4 A4.3 0	MARSHALL ST	LEMPICKI BERNARD A		90 MARSHALL ST	LEICESTER	MA	01524
4 A4.4 0	88 A MARSHALL ST	LEMPICKI BERNARD A		90 MARSHALL ST	LEICESTER	MA	01524
5 A1 0	434 MULBERRY ST	434 MULBERRY LLC	MORGAN GAIL M	16 GAY ST	ARLINGTON	MA	02474
5 A2 0	MULBERRY ST	SOUTHWICK JASON J		103 MARSHALL STREET	LEICESTER	MA	01524-1007
5 A3 0	101 MARSHALL ST	SOUTHWICK ALBERT B, SHIRLEY	MARSHALL STREET TRUST	101 MARSHALL ST	LEICESTER	MA	01524
5 A4 0	55 MARSHALL ST	SCOLA FRANKLYN J JR	SCOLA KERRY J	25 BARNES AVENUE	WORCESTER	MA	01605
5 A6.7 0	MULBERRY ST	MASSPORT		ONE HARBORSIDE DR STE 2	EAST BOSTON	MA	02128-2909
6 C4 0	121 MARSHALL ST	BAKER MERIDITH	DAVITT PATRICK	121 MARSHALL ST	LEICESTER	MA	01524
6 C5.4 0	405 MULBERRY ST	GENTILE PETER J	GENTILE PATRICIA A	505 MILL ST	WORCESTER	MA	01602

End of Report

Above is a certified list of abutters and abutters to abutters within 300 feet of subject.
 Subject property: 103 Marshall Street, Assessors Map 5-A3.1-0, Deed Ref. 51300/383
 Subject owner(s): Jason Southwick

John Prescott, Principal Assessor

Prepared by: Kathleen Asquith, Assistant



Town Of Leicester
OFFICE OF THE INSPECTOR OF CODES
3 Washburn Square
Leicester, Massachusetts 01524-1333
Phone: (508) 892-7003 Fax: (508) 892-1163
Building & Zoning Enforcement
Jeff Taylor

Plumbing & Gas Inspector

John P. Dolen

Wiring Inspector

John Markley

Date: January 28, 2019

Jason Southwick
103 Marshall Street
Leicester, Ma. 01524

Re: new building for the Frisbee Golf usage

Dear Mr., Southwick;

You have applied to build a new accessory building to conduct your existing Frisbee golf business at the aforementioned address. The plan shows the building to be in front of your existing home and also the building will be 4,000 square feet.

You have two issues that will need to be applied for before you can start construction. The fact the building is in the front yard, section 1.5.01 of the Leicester zoning by-laws, you will need a Special Permit applied for with the Zoning Board of Appeals. Section 6.4.02. Of the Leicester zoning by-laws

The second issue is the building is over 3,000 square feet so a site plan review will be necessary thru the planning board section 5.2.02 of the Leicester zoning by-laws. You will need to see the planning board clerk for the necessary paperwork to continue with the site plan review.

At this time I must deny your request for a building permit. Please see the town clerk for the special permit paperwork and apply with the Zoning Board of appeals for the front yard issue and secondly follow the above for the planning boards review.

If you have any questions regarding this letter, please direct them to this office.

Jeff Taylor, CBO
Inspector of Buildings
Zoning Enforcement Officer

CC
Zoning Board of Appeals
Planning Board



The Commonwealth of Massachusetts

Department of Public Safety

Massachusetts State Building Code (780 CMR) Seventh Edition

Building Permit Application for any Building other than a One- or Two-Family Dwelling

(This Section For Official Use Only)

Building Permit Number: _____ Date Applied: _____ Building Inspector: _____

SECTION 1: LOCATION (Please indicate Block # and Lot # for locations for which a street address is not available)

103 MARSHALL ST., LEICESTER 01524 PRO SHOP
No. and Street City / Town Zip Code Name of Building (if applicable)

SECTION 2: PROPOSED WORK

If New Construction check here ☒ or check all that apply in the two rows below

Existing Building ☐ Repair ☐ Alteration ☐ Addition ☐ Demolition ☐ (Please fill out and submit Appendix 1)

Change of Use ☐ Change of Occupancy ☐ Other ☐ Specify: _____

Are building plans and/or construction documents being supplied as part of this permit application? Yes ☒ No ☐

Is an Independent Structural Engineering Peer Review required? 100' Yes ☐ No ☐

Brief Description of Proposed Work SUPPLY & ERECT A 40' x 100' PRE-ENGINEERED "MORTON" BUILDING FOR THE PURPOSE OF HOUSING DISCS AND DISC GOLF-RELATED MERCHANDISE FOR SALE ON-SITE AND OVER THE INTERNET

SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Evaluation is enclosed (See 780 CMR 3402.0) ☐

Existing Use Group(s): _____ Proposed Use Group(s): _____

Existing Hazard Index 780 CMR 34: _____ Proposed Hazard Index 780 CMR 34: _____

SECTION 4: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		1 4000
Total Area (sq. ft.) and Total Height (ft.)		4000 SF 19'-0" TD 21045

SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1 ☐ A-2r ☐ A-2nc ☐ A-3 ☐ A-4 ☐ A-5 ☐ B: Business ☒ E: Educational ☐
F: Factory F-1 ☐ F-2 ☐ H: High Hazard H-1 ☐ H-2 ☐ H-3 ☐ H-4 ☐ H-5 ☐
I: Institutional I-1 ☐ I-2 ☐ I-3 ☐ I-4 ☐ M: Mercantile ☐ R: Residential R-1 ☐ R-2 ☐ R-3 ☐ R-4 ☐
S: Storage S-1 ☐ S-2 ☐ U: Utility ☐ Special Use ☐ and please describe below:

Special Use

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IV ☐ VA ☐ VB ☒

SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)

Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>	Flood Zone Information: Check if outside Flood Zone <input checked="" type="checkbox"/> or identify Zone: _____	Sewage Disposal: Indicate municipal <input type="checkbox"/> or on site system <input checked="" type="checkbox"/>	Trench Permit: A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	Debris Removal: Licensed Disposal Site <input type="checkbox"/> or specify: _____
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Railroad right-of-way:
Not Applicable ☒
or Consent to Build enclosed ☐

Hazards to Air Navigation:
Is Structure within airport approach area?
Yes ☐ or No ☒

MA Historic Commission Review Process:
Is their review completed?
Yes ☐ No ☐

SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____ Occupant Load per Floor: _____
Does the building contain an Sprinkler System?: _____ Special Stipulations: _____

SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner

JASON SOUTHWICK 103 MARSHALL ST. LEICESTER 01524

Name (Print) No. and Street City/Town Zip

Property Owner Contact Information:

OWNER 508-792-2764 JASON@MARSHALLSTREETDISC.COM
Title Telephone No. (business) Telephone No. (cell) e-mail address

If applicable, the property owner hereby authorizes

Name Street Address City/Town State Zip
to act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 2)

(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here ☐ and skip Section 10.1)

10.1 Registered Professional Responsible for Construction Control

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date

10.2 General Contractor

J.R. ASSOCIATES
Company Name: JOHN RIEL CS-046394 U
Name of Person Responsible for Construction License No. and Type if Applicable
63 GRIGGS ROAD SUITON MA 01590
Street Address City/Town State Zip
508-865-6721 508-324-0233 J.R. JAGGERS@YAHOO.COM
Telephone No. (business) Telephone No. (cell) e-mail address

SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 § 25C(6))

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Is a signed Affidavit submitted with this application? Yes ☒ No ☐

SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE

Item	Estimated Costs: (Labor and Materials)	Total Construction Cost (from Item 6) = \$
1. Building	\$ 117,000	Building Permit Fee = Total Construction Cost x (Insert here appropriate municipal factor) = \$ Note: Minimum fee = \$ (contact municipality)
2. Electrical	\$ 20,000	
3. Plumbing	\$ -	
4. Mechanical (HVAC)	\$ 20,000	
5. Mechanical (Other)	\$ -	
6. Total Cost	\$ 157,000	Enclose check payable to (contact municipality) and write check number here

SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

John Riel Owner of G.C. 508-865-6721 1-21-19
Please print and sign name Title BUSINESS Telephone No. Date
63 GRIGGS ROAD SUITON MA 01590
Street Address City/Town State Zip

Municipal Inspector to fill out this section upon application approval:

Name Date



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): J.R. ASSOCIATES

Address: 63 GILGUS ROAD

City/State/Zip: SUTTON, MA 01590 Phone #: 508-865-6721

Are you an employer? Check the appropriate box:

- 1 ☐ I am a employer with _____ employees (full and/or part-time).*
- 2 ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3 ☐ I am a homeowner doing all work myself [No workers' comp. insurance required].†
- 4 ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
- 5 ☒ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
- 6 ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]

Type of project (required):

7. ☒ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: 1-21-19

Phone #: 508-865-6721

Official use only. Do not write in this area, to be completed by city or town official

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

Appendix 2

Construction Documents are required for structures that must comply with 780 CMR 116. The checklist below is a compilation of the documents that may be required for this. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

Checklist for Construction Documents*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction. Work started prior to approval may be subjected to *triple the original permit fee*.

Registered Professional Contact Information

<u>Michael McCormick</u> Name (Registrant) <u>100 S. Pershing</u> Street Address	<u>309-263-6278</u> Telephone No. <u>Morton</u> City/Town	e-mail address <u>IL</u> <u>61550</u> State Zip	<u>41121</u> Registration Number <u>Structural</u> <u>6-30-20</u> Discipline Expiration Date
Name (Registrant) Street Address	Telephone No. City/Town	e-mail address State Zip	Registration Number Discipline Expiration Date
Name (Registrant) Street Address	Telephone No. City/Town	e-mail address State Zip	Registration Number Discipline Expiration Date