



**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](http://www.mass.gov/aab)

Docket Number

(Office Use Only)

**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 8.
- 4) If the applicant is not the owner of the building or his or her agent, include a signed letter from the owner granting permission for you to apply for variance.
- 5) 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>.)
- 6) Complete the Service Notice included with the Application and sign it.
- 7) 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](mailto:william.joyce@mass.gov) & [molly.griffin@mass.gov](mailto:molly.griffin@mass.gov).
    - ii. The email submission must have the subject line: Variance Application - <Address>, <City>
    - 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.
    - v. Please submit the \$50 filing fee via check or money order via mail to the mailing address listed above with either a cover letter or, "Variance - <Address>, <City>" in the memo line.
  - 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.
  4. A check or money order in the amount of \$50 dollars, made out to the Commonwealth of Massachusetts.
- 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. State the name and address of the owner of the building/facility:

---

---

---

---

E-mail: 

---

Telephone: 

---

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

---

---

---

---

---

---

---

---

4. Total square footage of the building/facility: \_\_\_\_\_

Per floor: \_\_\_\_\_

a. Total square footage of tenant space (if applicable): \_\_\_\_\_

5. What was the original year of construction for the building/facility: \_\_\_\_\_?

6. Check the nature of the work performed or to be performed:

☐

New Construction

☐

Addition

☐

Reconstruction/Remodeling/Alteration

☐

Change of Use

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

---

---

---

---

---

---

---

---

---

---

---

---

8. Is the building or facility historically significant? ☐ Yes ☐ No

a. 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 a Registered Historic District

\_\_\_\_\_

☐

Listed in the State Register of Historic Places

\_\_\_\_\_

☐

Eligible for listing

\_\_\_\_\_

(In which registry?)

b. If you checked any of the above **and** your variance request is primarily based upon the historical significance of the building, you *must* complete the ADA Consultation Process of the [Massachusetts Historical Commission](#), located at 220 Morrissey Boulevard, Boston, MA 02125.

9. Which section(s) of the Board's Jurisdiction (*see Section 3 of the Board's Regulations*) has been triggered?

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

10. List **all** building permits that have been applied for within the past 36 months, include the issue date and the listed value of the work performed:

<u>Permit #</u>	<u>Date of Issuance</u>	<u>Value of Work</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use additional sheets if necessary.)

11. List the anticipated construction cost for any work not yet permitted or for any relevant work which does not require a permit:

\_\_\_\_\_

12. Has a certificate of occupancy been issued for the facility? ☐ Yes ☐ No

If yes, state the date it was issued: \_\_\_\_\_

13. To the best of your knowledge, has a complaint ever been filed with the AAB on this building or facility relative to accessibility? ☐ Yes ☐ No

a. If so, list the AAB docket number of the complaint \_\_\_\_\_

14. For existing buildings or facilities, state the actual assessed valuation of the **BUILDING/IMPROVEMENTS ONLY**, as recorded in the **Assessor's Office** of the municipality in which the building or facility is located: \_\_\_\_\_

Is the assessment at 100%? ☐ Yes ☐ No

If not, what is the town's current assessment ratio? \_\_\_\_\_

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

\_\_\_\_\_

**Please list specific technical sections, not 521 CMR 3.****Request #1**

Section(s) for which you are seeking relief: \_\_\_\_\_

Are you seeking temporary relief:     ☐ Yes     ☐ No

If yes, what date 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 #2**

Section(s) for which you are seeking relief: \_\_\_\_\_

Are you seeking temporary relief:     ☐ Yes     ☐ No

If yes, what date 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 #3

Section(s) for which you are seeking relief: \_\_\_\_\_

Are you seeking temporary relief: ☐ Yes ☐ No

If yes, what date 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, what date 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>).**

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: \_\_\_\_\_

**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:

<b><u>NAME AND ADDRESS OF PERSON OR AGENCY SERVED</u></b>		<b><u>METHOD OF SERVICE</u></b>	<b><u>DATE OF SERVICE</u></b>
<b>1</b> Building Department			
<b>2</b> Local Commission on Disability (If Applicable)			
<b>3</b> Independent Living Center			

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date