



The Commonwealth of Massachusetts
Department of Public Safety
Architectural Access Board

**One Ashburton Place, Room 1310
Boston Massachusetts 02108-1618**

Phone: 617-727-0660

Fax: 617-727-0665

www.mass.gov/dps

Docket Number

(Office Use Only)

APPLICATION FOR VARIANCE
Curb cuts/sidewalks

In accordance with M.G.L., Chapter 22, Section 13A, I hereby apply for modification of or substitution for the rules and regulations of the Architectural Access Board as they apply to the location(s) 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) 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 project:

E-mail: _____
Telephone: _____

2. State the exact location of the area in question (e.g. Northwest corner of Main St. and Broadway) (use additional sheets if necessary):

3. Describe the project (e.g. complete reconstruction of Rt. 20 from Main St. to Broadway):

4. Check the work performed or to be performed:

____ New Construction ____ Reconstruction/Alteration ____ Repair

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

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

6a. Check appropriate regulations:

____ 1996 Regulations ____ 2002 Regulations ____ 2006 Regulations

SECTION NUMBER

LOCATION OR DESCRIPTION

7. 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.

8. Has the project been out bid? _____

Has the contract been awarded? _____

8a. If the contract has been awarded, what date was it awarded?

8b. Has the project been completed? _____

8c. If work has been completed, state the date work began: _____

Completion date: _____

9. State the estimated cost of the total project: _____

10. Has any other work been performed at this location within the past 36 months? _____

11. Is this project funded by the Massachusetts Department of Transportation? _____

12. Has the project been accepted by the City or Town? _____
If yes, state the date that the project was accepted: _____
13. To the best of your knowledge, has a complaint ever been filed on this project relative to accessibility? _____yes _____no

14. 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 project:

E-mail: _____
Telephone: _____

15. State the name and address of the local or state building official 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



Before you send in your application, have you:

- ☐ Answered all questions on the application;
- ☐ Signed the application and included up to date contact info;
- ☐ Made a copy of your entire application, including all attached documents, on CD or DVD;
 - Flash drives are not permitted.
- ☐ Sent copies of the completed application, all attached documents, and CD/DVD to:
 - ☐ The local Building Department,
 - ☐ The local Commission on Disability, and
 - ☐ The Independent Living Center (ILC) for the region in which the property is located;
 - There are two ILCs for projects located in Boston.
 - The Boston Center for Independent Living
 - The Multicultural Independent Living Center of Boston
- ☐ Filled out the Service Notice (page 5 of the application) including all parties and the method and date of service for each, and had it signed and notarized; and
- ☐ Included a \$50 check made out to the “Commonwealth of Massachusetts”.

Please Note: Failure to follow these instructions (as found on page 1 of the application) could result in your request not being docketed until such time as we have received a fully completed application.