



Commonwealth of Massachusetts  
Division of Occupational Licensure  
Office of Public Safety and Inspections  
**Architectural Access Board**

1 Federal Street, Suite 600 · Boston · MA · 02110  
V: 617-727-0660 · [www.mass.gov/aab](http://www.mass.gov/aab)

## AMENDMENT APPLICATION FOR VARIANCE

### Before You Begin

A variance amendment is a formal request to modify an existing AAB variance application after submission. File this form if material information has changed · such as new work performed, revised costs, new building permits, or a change in project category.

#### What you will need:

- The docket number from your original variance application (format: V##-###).
- A description of any new work performed or planned since your last submission.
- Copies of any new building permits applied for since your last submission.
- Supporting evidence for each amendment request (floor plans, photos, cost estimates).

#### How to submit:

1. Save this form as a PDF before submitting.
2. Email the completed application and all attachments to:  
[william.joyce@mass.gov](mailto:william.joyce@mass.gov) and [molly.griffin@mass.gov](mailto:molly.griffin@mass.gov)
3. Use the subject line: Variance Amendment - <Docket Number>
4. If your email with attachments exceeds 15 MB, send multiple emails.
5. Complete and sign the Service Notice at the end of this form.

**An incomplete Service Notice will result in your application being rejected.**

#### Before you submit, you must also serve copies on:

- Your Local Building Department
- Your Local Commission on Disability (find yours at: [mass.gov/commissions-on-disability](http://mass.gov/commissions-on-disability))
- Your Regional Independent Living Center (find yours at: [masilc.org/findacenter](http://masilc.org/findacenter))

Need help? More information on the variance process is at:  
[mass.gov/guides/applying-for-an-aab-variance](http://mass.gov/guides/applying-for-an-aab-variance)

## Section 1 · About Your Building & Original Application

Name of building or facility (if applicable)

Street address \*

City / Town \*

State \*

ZIP Code \*

AAB Docket Number \*

*The docket number assigned to your original application, in the format V##-### (e.g. V25-001)*

## Section 2 · Changes Since Original Application

Complete only the sections below where something has changed since your most recent submission. Leave any unchanged sections blank.

### 1. New work performed or planned since your most recent application.

*Leave blank if no new work. Attach additional sheets if needed.*

**2. Project category, if changed since your most recent application.**

*Leave blank if unchanged.*

<input type="radio"/> 2.6 · Maintenance of Access Features (maintaining existing accessible features)
<input type="radio"/> 3.2 · New Construction (building a new structure from the ground up)
<input type="radio"/> 3.3.1(a) · Renovation / Addition costing less than \$100,000 AND less than 30% of the building's assessed value
<input type="radio"/> 3.3.1(b) · Renovation / Addition costing \$100,000 or more, but less than 30% of the building's assessed value
<input type="radio"/> 3.3.2 · Renovation / Addition costing 30% or more of the building's assessed value
<input type="radio"/> 3.3.4 · Reduction of Existing Access (work that reduces current accessibility)
<input type="radio"/> 3.4 · Opening part or all of the building to the public for the first time

**3. Additional construction costs since your most recent application.**

*Leave blank if costs are unchanged.*

**4. New building permits applied for since your most recent application.**

*Leave blank if no new permits.*

Permit Number	Date of Issuance	Value of Work (\$)

**5. Assessed valuation, if changed since your most recent application.**

*Leave blank if unchanged. Building and improvements only · do not include land.*

**Assessed value of the building and improvements only (not land)**

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**Is the assessment at 100% of market value?**

<input type="radio"/> Yes
<input type="radio"/> No

**If no · what is the town's current assessment ratio?**

*Leave blank if 100%.*

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**6. Current phase of design or construction, if changed.**

*Leave blank if unchanged.*

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## Request 1 of 4

**Which section(s) of 521 CMR (other than 521 CMR 3) do you need relief from? \***

*e.g. "521 CMR 26.00 – Ramps". Leave blank if this request does not apply.*

**Are you asking for temporary relief only? \***

- Yes — I need temporary relief
- No — I need permanent relief

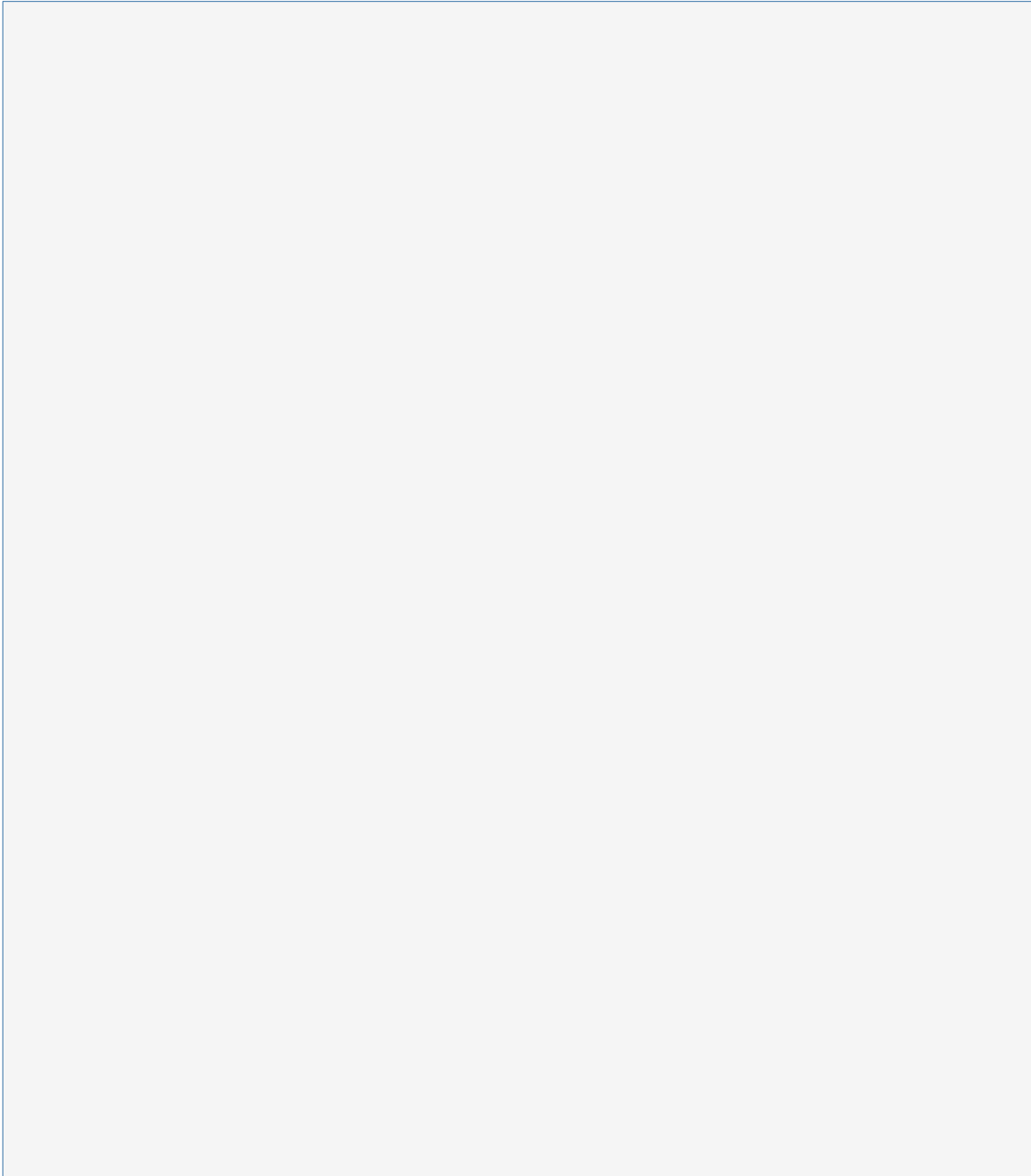
**If temporary, how long are you seeking relief for?**

**Why are you seeking this variance? Select the statement that applies: \***

- Compliance is technologically unfeasible
- Compliance would result in an excessive cost without substantial benefit to persons with disabilities

**Explain your argument in detail \***

*Provide substantial evidence. Label all attachments (floor plans, photos, cost estimates, engineering reports) with this Request number.*



## Request 2 of 4

**Which section(s) of 521 CMR (other than 521 CMR 3) do you need relief from? \***

*e.g. "521 CMR 26.00 – Ramps". Leave blank if this request does not apply.*

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**Are you asking for temporary relief only? \***

<input type="radio"/> Yes — I need temporary relief
<input type="radio"/> No — I need permanent relief

**If temporary, how long are you seeking relief for?**

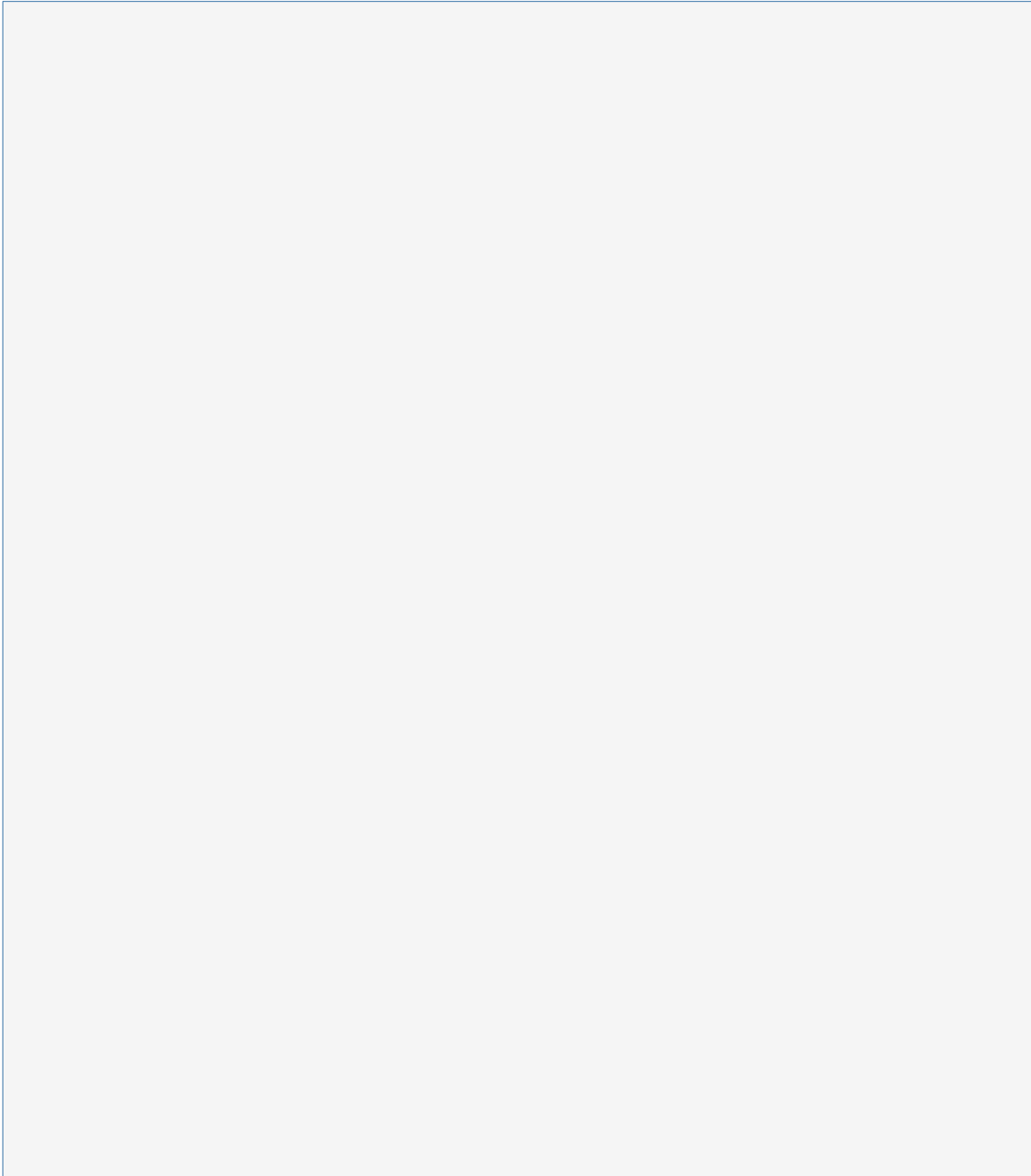
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**Why are you seeking this variance? Select the statement that applies: \***

<input type="radio"/> Compliance is technologically unfeasible
<input type="radio"/> Compliance would result in an excessive cost without substantial benefit to persons with disabilities

**Explain your argument in detail \***

*Provide substantial evidence. Label all attachments (floor plans, photos, cost estimates, engineering reports) with this Request number.*



## Request 3 of 4

**Which section(s) of 521 CMR (other than 521 CMR 3) do you need relief from? \***

*e.g. "521 CMR 26.00 – Ramps". Leave blank if this request does not apply.*

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**Are you asking for temporary relief only? \***

<input type="radio"/> Yes — I need temporary relief
<input type="radio"/> No — I need permanent relief

**If temporary, how long are you seeking relief for?**

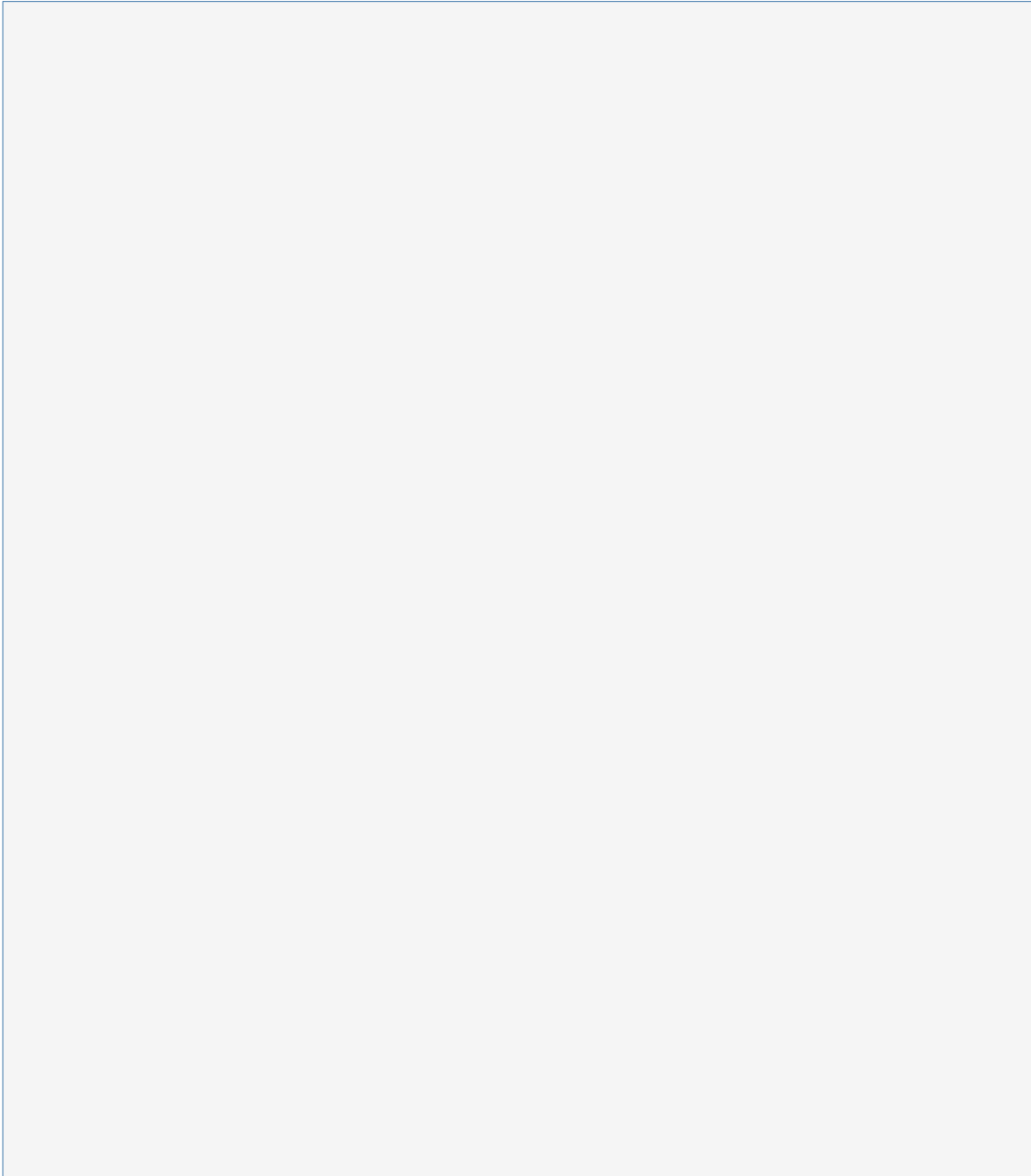
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**Why are you seeking this variance? Select the statement that applies: \***

<input type="radio"/> Compliance is technologically unfeasible
<input type="radio"/> Compliance would result in an excessive cost without substantial benefit to persons with disabilities

**Explain your argument in detail \***

*Provide substantial evidence. Label all attachments (floor plans, photos, cost estimates, engineering reports) with this Request number.*



## Request 4 of 4

**Which section(s) of 521 CMR (other than 521 CMR 3) do you need relief from? \***

*e.g. "521 CMR 26.00 – Ramps". Leave blank if this request does not apply.*

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**Are you asking for temporary relief only? \***

<input type="radio"/> Yes — I need temporary relief
<input type="radio"/> No — I need permanent relief

**If temporary, how long are you seeking relief for?**

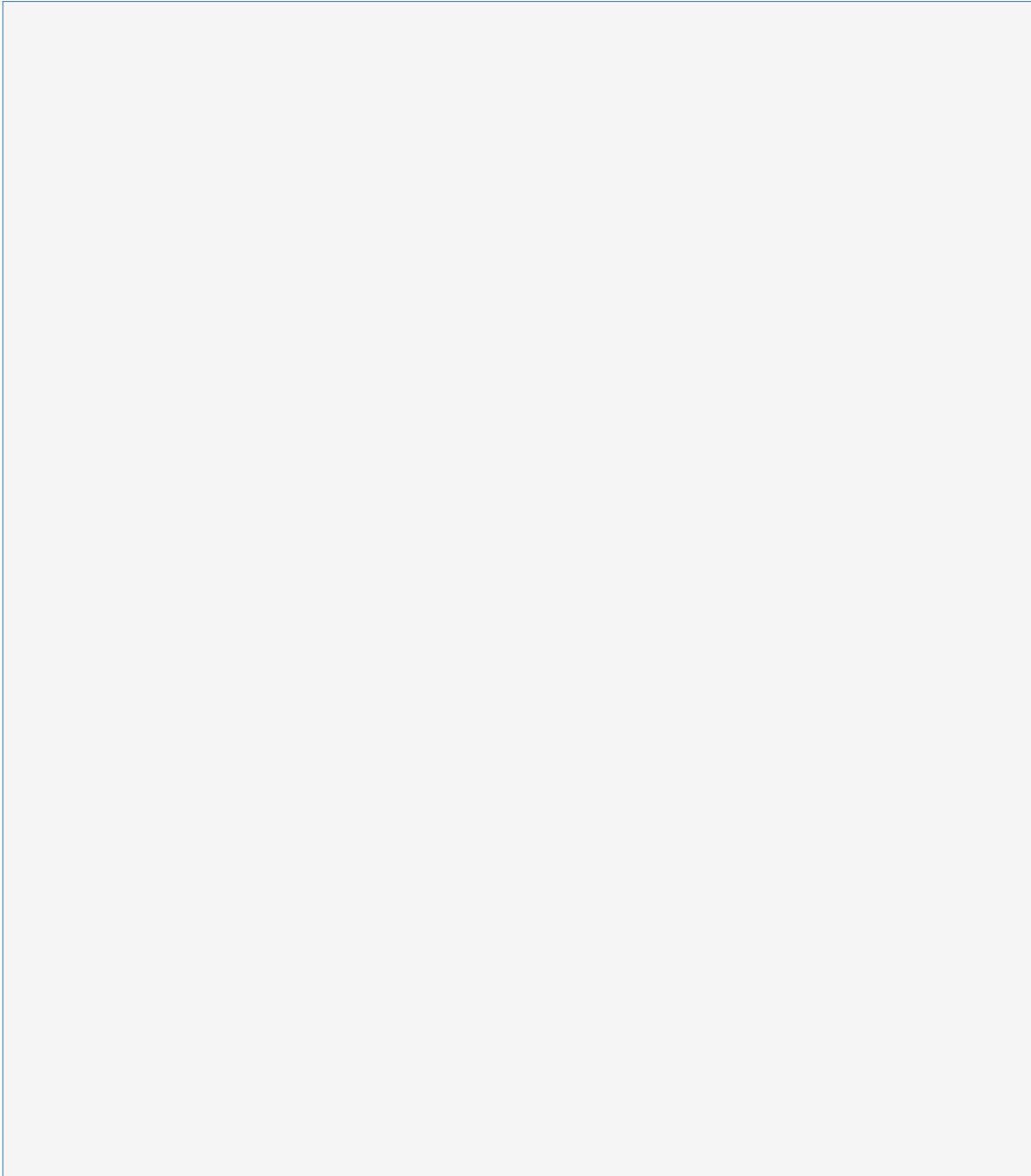
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**Why are you seeking this variance? Select the statement that applies: \***

<input type="radio"/> Compliance is technologically unfeasible
<input type="radio"/> Compliance would result in an excessive cost without substantial benefit to persons with disabilities

**Explain your argument in detail \***

*Provide substantial evidence. Label all attachments (floor plans, photos, cost estimates, engineering reports) with this Request number.*



## Section 5 — Professional and Inspection Contacts

### Architect or Engineer (if applicable)

*Provide contact details for any architectural or engineering firm that has prepared drawings or plans for this project, including the name of the registered architect or professional engineer responsible.*

**Firm name**

**Individual architect / engineer name**

**Address**

**Email address**

**Phone number**

### Local Building Inspector

**Name of building inspector overseeing this project \***

**Building inspector's address \***

**Email address**

**Phone number**

## Section 6 — Certification and Signature

I DECLARE UNDER THE PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS APPLICATION AND SUPPORTING DOCUMENTATION IS TRUE AND CORRECT.

Signature of owner or authorized agent \*

Date \*

Printed name \*

Organization (if applicable)

Address \*

City / Town \*

State \*

ZIP Code \*

Email address \*

Phone number \*

## Service Notice

Before submitting to the AAB, serve a complete copy of this application and all attachments on each of the three parties below. An incomplete Service Notice will result in your application being rejected.

I, \_\_\_\_\_, hereby certify under the pains and penalties of perjury that I served or caused to be served a copy of this Variance Application and all attachments on the following parties:

### 1. Local Building Department

Contact your local town or city hall to confirm the correct address and preferred delivery method.

**Name of contact / department**

**Address**

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**Method of service**

<input type="radio"/> Mail	<input type="radio"/> Email	<input type="radio"/> Hand Delivery	<input type="radio"/> Fax
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**Date served \***

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### 2. Local Commission on Disability

Find yours at [mass.gov/commissions-on-disability](http://mass.gov/commissions-on-disability) — enter N/A if none exists in your municipality.

**Name of contact / department**

**Address**

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**Method of service**

<input type="radio"/> Mail	<input type="radio"/> Email	<input type="radio"/> Hand Delivery	<input type="radio"/> Fax
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**Date served \***

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### 3. Regional Independent Living Center (ILC)

Find yours at [masilc.org/findacenter](http://masilc.org/findacenter)

**Name of contact / department**

**Address**

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**Method of service**

<input type="radio"/> Mail	<input type="radio"/> Email	<input type="radio"/> Hand Delivery	<input type="radio"/> Fax
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**Date served \***

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**Signature \***

**Date \***

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