

	<p style="text-align: center;"><i>The Commonwealth of Massachusetts</i></p> <p style="text-align: center;">Department of Public Safety</p> <p style="text-align: center;">Architectural Access Board</p> <p style="text-align: center;">One Ashburton Place, Room 1310 Boston Massachusetts 02108-1618</p> <p style="text-align: center;">Phone: 617-727-0660 Fax: 617-727-0665 www.mass.gov/dps</p>	<p>Docket Number _____</p> <hr/> <p>(Office Use Only)</p>
--	--	---

APPLICATION FOR VARIANCE

In accordance with M.G.L., c.22, § 13A, I hereby apply for modification of or substitution for the rules and regulations of the Architectural Access Board as they apply to the building/facility described below on the grounds that literal compliance with the Board's regulations is impracticable in my case.

PLEASE ENCLOSE:

- 1) A filing fee of \$50.00 (Check/Money Order) made payable to the “Commonwealth of Massachusetts” and all supporting documentation (e.g. plans in 11” x 17” format, photographs, etc.). In addition, the complete package (including plans, photographs and the completed “Service Notice”) must be submitted to all parties via compact disc.

- 2) If you are a tenant seeking variance(s), a letter from the owner of the building authorizing you to apply on his or her behalf is required.

- 3) The completed “Service Notice” form provided at the end of this application certifying that a copy of your *complete application* has been received by the Local Building Inspector, Local Disability Commission (if applicable), and Local Independent Living Center for the city/town that the property in question resides in. A list of the local entities can be found by calling the Architectural Access Board Office or the Local City/Town Clerk. For a list of the Local Independent Living Centers you can either call the Architectural Access Board Office or visit the Massachusetts Statewide Independent Living Council website at <http://www.masilc.org/membership/cils>.

1. State the name and address of the owner of the building/facility:

E-mail: _____

Telephone: _____

2. State the name and address of the building/facility:

3. Describe the facility (i.e. number of floors, type of functions, use, etc.):

4. Total square footage of the building: _____ Per floor: _____
a. total square footage of tenant space (if applicable): _____

5. Check the work performed or to be performed:

New Construction Addition
 Reconstruction/Remodeling/Alteration Change of Use

6. Briefly describe the extent and nature of the work performed or to be performed (use additional sheets if necessary):

7. State each section of the Architectural Access Board's Regulations for which a variance is being requested:

7a. Check appropriate regulations:

1996 Regulations 2002 Regulations 2006 Regulations

SECTION NUMBER

LOCATION OR DESCRIPTION

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. Is the building historically significant? yes no. If no, go to number 9.

8a. If yes, check one of the following and indicate date of listing:

_____ National Historic Landmark
_____ Listed individually on the National Register of Historic Places
_____ Located in registered historic district
_____ Listed in the State Register of Historic Places
_____ Eligible for listing

8b. If you checked any of the above **and** your variance request is based upon the historical significance of the building, you *must* provide a letter of determination from the Massachusetts Historical Commission, 220 Morrissey Boulevard, Boston, MA 02125.

9. For each variance requested, state in detail the reasons why compliance with the Board's regulations is impracticable (use additional sheets if necessary), including but not limited to: the necessary cost of the work required to achieve compliance with the regulations (i.e. written cost estimates); and plans justifying the cost of compliance.

10. Has a building permit been applied for? _____
Has a building permit been issued? _____
10a. If a building permit has been issued, what date was it issued? _____
10b. If work has been completed, state the date the building permit was issued for said work: _____

11. State the estimated cost of construction as stated on the above building permit:

11a. If a building permit has not been issued, state the anticipated construction cost:

12. Have any other building permits been issued within the past 36 months? _____
12a. If yes, state the dates that permits were issued and the estimated cost of construction for each permit: _____

13. Has a certificate of occupancy been issued for the facility? _____
If yes, state the date: _____

14. To the best of your knowledge, has a complaint ever been filed on this building relative to accessibility? _____ yes _____ no

15. State the actual assessed valuation of the **BUILDING ONLY**, as recorded in the **Assessor's Office** of the municipality in which the building is located: _____
Is the assessment at 100%? _____
If not, what is the town's current assessment ratio? _____

16. State the phase of design or construction of the facility as of the date of this application: _____

17. State the name and address of the architectural or engineering firm, including the name of the individual architect or engineer responsible for preparing drawings of the facility:

E-mail: _____

Telephone: _____

18. State the name and address of the building inspector responsible for overseeing this project:

E-mail: _____

Telephone: _____

Date: _____

Signature of owner or authorized agent

PLEASE PRINT:

Name

Address

City/Town State Zip Code

E-mail

Telephone

**ARCHITECTURAL ACCESS BOARD VARIANCE APPLICATION
SERVICE NOTICE**

I, _____, as _____
 for the Petitioner _____ submit a
 variance application filed with the Massachusetts Architectural Access Board on _____
 20 _____.

HEREBY CERTIFY UNDER THE PAINS AND PENALTIES OF PERJURY THAT I SERVED OR CAUSED TO BE SERVED, A COPY OF THIS VARIANCE APPLICATION ON THE FOLLOWING PERSON(S) IN THE FOLLOWING MANNER:

	<u>NAME AND ADDRESS OF PERSON OR AGENCY SERVED</u>	<u>METHOD OF SERVICE</u>	<u>DATE OF SERVICE</u>
1			
2			
3			

AND CERTIFY UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE ABOVE STATEMENTS TO THE BEST OF MY KNOWLEDGE ARE TRUE AND ACCURATE.

Signature: Appellant or Petitioner

On the _____ Day of _____ 20 _____
PERSONALLY APPEARED BEFORE ME THE ABOVE NAMED

 (Type or Print the Name of the Appellant)

NOTARY PUBLIC

MY COMMISSION EXPIRES