



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

1 Federal St., Suite 0600 • Boston • MA • 02110-2012
V: 617-727-0660 • www.mass.gov/aab

Docket Number

(Office Use Only)

AMENDED APPLICATION FOR VARIANCE

INSTRUCTIONS:

- 1) Answer all questions on this application to the best of your ability.
 - a. Information on the Variance Process can be found at:
<https://www.mass.gov/guides/applying-for-an-aab-variance>.
- 2) Attach whatever documents you feel are necessary to meet the standard of impracticability laid out in 521 CMR 4.1. You must show that either:
 - a. Compliance is technologically infeasible, or
 - b. Compliance would result in an excessive and unreasonable cost without any substantial benefit for persons with disabilities.
- 3) Sign the certification on Page 6.
- 4) Serve copies of the completed application and all attachments via electronic or physical delivery based on the recipient's preference to:
 - a. Local Building Department,
 - b. Local Commission on Disability (if applicable in the town where the project is located) (A list of all active Disability Commissions can be found at: <https://www.mass.gov/commissions-on-disability>), and
 - c. The Independent Living Center (ILC) for your area.
(Your ILC can be found at: <http://www.masilc.org/findacenter>.)
- 5) Complete the Service Notice included with the Application and sign it.
- 6) Deliver the completed Application and all attachments to the Board via electronic or physical delivery:
 - a. Electronic:
 - i. Applications should be sent via email to william.joyce@mass.gov & molly.griffin@mass.gov.
 - ii. The email submission must have the subject line: Variance Amendment - <Docket Number>
 - iii. The application and all attachments must be in .pdf format
 - iv. The application and all attachments should be included in a single email, except where that email would exceed 15 megabytes in size.
 - b. Physical
 - i. Applications should be sent to the mailing address listed above and must include:
 1. The completed application and all attachments.
 2. A copy of the application and all attachments on a CD/DVD (Thumb Drives will not be accepted),
 3. The completed and signed Service Notice.
 - ii. Please ensure that all documents included are no larger than 11" x 17".
 - iii. Incomplete applications will be returned via regular mail to the applicant with an explanation as why it was unable to be docketed.

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.

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

2. What is the docket number of the existing variance V____ - _____

3. Briefly describe the extent and nature of the new work performed or to be performed since your original application (use additional sheets if necessary):

4. a. Has the Board's Jurisdiction changed since your original application: Yes No

b. If Yes, which section of the Board's Jurisdiction (*see Section 3 of the Board's Regulations*) has now been triggered?

2.6 ☐ 3.2 ☐ 3.3.1(a) ☐ 3.3.1(b) ☐ 3.3.2 ☐ 3.3.4 ☐ 3.4 ☐

5. List **all** building permits that have been applied for since the date of your original application or last amendment, include the issue date and the listed value of the work performed:

Permit #

Date of Issuance

Value of Work

(Use additional sheets if necessary.)

6. List the anticipated construction cost for any new work not yet permitted:

7. For existing buildings, state the current 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? _____

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

9.

| | |
|---|--|
| Request #1 | Types of Attachments for this Request: [] Floor/Site Plans, [] Cost Estimates, [] Photographs, [] Test Drawings, [] Other(s): _____ |
| Section(s) for which you are seeking relief: _____ | |
| Are you seeking temporary relief <input type="radio"/> Yes <input type="radio"/> No | |
| If yes, when do you propose to be in compliance by: _____ | |
| Please describe in detail why compliance with the Board's regulations are impracticable (as defined in 521 CMR 5) for the subject of this request, and attach whatever documents are relevant to support your argument that compliance is impracticable (attach additional pages if necessary, please identify which request each attachment is in support of): | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |

| | |
|---|--|
| Request #2 | Types of Attachments for this Request: [] Floor/Site Plans, [] Cost Estimates, [] Photographs, [] Test Drawings, [] Other(s): _____ |
| Section(s) for which you are seeking relief: _____ | |
| Are you seeking temporary relief <input type="radio"/> Yes <input type="radio"/> No | |
| If yes, when do you propose to be in compliance by: _____ | |
| Please describe in detail why compliance with the Board's regulations are impracticable (as defined in 521 CMR 5) for the subject of this request, and attach whatever documents are relevant to support your argument that compliance is impracticable (attach additional pages if necessary, please identify which request each attachment is in support of): | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |

Request #3

Section(s) for which you are seeking relief: _____

Are you seeking temporary relief ☐ Yes ☐ No

If yes, when do you propose to be in compliance by: _____

Please describe in detail why compliance with the Board's regulations are impracticable (as defined in 521 CMR 5) for the subject of this request, and attach whatever documents are relevant to support your argument that compliance is impracticable (attach additional pages if necessary, please identify which request each attachment is in support of):

Types of Attachments for this Request:

☐ Floor/Site Plans, ☐ Cost Estimates,
☐ Photographs, ☐ Test Drawings,
☐ Other(s): _____

Request #4

Section(s) for which you are seeking relief: _____

Are you seeking temporary relief ☐ Yes ☐ No

If yes, when do you propose to be in compliance by: _____

Please describe in detail why compliance with the Board's regulations are impracticable (as defined in 521 CMR 5) for the subject of this request, and attach whatever documents are relevant to support your argument that compliance is impracticable (attach additional pages if necessary, please identify which request each attachment is in support of):

Types of Attachments for this Request:

☐ Floor/Site Plans, ☐ Cost Estimates,
☐ Photographs, ☐ Test Drawings,
☐ Other(s): _____

If you require more than 4 requests, please use the *Additional Request Sheet* and complete the *Large Variance Tally Sheet*, both of which are available on the “Forms and Applications” page of the Board’s website (<http://www.mass.gov/aab>).

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

Date:_____

Signature of owner or authorized agent (*required*)

PLEASE PRINT:

Name

Organization (If Applicable)

Address

Address 2 (optional)

City/Town

State

Zip Code

E-mail

Telephone

SERVICE NOTICE

I, _____, as _____
(Name) (Relationship to the applicant)

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 Building Department | | | |
| 2 Local Commission on Disability (If Applicable) | | | |
| 3 Independent Living Center | | | |

Signature

Date