



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

APPLICATION FOR VARIANCE

Before You Begin

A variance is a formal request for the Architectural Access Board (AAB) to allow an exception to the accessibility regulations in 521 CMR, because full compliance is either technically impossible or would cost far more than any benefit it provides to persons with disabilities.

What you will need:

- The address and assessed valuation of your building (check your local Assessor's Office).
- A description of all construction or renovation work being performed.
- Copies of any building permits applied for in the past 36 months.
- Supporting evidence for each variance request: floor plans, photographs, cost estimates, engineering reports, etc.
- Contact details for your architect or engineer (if applicable) and local building inspector.

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 and molly.griffin@mass.gov
3. Use the subject line: Variance Application - [Street Address], [City]
4. If your email with attachments exceeds 15 MB, send multiple emails.
5. Submit the \$50 filing fee by check or money order mailed to the address above. Write "Variance - [Address], [City]" in the memo line.
6. 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)
- Your Regional Independent Living Center (find yours at: masilc.org/findacenter)

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

Section 1 — About Your Building

Name of building or facility (if applicable)

Street address *

City / Town *

State *

ZIP Code *

Name of building owner *

Owner email address *

Owner phone number *

What is the building used for? Briefly describe its layout. *

e.g. "Three-story office building with retail on the ground floor and offices above. One elevator serves all floors."

What year was the building originally constructed? *

Total square footage of the building * Square footage per floor *

<input type="text"/>	<input type="text"/>
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Total square footage of tenant space (if applicable)

Has a Certificate of Occupancy been issued for this building? *

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

Has a complaint ever been filed with the AAB about this building? *

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

If yes — AAB Docket Number

Section 2 — About Your Project

Describe the construction or renovation work being performed (or planned). *

Be as specific as possible. Attach additional sheets if needed.

Does any of the following apply to your building? Select one. *

If your building has historic significance, see the note below.

<input type="radio"/> National Historic Landmark
<input type="radio"/> Listed individually on the National Register of Historic Places
<input type="radio"/> Listed in the State Register of Historic Places
<input type="radio"/> Located in a registered historic district
<input type="radio"/> None of the above

Historic buildings: If you selected any historic classification above, you must complete the ADA Consultation Process with the Massachusetts Historical Commission (220 Morrissey Boulevard, Boston, MA 02125) before applying for variance relief.

Which category best describes your project? Select one. *

Choose the option that most closely matches your situation. If unsure, contact the AAB for guidance.

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

What is the current phase of design or construction? *

Total cost of all construction work on this building in the past 36 months *

Include the current project and any other work done in the last three years.

List all building permits applied for in the past 36 months *

Include permit number, date issued, and value of work.

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

Section 3 — Building Valuation

The assessed valuation helps determine which accessibility rules apply to your project. Find this at your local Assessor's Office or on your property tax bill. Important: use the value of the building and improvements only — do not include the value of the land.

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

As recorded in the Assessor's Office of the municipality where the building is located.

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?

Section 4 — Your Variance Request(s)

Complete one request for each specific location or regulation where you are seeking relief. Where multiple locations share identical circumstances, you may combine them. Each request is on its own page. If you need more than 4 requests, download the Additional Request Sheet and Large Variance Tally Sheet from mass.gov/aab.

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

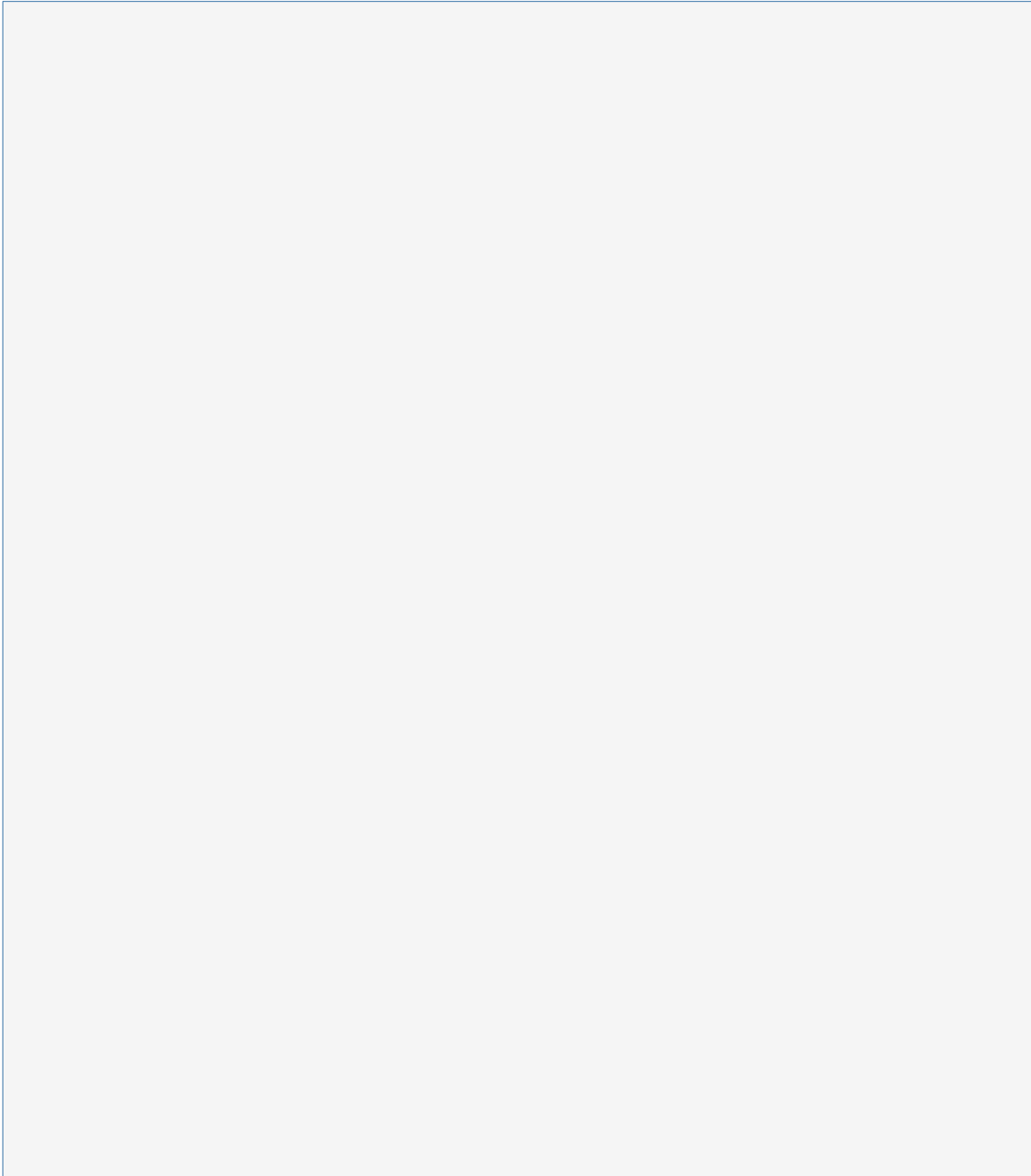
If temporary, how long are you seeking relief for?

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.

Are you asking for temporary relief only? *

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

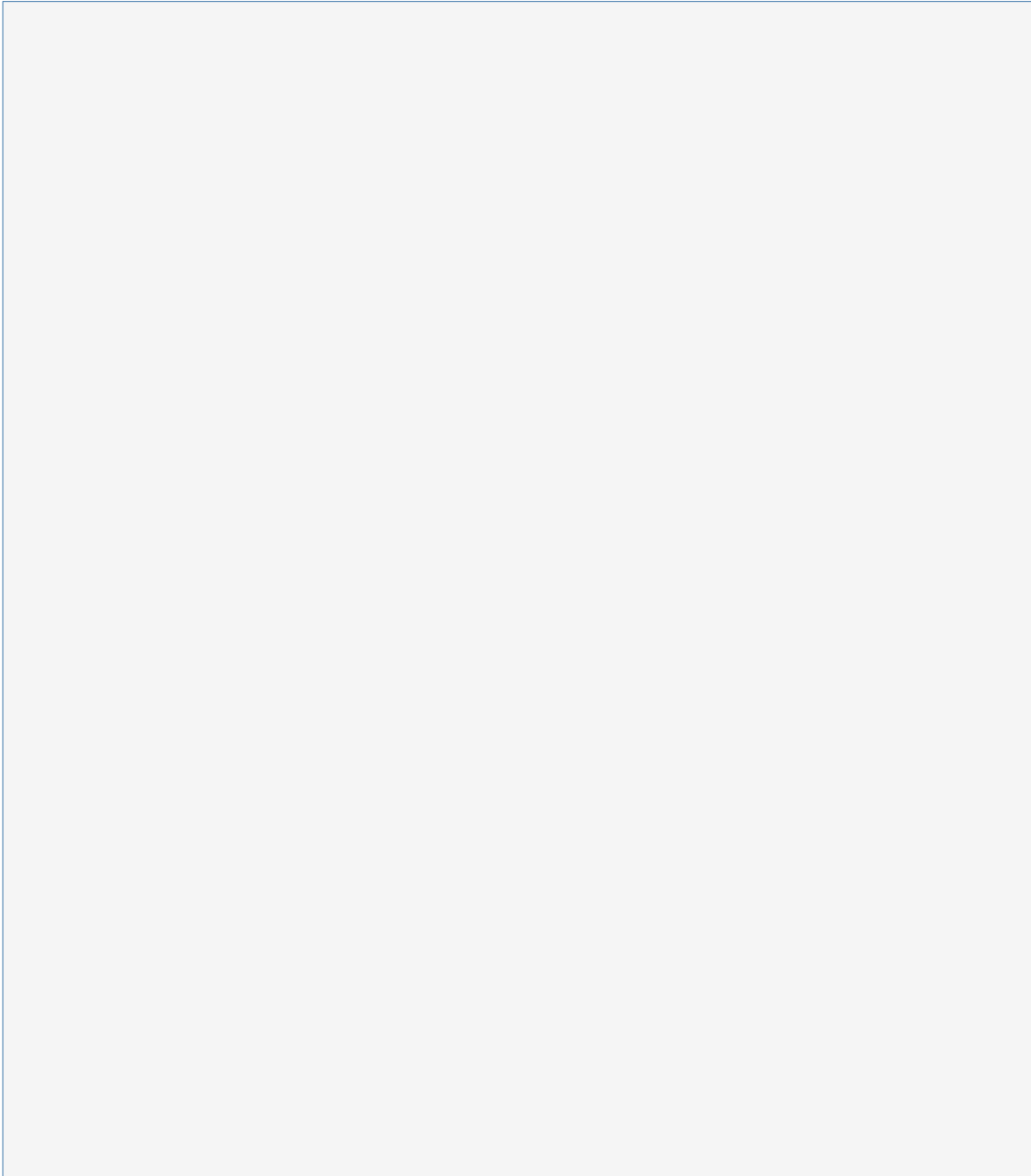
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Request 3 of 4

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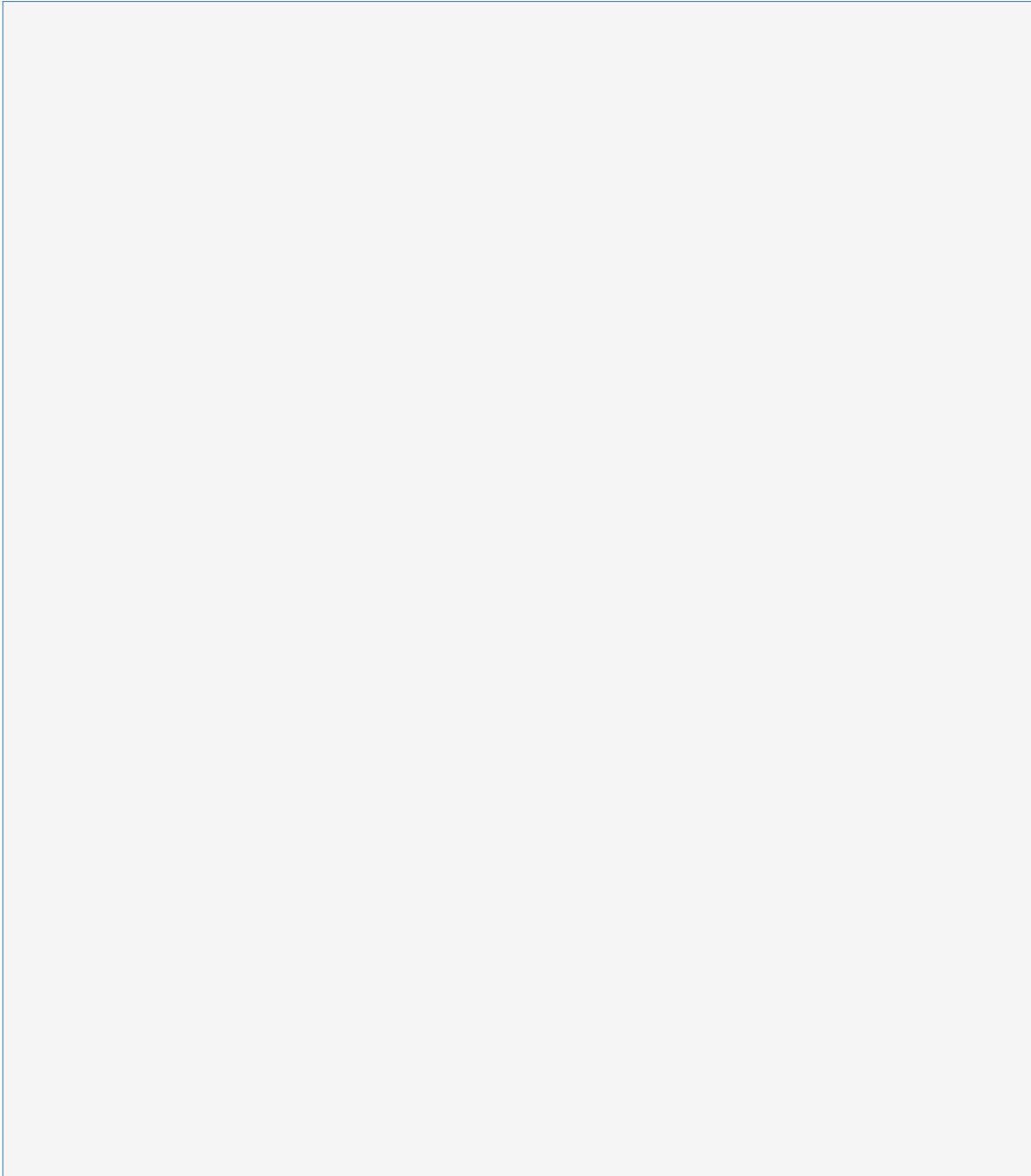
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Request 4 of 4

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

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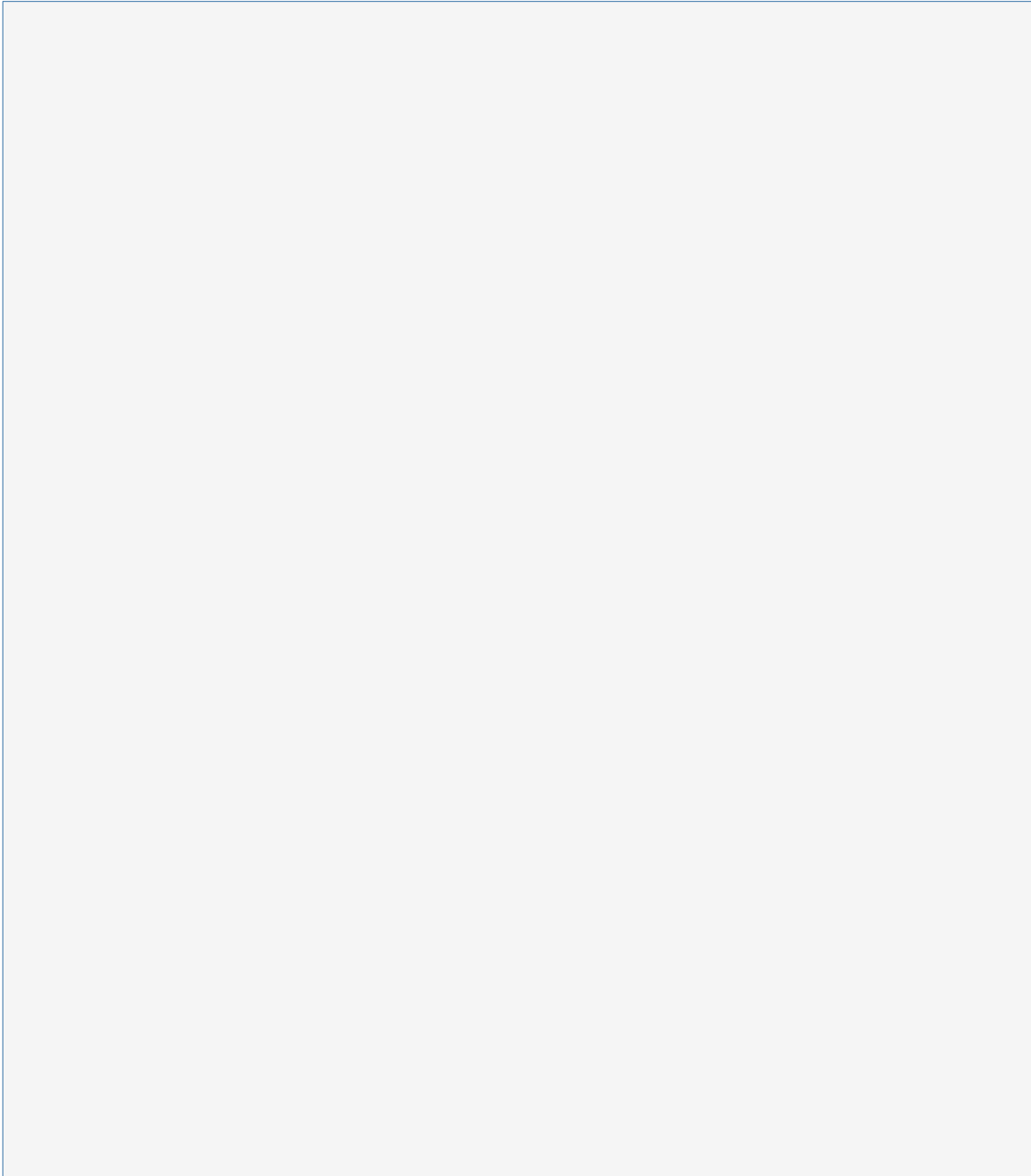
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Explain your argument in detail *

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 — 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

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 *

Signature *

Date *
