ARCHITECTURAL ACCESS BOARD- HEARING PACKET

Name	**Residential Building**	**Docket #**	V 26 - 020
Address	**10 Corinthian Road**	**Docket #**	C -
City	**Somerville**	**Hearing**	
Bldg Type		**Time of hearing**	
Complaint's Name		**Plans on file?**	
Complaint ?	**Variance ?**	**Request for continuance?**	
Jurisdiction:	3.2 New Construction		
Building Permits:	February 27, 2025 $1,350,000		
Assessed Value:			

Exhibit: 1
V26-020 &V26-021
AAB 1-130

Variances to be addressed:

Petitioner seeks relief from: 9.5.4: Accessible routes: An accessible route at least 36 inches (36" = 914mm) wide shall be provided to all rooms and spaces in the dwelling unit including exterior decks, patios, balconies, attached garages, and storage closets.

On February 6, 2026 the Board received two applications for variance for both 10 and 12 Corinthian Road and at the February 23, 2026 meeting the Board voted to Deny relief for both addresses. (See AAB 73-130)

On March 18, 2026 the Board received amended applications for the two mentioned addresses and at the March 23, 2026 meeting the Board voted to Grant relief on the conditions that: 1) framing and wiring for later installation of a lift is provided, 2) language is included in any lease for the unit specifying that later installation of a wheelchair lift upon tenant request will be completed in a reasonable timeframe at no cost to the tenant, 3) information on future installation of a lift is included in advertising material (See AAB 10-72)

On April 24, 2026 the Board received two requests for adjudicatory hearings regarding these addresses from the BCIL and on April 28, 2026 the Notice of hearing was sent to all parties. (See AAB 2-9)

Outlook

10-12 Corinthian Street, Somerville- Hearing Notice

From Griffin, Molly (DPL) <Molly.Griffin@mass.gov>
Date Tue 4/28/2026 9:57 AM
Bcc ada@somervillema.gov <ada@somervillema.gov>; Holly Simione <hsimione@mac.com>; Michael Muehe <Mmuehe@bostoncil.org>; isd@somervillema.gov <isd@somervillema.gov>; Trevor Rabidou <trevor.rabidou@socotec.us>

2 attachments (1 MB)
Notice of Hearing.pdf; Notice of Hearing.pdf;

Good morning,

Please find attached the Notice or Decisions for the above referenced case. *Please note these were scheduled for the same time slot due to the request for relief from the same code section, if any party objects to this please contact me and I can separate the hearing times.*

If you require a paper copy of a Notice or Decision, you may contact me to request one but be aware that the delivery of physical copies may be delayed.

If you wish to appeal the decision made in this case, you can fill out and send in an Adjudicatory Hearing Request form available here.

If you have any questions, please do not hesitate to get in touch with the Board's staff.

Thank you,
Molly

Molly Griffin
Program Coordinator
She/Her/Hers
Architectural Access Board
Office of Public Safety and Inspections
Division of Occupational Licensure
1 Federal Street, 6th Floor
Boston, MA 02110-2012
www.mass.gov/AAB
617-727-0660

MAURA HEALEY
GOVERNOR

KIM DRISCOLL
LIEUTENANT GOVERNOR

ERIC PALEY
SECRETARY, EXECUTIVE OFFICE
OF ECONOMIC DEVELOPMENT

Commonwealth of Massachusetts
Division of Occupational Licensure
Office of Public Safety and Inspections
Architectural Access Board
1 Federal St., 6th Floor
Boston, Massachusetts 02118

LAYLA R. D'EMILIA
UNDERSECRETARY OF CONSUMER
AFFAIRS AND BUSINESS REGULATION

SARAH R. WILKINSON
COMMISSIONER, DIVISION OF
OCCUPATIONAL LICENSURE

VARIANCE HEARING

Docket Number **V 26 021**

RE: Residential Building, 12 Corinthian Road, Somerville

You are hereby notified that an informal adjudicatory hearing before the Architectural Access Board has been scheduled for you to appear on Monday, **August 10, 2026** at **1:00 PM** Remote meeting information will be sent out prior to the hearing date.

This hearing is upon an application for variance filed by: Trevor Rabidou for modification of or substitution of the following Rules and Regulations: 9.5.4
A copy of the request is available for public inspection during regular business hours.

You should be aware that the burden of proof is upon the applicant requesting a variance to prove that compliance is either: 1. technologically infeasible or; 2. the cost of compliance is excessive without substantial benefit to a person with a disability.

This hearing will be conducted in accordance with the procedures set forth in M.G.L., c. 30A, and 801 CMR 1.02, the Informal/Fair Hearings Rules. At the hearing, each party may be represented by counsel, may present evidence and may cross examine opposing witnesses.

PLEASE NOTE: Requests for the continuance of a hearing must be received no later than fourteen (14) days prior to the scheduled hearing date. Continuances are granted at the Board's discretion only.

ARCHITECTURAL ACCESS BOARD

Dawn Guarnaccia WJ

Chairperson

Date: April 28, 2026

cc: Local Building Inspector
Independent Living Center
Local Disability Commission

AAB 3

MAURA HEALEY
GOVERNOR

KIM DRISCOLL
LIEUTENANT GOVERNOR

ERIC PALEY
SECRETARY, EXECUTIVE OFFICE
OF ECONOMIC DEVELOPMENT

Commonwealth of Massachusetts
Division of Occupational Licensure
Office of Public Safety and Inspections
Architectural Access Board
1 Federal St., 6th Floor
Boston, Massachusetts 02118

LAYLA R. D'EMILIA
UNDERSECRETARY OF CONSUMER
AFFAIRS AND BUSINESS REGULATION

SARAH R. WILKINSON
COMMISSIONER, DIVISION OF
OCCUPATIONAL LICENSURE

VARIANCE HEARING

Docket Number **V 26 020**

RE: Residential Building, 10 Corinthian Road, Somerville

You are hereby notified that an informal adjudicatory hearing before the Architectural Access Board has been scheduled for you to appear on Monday, **August 10, 2026** at **1:00 PM** Remote meeting information will be sent out prior to the hearing date.

This hearing is upon an application for variance filed by: Trevor Rabidou for modification of or substitution of the following Rules and Regulations: 9.5.4
A copy of the request is available for public inspection during regular business hours.

You should be aware that the burden of proof is upon the applicant requesting a variance to prove that compliance is either: 1. technologically infeasible or; 2. the cost of compliance is excessive without substantial benefit to a person with a disability.

This hearing will be conducted in accordance with the procedures set forth in M.G.L., c. 30A, and 801 CMR 1.02, the Informal/Fair Hearings Rules. At the hearing, each party may be represented by counsel, may present evidence and may cross examine opposing witnesses.

PLEASE NOTE: Requests for the continuance of a hearing must be received no later than fourteen (14) days prior to the scheduled hearing date. Continuances are granted at the Board's discretion only.

ARCHITECTURAL ACCESS BOARD

Dawn Guarnaccia WJ

Chairperson

Date: April 28, 2026

cc: Local Building Inspector
Independent Living Center
Local Disability Commission

AAB 4

Outlook

Requests for Adjudicatory Hearing: 10-12 Corinthian Residences, Somerville (V26-020 and V26-021)

From Michael Muehe <Mmuehe@bostoncil.org>
Date Fri 4/24/2026 4:08 PM
To Joyce, William (DPL) <William.Joyce@mass.gov>; Griffin, Molly (DPL) <Molly.Griffin@mass.gov>
Cc Henning, Bill <bhenning@bostoncil.org>; Trevor Rabidou <trevor.rabidou@socotec.us>; Holly Simione <hsimione@mac.com>; Nicholas Antanavica <isd@somervillema.gov>

2 attachments (2 MB)

2026-04-24 FOR EMAIL BCIL Req for Adj Hearing to AAB sec 9.5.4. 10 Corinthian Rd. Somerville w !stANoA V26-020.pdf; 2026-04-24 FOR EMAIL BCIL Req for Adj Hearing to AAB sec 9.5.4. 12 Corinthian Rd. Somerville w !stANoA V26-021.pdf;

Dear Mr. Joyce,

Attached please find two (2) Requests for Adjudicatory Hearing:

1. 10-12 Corinthian Residences, 10 Corinthian Rd., Somerville (Docket V26-020)
2. 10-12 Corinthian Residences, 12 Corinthian Rd., Somerville (Docket V26-021)

Thank you for your attention to this matter.

Best regards,

Michael Muehe
Access Analyst
Boston Center for Independent Living (BCIL)
60 Temple Place, 5th floor
Boston, MA 02111
Mobile: 617-462-3110
Pronouns: he/him/his

BOSTON CENTER FOR INDEPENDENT LIVING

Outlook

Requests for Adjudicatory Hearing: 10-12 Corinthian Residences, Somerville (V26-020 and V26-021)

From Michael Muehe <Mmuehe@bostoncil.org>
Date Fri 4/24/2026 4:08 PM
To Joyce, William (DPL) <William.Joyce@mass.gov>; Griffin, Molly (DPL) <Molly.Griffin@mass.gov>
Cc Henning, Bill <bhenning@bostoncil.org>; Trevor Rabidou <trevor.rabidou@socotec.us>; Holly Simione <hsimione@mac.com>; Nicholas Antanavica <isd@somervillema.gov>

2 attachments (2 MB)

2026-04-24 FOR EMAIL BCIL Req for Adj Hearing to AAB sec 9.5.4. 10 Corinthian Rd. Somerville w !stANoA V26-020.pdf; 2026-04-24 FOR EMAIL BCIL Req for Adj Hearing to AAB sec 9.5.4. 12 Corinthian Rd. Somerville w !stANoA V26-021.pdf;

Dear Mr. Joyce,

Attached please find two (2) Requests for Adjudicatory Hearing:

1. 10-12 Corinthian Residences, 10 Corinthian Rd., Somerville (Docket V26-020)
2. 10-12 Corinthian Residences, 12 Corinthian Rd., Somerville (Docket V26-021)

Thank you for your attention to this matter.

Best regards,

Michael Muehe
Access Analyst
Boston Center for Independent Living (BCIL)
60 Temple Place, 5th floor
Boston, MA 02111
Mobile: 617-462-3110
Pronouns: he/him/his

BOSTON CENTER FOR INDEPENDENT LIVING

	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)

Docket Number: _____
(Staff Use Only)

REQUEST FOR ADJUDICATORY HEARING

RE: **10-12 Corinthian Residences, 10 Corinthian Rd., Somerville, Docket No. V26-020**
(Name and address of building as appearing on application for variance)

I, **Michael Muehe, Access Analyst, Boston Center for Independent Living**, do hereby request that the Architectural Access Board conduct an informal Adjudicatory Hearing in accordance with the provisions of 801 CMR Rule 1.02 et. seq. as I am aggrieved by the decision of the Board with respect to Section(s) **9.5.4** of the Rules and Regulations of the Architectural Access Board, 521 CMR.

I understand that I may request such a hearing within **thirty (30) days** of receipt of the Notice of Action.

Date: **April 24, 2026**

Signature

PLEASE PRINT:

Michael Muehe, Access Analyst, Boston Center for Independent Living
Name

60 Temple Place, 5th floor
Address

Boston	**MA**	**02130**
City/Town	State	Zip Code

mmuehe@bostoncil.org
E-mail

617-462-3110
Telephone

PLEASE NOTE:
This form must be received by the Board within thirty (30) days after receipt of the Notice of Action.

AAB 7

MAURA HEALEY
GOVERNOR

KIM DRISCOLL
LIEUTENANT GOVERNOR

ERIC PALEY
SECRETARY, EXECUTIVE OFFICE
OF ECONOMIC DEVELOPMENT

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

1 Federal St., 6th Floor
Boston, Massachusetts 02118

LAYLA R. D'EMILIA
UNDERSECRETARY OF CONSUMER
AFFAIRS AND BUSINESS REGULATION

SARAH R. WILKINSON
COMMISSIONER, DIVISION OF
OCCUPATIONAL LICENSURE

FIRST AMENDED NOTICE OF ACTION

Docket Number V **26 020**

RE: Residential Building , 10 Corinthian Road , Somerville

On March 18, 2026 the Architectural Access Board received an additional submission from Petitioner The additional documents were reviewed by the Board on March 23, 2026 At that meeting, the Board voted as follows:

#	Section	Result
1	9.5.4	**GRANTED** as proposed on the condition that: 1) framing and wiring for later installation of a lift is provided, 2) language is included in any lease for the unit specifying that later installation of a wheelchair lift upon tenant request will be completed in a reasonable timeframe at no cost to the tenant, 3) information on future installation of a lift is included in advertising material

PLEASE NOTE: All documentation (written and visual) verifying that the conditions of the variance have been met must be submitted to the AAB Office as soon as the required work is completed.

Any person aggrieved by the above decision may request an adjudicatory hearing before the Board within 30 days of receipt of this decision by filing the attached request for an adjudicatory hearing. If after 30 days, a request for an adjudicatory hearing is not received, the above decision becomes a final decision and the appeal process is through Superior Court.

Date: March 25, 2026

Palmira Mendez WJ

Chairperson
ARCHITECTURAL ACCESS BOARD

cc: Local Disability Commission
Local Building Inspector
Independent Living Center

AAB 8

	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)

Docket Number: _____
(Staff Use Only)

REQUEST FOR ADJUDICATORY HEARING

RE: 10-12 Corinthian Residences, 12 Corinthian Rd., Somerville, Docket No. V26-021
(Name and address of building as appearing on application for variance)

I, **Michael Muehe, Access Analyst, Boston Center for Independent Living**, do hereby request that the Architectural Access Board conduct an informal Adjudicatory Hearing in accordance with the provisions of 801 CMR Rule 1.02 et. seq. as I am aggrieved by the decision of the Board with respect to Section(s) **9.5.4** of the Rules and Regulations of the Architectural Access Board, 521 CMR.

I understand that I may request such a hearing within **thirty (30) days** of receipt of the Notice of Action.

Date: **April 24, 2026**

Signature

PLEASE PRINT:

Michael Muehe, Access Analyst, Boston Center for Independent Living
Name

60 Temple Place, 5th floor
Address

Boston	**MA**	**02130**
City/Town	State	Zip Code

mmuehe@bostoncil.org
E-mail

617-462-3110
Telephone

PLEASE NOTE:
This form must be received by the Board within thirty (30) days after receipt of the Notice of Action.

AAB 9

MAURA HEALEY
GOVERNOR

KIM DRISCOLL
LIEUTENANT GOVERNOR

ERIC PALEY
SECRETARY, EXECUTIVE OFFICE
OF ECONOMIC DEVELOPMENT

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

1 Federal St., 6th Floor
Boston, Massachusetts 02118

LAYLA R. D'EMILIA
UNDERSECRETARY OF CONSUMER
AFFAIRS AND BUSINESS REGULATION

SARAH R. WILKINSON
COMMISSIONER, DIVISION OF
OCCUPATIONAL LICENSURE

FIRST AMENDED NOTICE OF ACTION

Docket Number V **26 021**

RE: Residential Building , 12 Corinthian Road , Somerville

On March 18, 2026 the Architectural Access Board received an additional submission from Petitioner The additional documents were reviewed by the Board on March 23, 2026 At that meeting, the Board voted as follows:

#	Section	Result
1	9.5.4	**GRANTED** as proposed on the condition that: 1) framing and wiring for later installation of a lift is provided, 2) language is included in any lease for the unit specifying that later installation of a wheelchair lift upon tenant request will be completed in a reasonable timeframe at no cost to the tenant, 3) information on future installation of a lift is included in advertising material

PLEASE NOTE: All documentation (written and visual) verifying that the conditions of the variance have been met must be submitted to the AAB Office as soon as the required work is completed.

Any person aggrieved by the above decision may request an adjudicatory hearing before the Board within 30 days of receipt of this decision by filing the attached request for an adjudicatory hearing. If after 30 days, a request for an adjudicatory hearing is not received, the above decision becomes a final decision and the appeal process is through Superior Court.

Date: March 25, 2026

Palmira Mendez WJ

Chairperson
ARCHITECTURAL ACCESS BOARD

cc: Local Disability Commission
Local Building Inspector
Independent Living Center

AAB 10

MAURA HEALEY
GOVERNOR

KIM DRISCOLL
LIEUTENANT GOVERNOR

ERIC PALEY
SECRETARY, EXECUTIVE OFFICE
OF ECONOMIC DEVELOPMENT

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

1 Federal St., 6th Floor
Boston, Massachusetts 02118

LAYLA R. D'EMILIA
UNDERSECRETARY OF CONSUMER
AFFAIRS AND BUSINESS REGULATION

SARAH R. WILKINSON
COMMISSIONER, DIVISION OF
OCCUPATIONAL LICENSURE

FIRST AMENDED NOTICE OF ACTION

Docket Number V **26 021**

RE: Residential Building , 12 Corinthian Road , Somerville

On March 18, 2026 the Architectural Access Board received an additional submission from Petitioner The additional documents were reviewed by the Board on March 23, 2026 At that meeting, the Board voted as follows:

#	Section	Result
1	9.5.4	**GRANTED** as proposed on the condition that: 1) framing and wiring for later installation of a lift is provided, 2) language is included in any lease for the unit specifying that later installation of a wheelchair lift upon tenant request will be completed in a reasonable timeframe at no cost to the tenant, 3) information on future installation of a lift is included in advertising material

PLEASE NOTE: All documentation (written and visual) verifying that the conditions of the variance have been met must be submitted to the AAB Office as soon as the required work is completed.

Any person aggrieved by the above decision may request an adjudicatory hearing before the Board within 30 days of receipt of this decision by filing the attached request for an adjudicatory hearing. If after 30 days, a request for an adjudicatory hearing is not received, the above decision becomes a final decision and the appeal process is through Superior Court.

Date: March 25, 2026

Palmira Mendez WJ

Chairperson
ARCHITECTURAL ACCESS BOARD

cc: Local Disability Commission
Local Building Inspector
Independent Living Center

AAB 11

MAURA HEALEY
GOVERNOR

KIM DRISCOLL
LIEUTENANT GOVERNOR

ERIC PALEY
SECRETARY, EXECUTIVE OFFICE
OF ECONOMIC DEVELOPMENT

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

1 Federal St., 6th Floor
Boston, Massachusetts 02118

LAYLA R. D'EMILIA
UNDERSECRETARY OF CONSUMER
AFFAIRS AND BUSINESS REGULATION

SARAH R. WILKINSON
COMMISSIONER, DIVISION OF
OCCUPATIONAL LICENSURE

FIRST AMENDED NOTICE OF ACTION

Docket Number V **26 020**

RE: Residential Building , 10 Corinthian Road , Somerville

On March 18, 2026 the Architectural Access Board received an additional submission from Petitioner The additional documents were reviewed by the Board on March 23, 2026 At that meeting, the Board voted as follows:

#	Section	Result
1	9.5.4	**GRANTED** as proposed on the condition that: 1) framing and wiring for later installation of a lift is provided, 2) language is included in any lease for the unit specifying that later installation of a wheelchair lift upon tenant request will be completed in a reasonable timeframe at no cost to the tenant, 3) information on future installation of a lift is included in advertising material

PLEASE NOTE: All documentation (written and visual) verifying that the conditions of the variance have been met must be submitted to the AAB Office as soon as the required work is completed.

Any person aggrieved by the above decision may request an adjudicatory hearing before the Board within 30 days of receipt of this decision by filing the attached request for an adjudicatory hearing. If after 30 days, a request for an adjudicatory hearing is not received, the above decision becomes a final decision and the appeal process is through Superior Court.

Date: March 25, 2026

Palmira Mendez WJ

Chairperson
ARCHITECTURAL ACCESS BOARD

cc: Local Disability Commission
Local Building Inspector
Independent Living Center

AAB 12

Outlook

RE: Variance Amendments - Docket # 26-020, 26-021 & 26-022

From Trevor Rabidou <trevor.rabidou@socotec.us>

Date Wed 3/18/2026 9:09 AM

To Griffin, Molly (DPL) <Molly.Griffin@mass.gov>; Leah Kolb <leah.kolb@socotec.us>; Joyce, William (DPL) <William.Joyce@mass.gov>

Cc Evan Stellman <es@kdiarch.com>

3 attachments (4 MB)

3.2392 - 10 Corinthian - MAAB Variance Amendment - 2026.03.18_REV.pdf; 3.2392 - 12 Corinthian - MAAB Variance Amendment - 2026.03.18_REV.pdf; 3.2392 - 1004 Broadway - MAAB Variance Amendment - 2026.03.18_REV.pdf;

Molly,

We had another slight adjustment to the plans that I wanted to submit.

At the request of the Somerville Commission (I spoke with them on 3/13), we included a laundry hookup on the main level so that equipment can be provided there if the lift is not installed. There is a second hookup provided at the basement level; both of these will be installed / available at the time of construction.

Thank you,
Trevor

Trevor Rabidou, PE
Associate Principal
T.: +1 888 224 9911 | M.: +1 508 505 8987
trevor.rabidou@socotec.us

SOCOTEC Life Safety, LLC
75 Hood Park Drive, Suite 300
Charlestown, MA 02129
www.socotec.us

From: Griffin, Molly (DPL) <Molly.Griffin@mass.gov>
Sent: Monday, March 9, 2026 7:44 AM
To: Trevor Rabidou <trevor.rabidou@socotec.us>; Leah Kolb <leah.kolb@socotec.us>; Joyce, William (DPL) <William.Joyce@mass.gov>
Cc: Evan Stellman <es@kdiarch.com>
Subject: Re: Variance Amendments - Docket # 26-020, 26-021 & 26-022

External sender <molly.griffin@mass.gov>
Make sure you trust this sender before taking any actions.

Hi Trevor,

Confirming receipt and also noting this is the correct way to resubmit these.

Thanks!
Molly

Molly Griffin

Program Coordinator

She/Her/Hers

Architectural Access Board

Office of Public Safety and Inspections

Division of Occupational Licensure

1 Federal Street, 6th Floor

Boston, MA 02110-2012

www.mass.gov/AAB

617-727-0660

From: Trevor Rabidou <trevor.rabidou@socotec.us>
Sent: Friday, March 6, 2026 12:16 PM
To: Leah Kolb <leah.kolb@socotec.us>; Joyce, William (DPL) <William.Joyce@mass.gov>; Griffin, Molly (DPL) <Molly.Griffin@mass.gov>
Cc: Evan Stellman <es@kdiarch.com>
Subject: Variance Amendments - Docket # 26-020, 26-021 & 26-022

William/Molly,

Please see the attached amendment to the three variances that were previously denied.

Per your direction, we instructed the team to revise the floor plans such that the lifts are located within a closet / open space in lieu of a ½ bathroom (similar to the plan for 1006 Broadway that was approved at the same meeting).

Please let me know if there is anything else you need.

Trevor

Trevor Rabidou, PE
Associate Principal
T.: +1 888 224 9911 | M.: +1 508 505 8987
trevor.rabidou@socotec.us

SOCOTEC Life Safety, LLC
75 Hood Park Drive, Suite 300
Charlestown, MA 02129
www.socotec.us

From: Leah Kolb <Leah.Kolb@socotec.us>
Sent: Friday, February 6, 2026 2:34 PM
To: william.joyce@mass.gov; molly.griffin@mass.gov
Cc: Trevor Rabidou <trevor.rabidou@socotec.us>
Subject: MAAB Variance - Broadway/Corinthian Residences

William and Molly,

Please see the attached MAAB Variance for the project referenced above.

Thank you,
Leah

Leah Kolb
Consultant
T.: +1 888 224 9911
Leah.Kolb@socotec.us

SOCOTEC Life Safety, LLC
146 Main Street, 3rd Floor
Worcester, MA 01608
www.socotec.us

	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 of 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:

10 Corinthian Road
Somerville, MA

2. What is the docket number of the existing variance V 26 - 020

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):

Three story residential building with a total of three residential units for rent.

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? 0.00%

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

Permit submission

9.

Request #1

Section(s) for which you are seeking relief: 9.5.4

Are you seeking temporary relief ◯ Yes ◯ No

Types of Attachments for this Request:
☑ Floor/Site Plans, ☐ Cost Estimates,
☐ Photographs, ☐ Test Drawings,
☐ Other(s): _____

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):

see attached letter

Request #2

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

Are you seeking temporary relief ◯ Yes ◯ No

Types of Attachments for this Request:
☐ Floor/Site Plans, ☐ Cost Estimates,
☐ Photographs, ☐ Test Drawings,
☐ Other(s): _____

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

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 ◯ 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):

Request #4

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 ◯ 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):

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: 3/18/26

Signature of owner or authorized agent *(required)*

PLEASE PRINT:

Bernard Trevor Rabidou

Name

SLS Boston Design, LLC

Organization (If Applicable)

75 Hood Park Drive

Address

Address 2 (optional)

Charlestown, MA 02129

City/Town State Zip Code

trevor.rabidou@socotec.us

E-mail

888-224-9911

Telephone

SERVICE NOTICE

I, Bernard Trevor Rabidou, as code consultant
(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:

	NAME AND ADDRESS OF PERSON OR AGENCY SERVED	METHOD OF SERVICE	DATE OF SERVICE
1 **Building Department**	Kevin Klien 1 Franey Road Somerville, MA 02145	email	3/18/26
2 **Local Commission on Disability** (If Applicable)	Holly Simione 93 Highland Ave. Somerville, MA 02143	email	3/18/26
3 **Independent Living Center**	Michael Muehe 60 Temple Place, 5th floor Boston, MA 02111	email	3/18/26

Signature

3/18/26
Date

AAB 23

March 6, 2026

VIA EMAIL DELIVERY

Massachusetts Architectural Access Board
1000 Washington St
Boston, MA 02118

Re: 12 Corinthian Residences
MAAB Variance Requests
SLS Project #3.2392
Docket V26-021

To Whom it may Concern:

SLS Boston Design, LLC (hereafter referred to as "SLS") has conducted a review of the conditions for the subject project located at 10 Corinthian Road in Somerville, MA. We offer the following justification for a variance request in accordance with 521 CMR 521 CMR §9.5.4.

1 Applicable Codes

It is our understanding that the 10th Edition Massachusetts State Building Code (780 CMR) serves as the Code of Record for the project. 780 CMR Chapter 11 references Massachusetts Architectural Access Board Regulations (521 CMR) for accessibility code provisions.

2 Building Description

The project involves the construction of a 3-family residential unit building. The building does not have an elevator; therefore, only the ground floor unit is required to be designed as a Group 1 unit.

All new construction of public buildings and facilities must comply fully with 521 CMR. Since the project is a new building, it will require full compliance per 521 CMR §3.2.

3 Accessible Route Within Unit

3.1 Code Requirements

521 CMR §9.5.4 requires an accessible route to be provided to all rooms and spaces within a dwelling unit.

3.2 Variance Request

The project respectfully requests an alternate method from 521 CMR §9.5.4 to allow the installation of a lift to access the lower level at the tenant's request in lieu of at the time of construction.

3.3 Basis of Request - Amended Floor Plans

We understand that this application was originally denied due to the fact that the proposed plans required the elimination of a ½ bathroom to install the lift.

The design team has revised the backgrounds such that the proposed lift location is located within a closet / open space on both floor levels and does not require the elimination of a bathroom for the future adaptation.

With this revision to the unit floor plans, we request reconsideration of the proposed variance.

4 Conclusion

Based on the above statements, it is our opinion that the alternate methods stated above meets the intent of 521 CMR §9.5.4. We respectfully request your approval of the proposed variance.

If you have any questions regarding the information included in the report above, please do not hesitate to contact us.

Prepared by:

Leah Kolb
Fire Protection Consultant

Reviewed by:

Bernard Trevor Rabidou, PE
Associate Principal

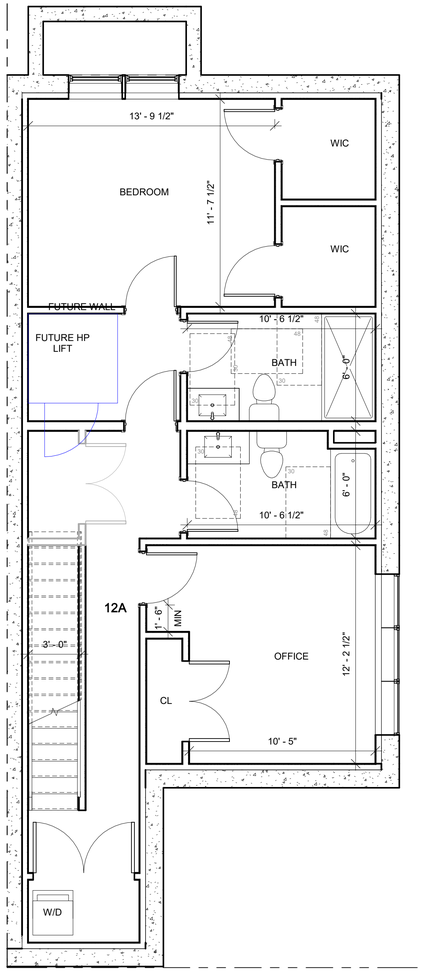
Attachment A – Multistory Unit Floor Plan

LEGEND

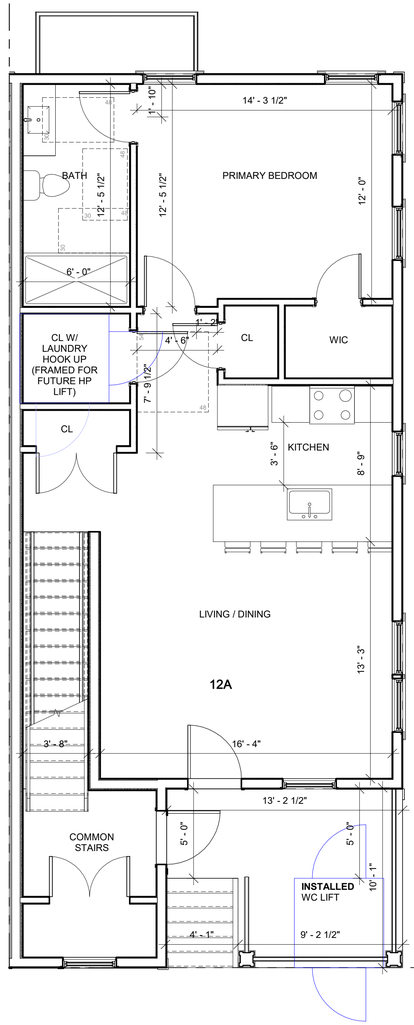
- NEW WALL
- EXISTING TO REMAIN
- WALL TYPE
- CM — CARBON MONOXIDE DETECTOR
- SD — SMOKE DETECTOR

GENERAL FLOOR PLAN NOTES

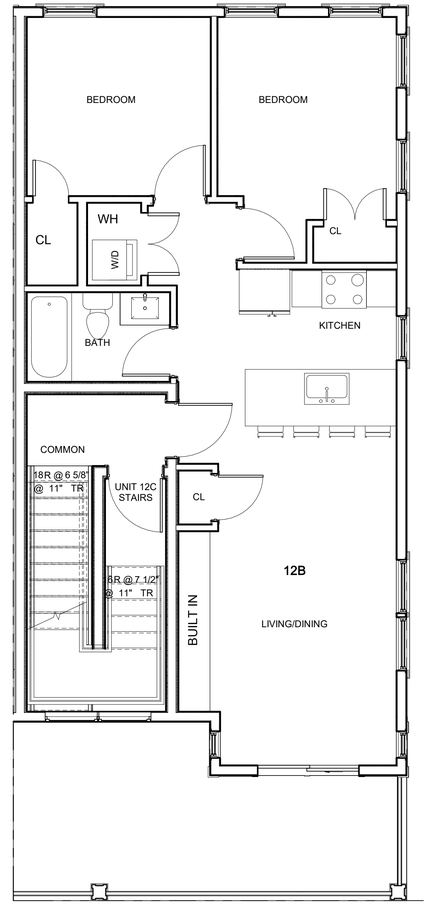
1. ALL SMOKE ALARMS TO BE INTERCONNECTED AND HARD WIRED. SEE FLOOR PLANS FOR LOCATIONS.
2. FINAL KITCHEN LAYOUT TO BE DETERMINED BY OWNER.
3. ALL INTERIOR FINISHES TO BE DETERMINED BY OWNER.
4. UNLESS OTHERWISE NOTED ALL INTERIOR WALL SHALL BE TYPE "1"
5. UNLESS OTHERWISE NOTED ALL EXTERIOR NEW WALLS SHALL BE TYPE "5"
6. SEE A-910 FOR PARTITION TYPES.
7. MOISTURE RESISTANT GWB. TO BE USED IN ALL BATHROOMS AND KITCHENS
8. SEE EXTERIOR ELEVATIONS FOR WINDOW TYPES & CLADDING MATERIALS
9. ALL INTERIOR DIMENSIONS ARE FROM FACE OF GWB TO FACE GWB
10. ALL EXTERIOR DIMENSIONS ARE FROM EXTERIOR FACE OF STUD, TYP., U.N.O.
ZONING DIMENSIONS, MEASURED FROM EXTERIOR FACE OF FINISH, ARE SHOWN IN RED
11. ELECTRICAL OUTLETS ON OPPOSITE SIDE OF WALL SHOULD BE INSTALLED AT LEAST 2'-0" FROM EACH OTHER.
12. CONTRACTOR TO VERIFY EXISTING CONDITIONS IN THE FIELD PRIOR TO DEMOLITION & CONSTRUCTION.
13. SEE STRUCTURAL, MECHANICAL, ELECTRICAL, PLUMBING, FIRE PROTECTION & CIVIL PLAN FOR ADDITIONAL INFORMATION
14. UNLESS OTHERWISE NOTED CENTER CLOSET DOOR ON CLOSET.



1 BASEMENT - 12 CORINTHIAN - LOT D
1/4" = 1'-0"



2 1ST FLOOR - 12 CORINTHIAN - LOT D
1/4" = 1'-0"



3 2ND FLOOR- 12 CORINTHIAN - LOT D
1/4" = 1'-0"

PROJECT NAME

10-12 CORINTHIAN RESIDENCES

PROJECT ADDRESS
10-12 CORINTHIAN ROAD
SOMERVILLE, MA

CLIENT

ARCHITECT

KDI ARCHITECTURE

KHALSA DESIGN, INC.
17 IVALOO STREET SUITE 400
SOMERVILLE, MA 02143
TELEPHONE: 617-591-8682

CONSULTANTS:

REGISTRATION

REGISTERED ARCHITECT — EVAN STELLA KHALSA — No. 954097 — SOMERVILLE, MA — COMMONWEALTH OF MASSACHUSETTS

Project number	24016
Date	03/18/2026
Drawn by	KC
Checked by	ES
Scale	1/4" = 1'-0"

REVISIONS

No.	Description	Date

B-2ND FLOOR - 12 CORINTHIAN - LOT D

A-100D

10-12 CORINTHIAN RESIDENCES

Outlook

RE: Variance Amendments - Docket # 26-020, 26-021 & 26-022

From Trevor Rabidou <trevor.rabidou@socotec.us>

Date Wed 3/18/2026 9:09 AM

To Griffin, Molly (DPL) <Molly.Griffin@mass.gov>; Leah Kolb <leah.kolb@socotec.us>; Joyce, William (DPL) <William.Joyce@mass.gov>

Cc Evan Stellman <es@kdiarch.com>

3 attachments (4 MB)

3.2392 - 10 Corinthian - MAAB Variance Amendment - 2026.03.18_REV.pdf; 3.2392 - 12 Corinthian - MAAB Variance Amendment - 2026.03.18_REV.pdf; 3.2392 - 1004 Broadway - MAAB Variance Amendment - 2026.03.18_REV.pdf;

Molly,

We had another slight adjustment to the plans that I wanted to submit.

At the request of the Somerville Commission (I spoke with them on 3/13), we included a laundry hookup on the main level so that equipment can be provided there if the lift is not installed. There is a second hookup provided at the basement level; both of these will be installed / available at the time of construction.

Thank you,
Trevor

Trevor Rabidou, PE
Associate Principal
T.: +1 888 224 9911 | M.: +1 508 505 8987
trevor.rabidou@socotec.us

SOCOTEC Life Safety, LLC
75 Hood Park Drive, Suite 300
Charlestown, MA 02129
www.socotec.us

From: Griffin, Molly (DPL) <Molly.Griffin@mass.gov>
Sent: Monday, March 9, 2026 7:44 AM
To: Trevor Rabidou <trevor.rabidou@socotec.us>; Leah Kolb <leah.kolb@socotec.us>; Joyce, William (DPL) <William.Joyce@mass.gov>
Cc: Evan Stellman <es@kdiarch.com>
Subject: Re: Variance Amendments - Docket # 26-020, 26-021 & 26-022

External sender <molly.griffin@mass.gov>
Make sure you trust this sender before taking any actions.

Hi Trevor,

Confirming receipt and also noting this is the correct way to resubmit these.

Thanks!
Molly

Molly Griffin

Program Coordinator

She/Her/Hers

Architectural Access Board

Office of Public Safety and Inspections

Division of Occupational Licensure

1 Federal Street, 6th Floor

Boston, MA 02110-2012

www.mass.gov/AAB

617-727-0660

From: Trevor Rabidou <trevor.rabidou@socotec.us>
Sent: Friday, March 6, 2026 12:16 PM
To: Leah Kolb <leah.kolb@socotec.us>; Joyce, William (DPL) <William.Joyce@mass.gov>; Griffin, Molly (DPL) <Molly.Griffin@mass.gov>
Cc: Evan Stellman <es@kdiarch.com>
Subject: Variance Amendments - Docket # 26-020, 26-021 & 26-022

William/Molly,

Please see the attached amendment to the three variances that were previously denied.

Per your direction, we instructed the team to revise the floor plans such that the lifts are located within a closet / open space in lieu of a ½ bathroom (similar to the plan for 1006 Broadway that was approved at the same meeting).

Please let me know if there is anything else you need.

Trevor

Trevor Rabidou, PE
Associate Principal
T.: +1 888 224 9911 | M.: +1 508 505 8987
trevor.rabidou@socotec.us

SOCOTEC Life Safety, LLC
75 Hood Park Drive, Suite 300
Charlestown, MA 02129
www.socotec.us

From: Leah Kolb <Leah.Kolb@socotec.us>
Sent: Friday, February 6, 2026 2:34 PM
To: william.joyce@mass.gov; molly.griffin@mass.gov
Cc: Trevor Rabidou <trevor.rabidou@socotec.us>
Subject: MAAB Variance - Broadway/Corinthian Residences

William and Molly,

Please see the attached MAAB Variance for the project referenced above.

Thank you,
Leah

Leah Kolb
Consultant
T.: +1 888 224 9911
Leah.Kolb@socotec.us

SOCOTEC Life Safety, LLC
146 Main Street, 3rd Floor
Worcester, MA 01608
www.socotec.us

	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 of 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:

10 Corinthian Road
Somerville, MA

2. What is the docket number of the existing variance V 26 - 020

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):

Three story residential building with a total of three residential units for rent.

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? 0.00%

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

Permit submission

9.

Request #1

Section(s) for which you are seeking relief: 9.5.4

Are you seeking temporary relief ◯ Yes ◯ No

Types of Attachments for this Request:
☑ Floor/Site Plans, ☐ Cost Estimates,
☐ Photographs, ☐ Test Drawings,
☐ Other(s): _____

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):

see attached letter

Request #2

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

Are you seeking temporary relief ◯ Yes ◯ No

Types of Attachments for this Request:
☐ Floor/Site Plans, ☐ Cost Estimates,
☐ Photographs, ☐ Test Drawings,
☐ Other(s): _____

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

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 ◯ 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):

Request #4

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 ◯ 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):

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: 3/18/26

Signature of owner or authorized agent *(required)*

PLEASE PRINT:

Bernard Trevor Rabidou

Name

SLS Boston Design, LLC

Organization (If Applicable)

75 Hood Park Drive

Address

Address 2 (optional)

Charlestown, MA 02129

City/Town State Zip Code

trevor.rabidou@socotec.us

E-mail

888-224-9911

Telephone

SERVICE NOTICE

I, Bernard Trevor Rabidou, as code consultant
(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:

	NAME AND ADDRESS OF PERSON OR AGENCY SERVED	METHOD OF SERVICE	DATE OF SERVICE
1 **Building Department**	Kevin Klien 1 Franey Road Somerville, MA 02145	email	3/18/26
2 **Local Commission on Disability** (If Applicable)	Holly Simione 93 Highland Ave. Somerville, MA 02143	email	3/18/26
3 **Independent Living Center**	Michael Muehe 60 Temple Place, 5th floor Boston, MA 02111	email	3/18/26

Signature

3/18/26
Date

MAURA HEALEY
GOVERNOR

KIM DRISCOLL
LIEUTENANT GOVERNOR

ERIC PALEY
SECRETARY, EXECUTIVE OFFICE
OF ECONOMIC DEVELOPMENT

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

1 Federal St., 6th Floor
Boston, Massachusetts 02118

LAYLA R. D'EMILIA
UNDERSECRETARY OF CONSUMER
AFFAIRS AND BUSINESS REGULATION

SARAH R. WILKINSON
COMMISSIONER, DIVISION OF
OCCUPATIONAL LICENSURE

NOTICE OF ACTION

Docket Number **V 26 020**

RE: Residential Building , 10 Corinthian Road , Somerville

On February 6, 2026 the Architectural Access Board received an application submitted by Trevor Rabidou .
This application and all attached documentation were reviewed by the Board on February 23, 2026 .
At that meeting, the Board voted as follows:

#	Section	Result
1	9.5.4	**DENIED** as *impracticability* (as defined in 521 CMR 5) has not been proven for this request.

PLEASE NOTE: All documentation (written and visual) verifying that the conditions of the variance have been met must be submitted to the AAB Office as soon as the required work is completed.

Any person aggrieved by the above decision may request an adjudicatory hearing before the Board within 30 days of receipt of this decision by filing the attached request for an adjudicatory hearing. If after 30 days, a request for an adjudicatory hearing is not received, the above decision becomes a final decision and the appeal process is through Superior Court.

Date: February 25, 2026

Palmira Mendez WJ

Chairperson
ARCHITECTURAL ACCESS BOARD

cc: Local Disability Commission
Local Building Inspector
Independent Living Center

AAB 39

March 6, 2026

VIA EMAIL DELIVERY

Massachusetts Architectural Access Board
1000 Washington St
Boston, MA 02118

Re: 10 Corinthian Residences
MAAB Variance Requests
SLS Project #3.2392
Docket V26-020

To Whom it may Concern:

SLS Boston Design, LLC (hereafter referred to as "SLS") has conducted a review of the conditions for the subject project located at 10 Corinthian Road in Somerville, MA. We offer the following justification for a variance request in accordance with 521 CMR 521 CMR §9.5.4.

1 Applicable Codes

It is our understanding that the 10th Edition Massachusetts State Building Code (780 CMR) serves as the Code of Record for the project. 780 CMR Chapter 11 references Massachusetts Architectural Access Board Regulations (521 CMR) for accessibility code provisions.

2 Building Description

The project involves the construction of a 3-family residential unit building. The building does not have an elevator; therefore, only the ground floor unit is required to be designed as a Group 1 unit.

All new construction of public buildings and facilities must comply fully with 521 CMR. Since the project is a new building, it will require full compliance per 521 CMR §3.2.

3 Accessible Route Within Unit

3.1 Code Requirements

521 CMR §9.5.4 requires an accessible route to be provided to all rooms and spaces within a dwelling unit.

3.2 Variance Request

The project respectfully requests an alternate method from 521 CMR §9.5.4 to allow the installation of a lift to access the lower level at the tenant's request in lieu of at the time of construction.

3.3 Basis of Request - Amended Floor Plans

We understand that this application was originally denied due to the fact that the proposed plans required the elimination of a ½ bathroom to install the lift.

The design team has revised the backgrounds such that the proposed lift location is not located within a closet / open space on both floor levels and does not require the elimination of a bathroom for the future adaptation.

With this revision to the unit floor plans, we request reconsideration of the proposed variance.

4 Conclusion

Based on the above statements, it is our opinion that the alternate methods stated above meets the intent of 521 CMR §9.5.4. We respectfully request your approval of the proposed variance.

If you have any questions regarding the information included in the report above, please do not hesitate to contact us.

Prepared by:

Leah Kolb
Fire Protection Consultant

Reviewed by:

Bernard Trevor Rabidou, PE
Associate Principal

Attachment A – Multistory Unit Floor Plan

LEGEND

- NEW WALL
- EXISTING TO REMAIN
- WALL TYPE
- CM — CARBON MONOXIDE DETECTOR
- SD — SMOKE DETECTOR

GENERAL FLOOR PLAN NOTES

1. ALL SMOKE ALARMS TO BE INTERCONNECTED AND HARD WIRED. SEE FLOOR PLANS FOR LOCATIONS.
2. FINAL KITCHEN LAYOUT TO BE DETERMINED BY OWNER.
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5. UNLESS OTHERWISE NOTED ALL EXTERIOR NEW WALLS SHALL BE TYPE "5"
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7. MOISTURE RESISTANT GWB. TO BE USED IN ALL BATHROOMS AND KITCHENS
8. SEE EXTERIOR ELEVATIONS FOR WINDOW TYPES & CLADDING MATERIALS
9. ALL INTERIOR DIMENSIONS ARE FROM FACE OF GWB TO FACE GWB
10. ALL EXTERIOR DIMENSIONS ARE FROM EXTERIOR FACE OF STUD, TYP., U.N.O.
ZONING DIMENSIONS, MEASURED FROM EXTERIOR FACE OF FINISH, ARE SHOWN IN RED
11. ELECTRICAL OUTLETS ON OPPOSITE SIDE OF WALL SHOULD BE INSTALLED AT LEAST 2'-0" FROM EACH OTHER.
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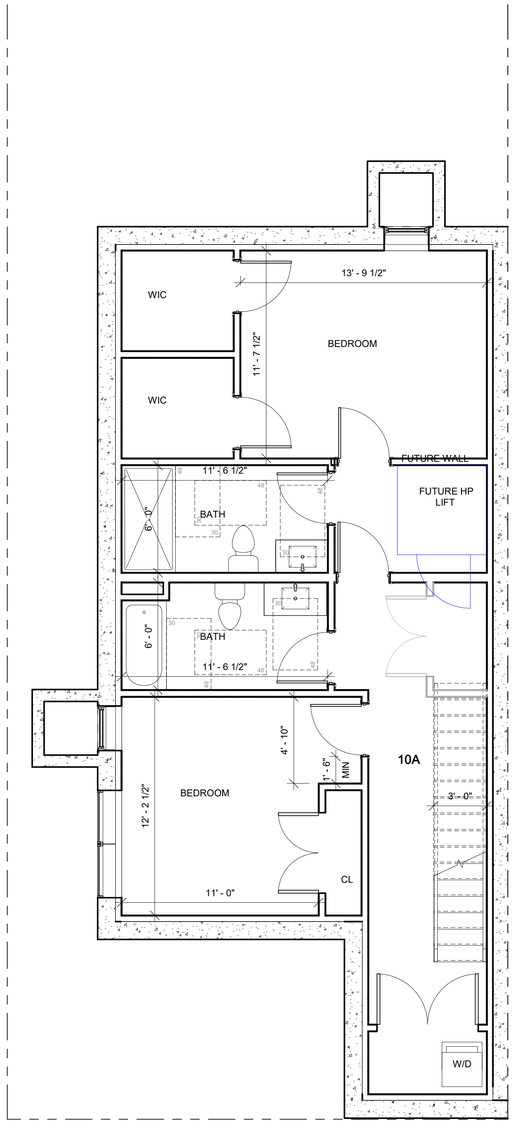
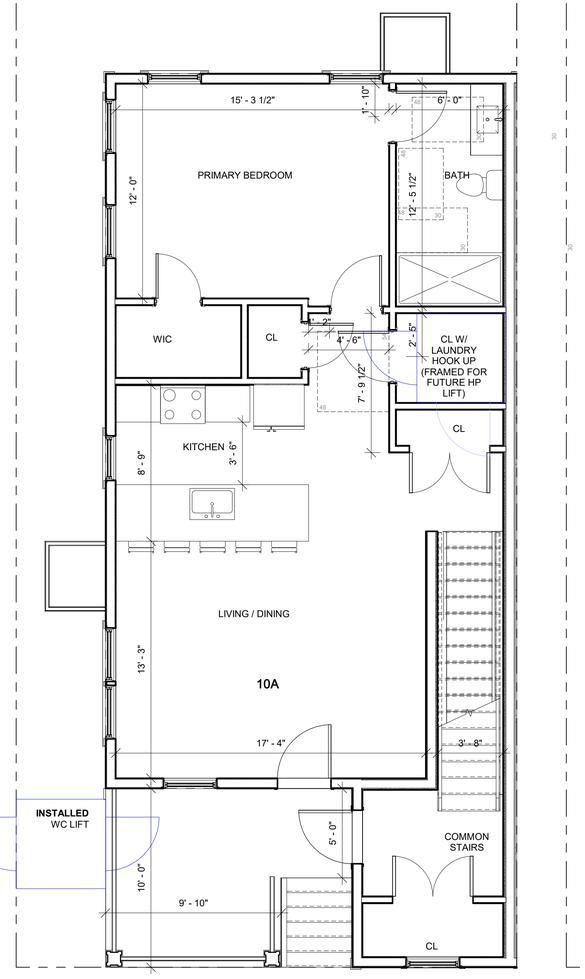
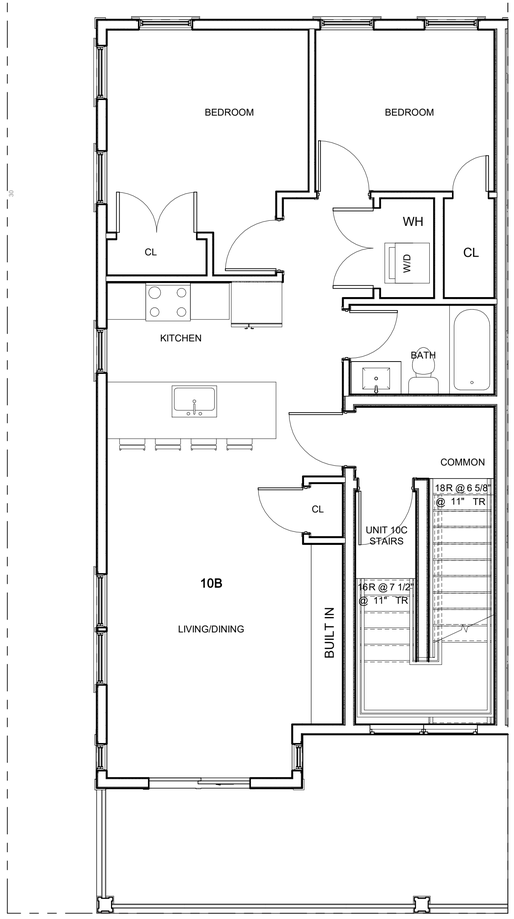


1 BASEMENT - 10 CORINTHIAN - LOT C
1/4" = 1'-0"



2 1ST FLOOR - 10 CORINTHIAN - LOT C
1/4" = 1'-0"



3 2ND FLOOR - 10 CORINTHIAN - LOT C
1/4" = 1'-0"

PROJECT NAME

10-12 CORINTHIAN RESIDENCES

PROJECT ADDRESS
10-12 CORINTHIAN ROAD
SOMERVILLE, MA

CLIENT

ARCHITECT

KDI ARCHITECTURE

KHALSA DESIGN, INC.
17 IVALOO STREET SUITE 400
SOMERVILLE, MA 02143
TELEPHONE: 617-591-8682

CONSULTANTS:

REGISTRATION

REGISTERED ARCHITECT — EVAN STELLMACH — No. 35407 — SOMERVILLE, MA — COMMONWEALTH OF MASSACHUSETTS

Project number	24016
Date	03/18/2026
Drawn by	KC
Checked by	ES
Scale	1/4" = 1'-0"

REVISIONS

No.	Description	Date

B-2ND FLOOR - 10 CORINTHIAN - LOT C

A-100C

10-12 CORINTHIAN RESIDENCES

AAB 43

3/18/2026 7:39:23 AM

\\TKG-NAS1522\Data\2424016_Eaglebrook Capital_1006 Bradway Somerville\03 Drawings\01_ARCH_CD\24016_10-12Corinthian-MAAB.rvt

LEGEND

- NEW WALL
- EXISTING TO REMAIN
- WALL TYPE
- CM — CARBON MONOXIDE DETECTOR
- SD — SMOKE DETECTOR

GENERAL FLOOR PLAN NOTES

1. ALL SMOKE ALARMS TO BE INTERCONNECTED AND HARD WIRED. SEE FLOOR PLANS FOR LOCATIONS.
2. FINAL KITCHEN LAYOUT TO BE DETERMINED BY OWNER.
3. ALL INTERIOR FINISHES TO BE DETERMINED BY OWNER.
4. UNLESS OTHERWISE NOTED ALL INTERIOR WALL SHALL BE TYPE "1"
5. UNLESS OTHERWISE NOTED ALL EXTERIOR NEW WALLS SHALL BE TYPE "5"
6. SEE A-910 FOR PARTITION TYPES.
7. MOISTURE RESISTANT GWB. TO BE USED IN ALL BATHROOMS AND KITCHENS
8. SEE EXTERIOR ELEVATIONS FOR WINDOW TYPES & CLADDING MATERIALS
9. ALL INTERIOR DIMENSIONS ARE FROM FACE OF GWB TO FACE GWB
10. ALL EXTERIOR DIMENSIONS ARE FROM EXTERIOR FACE OF STUD, TYP., U.N.O.
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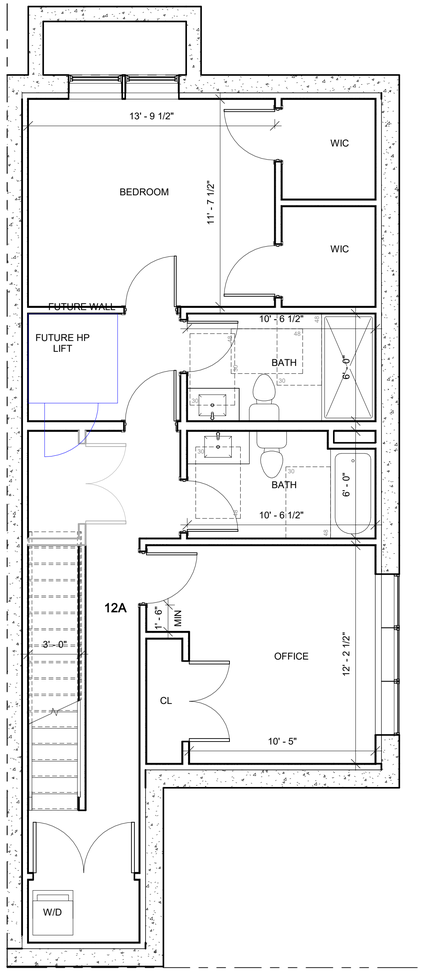
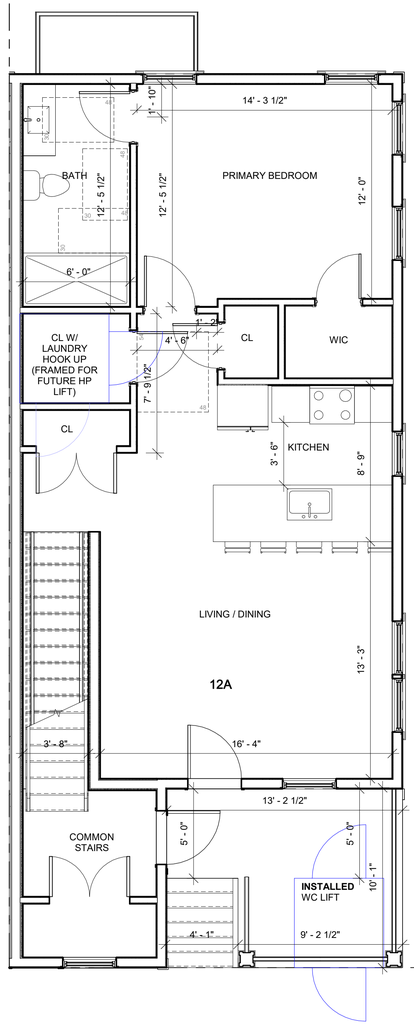
11. ELECTRICAL OUTLETS ON OPPOSITE SIDE OF WALL SHOULD BE INSTALLED AT LEAST 2'-0" FROM EACH OTHER.
12. CONTRACTOR TO VERIFY EXISTING CONDITIONS IN THE FIELD PRIOR TO DEMOLITION & CONSTRUCTION.
13. SEE STRUCTURAL, MECHANICAL, ELECTRICAL, PLUMBING, FIRE PROTECTION & CIVIL PLAN FOR ADDITIONAL INFORMATION
14. UNLESS OTHERWISE NOTED CENTER CLOSET DOOR ON CLOSET.



1 BASEMENT - 12 CORINTHIAN - LOT D
1/4" = 1'-0"



2 1ST FLOOR - 12 CORINTHIAN - LOT D
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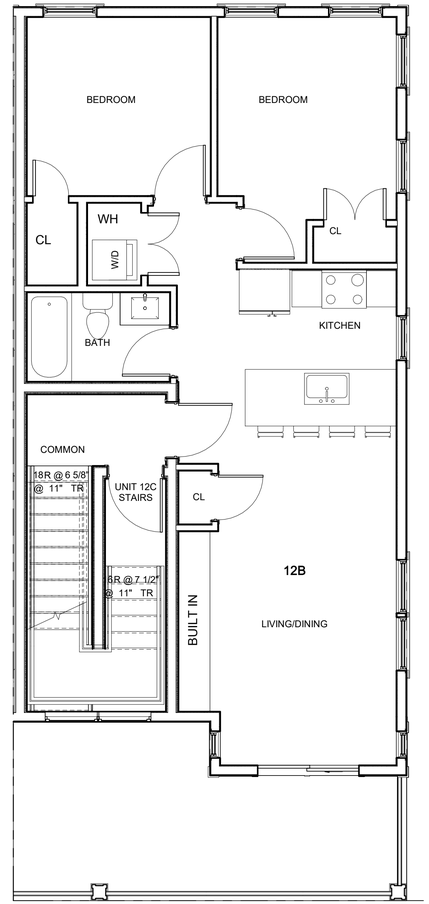

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KHALSA DESIGN, INC.
17 IVALOO STREET SUITE 400
SOMERVILLE, MA 02143
TELEPHONE: 617-591-8682

CONSULTANTS:

REGISTRATION

REGISTERED ARCHITECT — EVAN STELLA KHALSA — No. 35407 — SOMERVILLE, MA — COMMONWEALTH OF MASSACHUSETTS

Project number	24016
Date	03/18/2026
Drawn by	KC
Checked by	ES
Scale	1/4" = 1'-0"

REVISIONS

No.	Description	Date

B-2ND FLOOR - 12 CORINTHIAN - LOT D

A-100D

10-12 CORINTHIAN RESIDENCES

Outlook

Variance Amendments - Docket # 26-020, 26-021 & 26-022

From Trevor Rabidou <trevor.rabidou@socotec.us>

Date Fri 3/6/2026 12:22 PM

To Leah Kolb <leah.kolb@socotec.us>; Joyce, William (DPL) <William.Joyce@mass.gov>; Griffin, Molly (DPL) <Molly.Griffin@mass.gov>

Cc Evan Stellman <es@kdiarch.com>

3 attachments (4 MB)

3.2392 - 10 Corinthian - MAAB Variance Ammendment - 2026.03.06.pdf; 3.2392 - 12 Corinthian - MAAB Variance Amendment - 2026.03.06.pdf; 3.2392 - 1004 Broadway - MAAB Variance Amendment - 2026.03.06.pdf;

William/Molly,

Please see the attached amendment to the three variances that were previously denied.

Per your direction, we instructed the team to revise the floor plans such that the lifts are located within a closet / open space in lieu of a ½ bathroom (similar to the plan for 1006 Broadway that was approved at the same meeting).

Please let me know if there is anything else you need.

Trevor

Trevor Rabidou, PE
Associate Principal
T.: +1 888 224 9911 | M.: +1 508 505 8987
trevor.rabidou@socotec.us

SOCOTEC Life Safety, LLC
75 Hood Park Drive, Suite 300
Charlestown, MA 02129
www.socotec.us

From: Leah Kolb <Leah.Kolb@socotec.us>
Sent: Friday, February 6, 2026 2:34 PM
To: william.joyce@mass.gov; molly.griffin@mass.gov
Cc: Trevor Rabidou <trevor.rabidou@socotec.us>
Subject: MAAB Variance - Broadway/Corinthian Residences

William and Molly,

Please see the attached MAAB Variance for the project referenced above.

Thank you,
Leah

Leah Kolb
Consultant
T.: +1 888 224 9911
Leah.Kolb@socotec.us

SOCOTEC Life Safety, LLC
146 Main Street, 3rd Floor
Worcester, MA 01608
www.socotec.us

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	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 of 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:

10 Corinthian Road
Somerville, MA

2. What is the docket number of the existing variance V 26 - 020

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):

Three story residential building with a total of three residential units for rent.

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? 0.00%

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

Permit submission

9.

Request #1

Section(s) for which you are seeking relief: 9.5.4

Are you seeking temporary relief ◯ Yes ◯ No

Types of Attachments for this Request:
☑ Floor/Site Plans, ☐ Cost Estimates,
☐ Photographs, ☐ Test Drawings,
☐ Other(s): _____

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):

see attached letter

Request #2

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

Are you seeking temporary relief ◯ Yes ◯ No

Types of Attachments for this Request:
☐ Floor/Site Plans, ☐ Cost Estimates,
☐ Photographs, ☐ Test Drawings,
☐ Other(s): _____

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

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 ◯ 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):

Request #4

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 ◯ 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):

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: 3/18/26

Signature of owner or authorized agent *(required)*

PLEASE PRINT:

Bernard Trevor Rabidou

Name

SLS Boston Design, LLC

Organization (If Applicable)

75 Hood Park Drive

Address

Address 2 (optional)

Charlestown, MA 02129

City/Town State Zip Code

trevor.rabidou@socotec.us

E-mail

888-224-9911

Telephone

SERVICE NOTICE

I, Bernard Trevor Rabidou, as code consultant
(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:

	NAME AND ADDRESS OF PERSON OR AGENCY SERVED	METHOD OF SERVICE	DATE OF SERVICE
1 **Building Department**	Kevin Klien 1 Franey Road Somerville, MA 02145	email	3/18/26
2 **Local Commission on Disability** (If Applicable)	Holly Simione 93 Highland Ave. Somerville, MA 02143	email	3/18/26
3 **Independent Living Center**	Michael Muehe 60 Temple Place, 5th floor Boston, MA 02111	email	3/18/26

Signature

3/18/26
Date

AAB 53

MAURA HEALEY
GOVERNOR

KIM DRISCOLL
LIEUTENANT GOVERNOR

ERIC PALEY
SECRETARY, EXECUTIVE OFFICE
OF ECONOMIC DEVELOPMENT

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

1 Federal St., 6th Floor
Boston, Massachusetts 02118

LAYLA R. D'EMILIA
UNDERSECRETARY OF CONSUMER
AFFAIRS AND BUSINESS REGULATION

SARAH R. WILKINSON
COMMISSIONER, DIVISION OF
OCCUPATIONAL LICENSURE

NOTICE OF ACTION

Docket Number **V 26 021**

RE: Residential Building , 12 Corinthian Road , Somerville

On February 6, 2026 the Architectural Access Board received an application submitted by Trevor Rabidou .
This application and all attached documentation were reviewed by the Board on February 23, 2026 .
At that meeting, the Board voted as follows:

#	Section	Result
1	9.5.4	**DENIED** as *impracticability* (as defined in 521 CMR 5) has not been proven for this request.

PLEASE NOTE: All documentation (written and visual) verifying that the conditions of the variance have been met must be submitted to the AAB Office as soon as the required work is completed.

Any person aggrieved by the above decision may request an adjudicatory hearing before the Board within 30 days of receipt of this decision by filing the attached request for an adjudicatory hearing. If after 30 days, a request for an adjudicatory hearing is not received, the above decision becomes a final decision and the appeal process is through Superior Court.

Date: February 25, 2026

Palmira Mendez WJ

Chairperson
ARCHITECTURAL ACCESS BOARD

cc: Local Disability Commission
Local Building Inspector
Independent Living Center

AAB 54

March 6, 2026

VIA EMAIL DELIVERY

Massachusetts Architectural Access Board
1000 Washington St
Boston, MA 02118

Re: 12 Corinthian Residences
MAAB Variance Requests
SLS Project #3.2392
Docket V26-021

To Whom it may Concern:

SLS Boston Design, LLC (hereafter referred to as "SLS") has conducted a review of the conditions for the subject project located at 10 Corinthian Road in Somerville, MA. We offer the following justification for a variance request in accordance with 521 CMR 521 CMR §9.5.4.

1 Applicable Codes

It is our understanding that the 10th Edition Massachusetts State Building Code (780 CMR) serves as the Code of Record for the project. 780 CMR Chapter 11 references Massachusetts Architectural Access Board Regulations (521 CMR) for accessibility code provisions.

2 Building Description

The project involves the construction of a 3-family residential unit building. The building does not have an elevator; therefore, only the ground floor unit is required to be designed as a Group 1 unit.

All new construction of public buildings and facilities must comply fully with 521 CMR. Since the project is a new building, it will require full compliance per 521 CMR §3.2.

3 Accessible Route Within Unit

3.1 Code Requirements

521 CMR §9.5.4 requires an accessible route to be provided to all rooms and spaces within a dwelling unit.

3.2 Variance Request

The project respectfully requests an alternate method from 521 CMR §9.5.4 to allow the installation of a lift to access the lower level at the tenant's request in lieu of at the time of construction.

3.3 Basis of Request - Amended Floor Plans

We understand that this application was originally denied due to the fact that the proposed plans required the elimination of a ½ bathroom to install the lift.

The design team has revised the backgrounds such that the proposed lift location is located within a closet / open space on both floor levels and does not require the elimination of a bathroom for the future adaptation.

With this revision to the unit floor plans, we request reconsideration of the proposed variance.

4 Conclusion

Based on the above statements, it is our opinion that the alternate methods stated above meets the intent of 521 CMR §9.5.4. We respectfully request your approval of the proposed variance.

If you have any questions regarding the information included in the report above, please do not hesitate to contact us.

Prepared by:

Leah Kolb
Fire Protection Consultant

Reviewed by:

Bernard Trevor Rabidou, PE
Associate Principal

Attachment A – Multistory Unit Floor Plan

LEGEND

- NEW WALL
- EXISTING TO REMAIN
- WALL TYPE
- CM — CARBON MONOXIDE DETECTOR
- SD — SMOKE DETECTOR

GENERAL FLOOR PLAN NOTES

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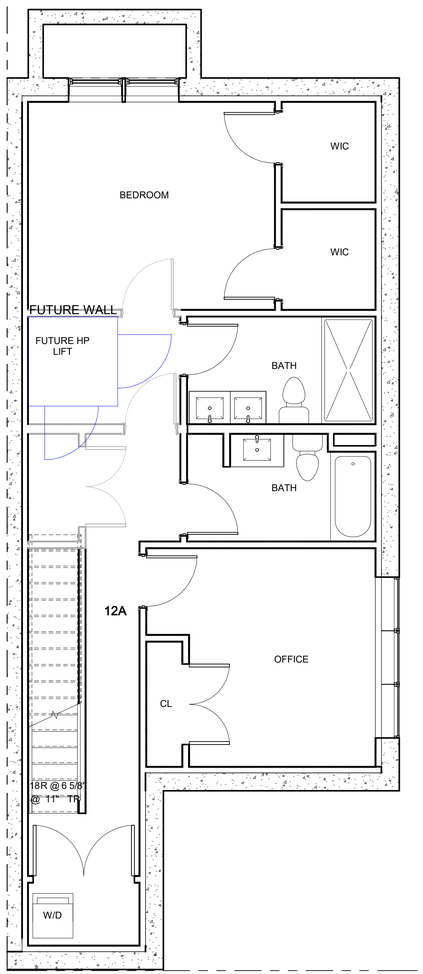

1 BASEMENT - 12 CORINTHIAN - LOT D
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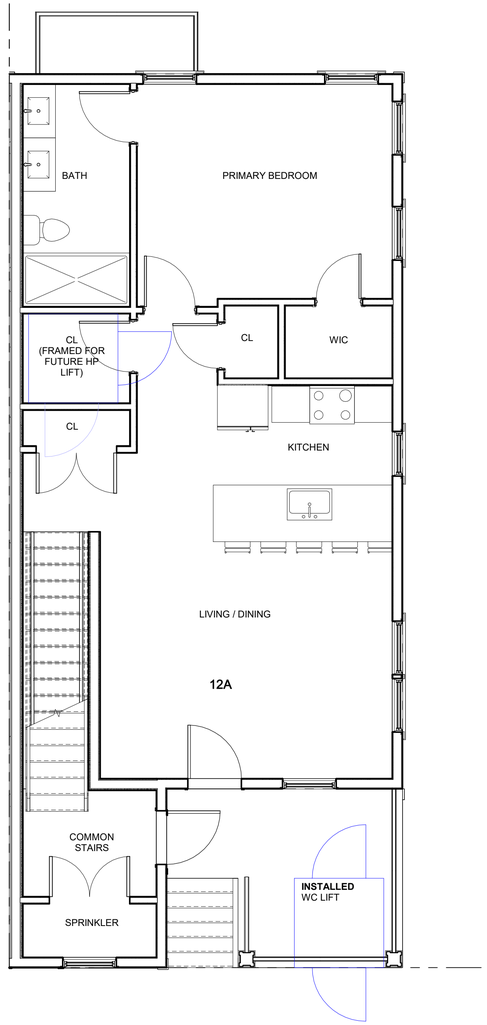

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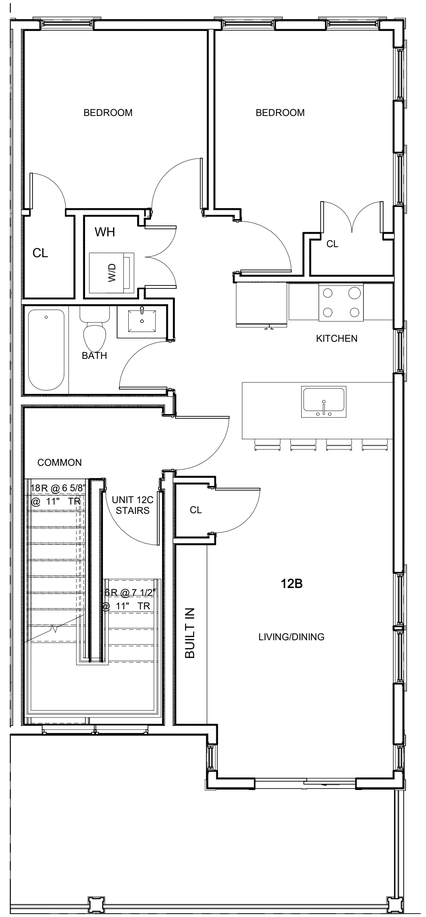

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PROJECT NAME

10-12 CORINTHIAN RESIDENCES

PROJECT ADDRESS

10-12 CORINTHIAN ROAD
SOMERVILLE, MA

CLIENT

ARCHITECT

KDI ARCHITECTURE

KHALSA DESIGN, INC.
17 IVALOO STREET SUITE 400
SOMERVILLE, MA 02143
TELEPHONE: 617-591-8682

CONSULTANTS:

REGISTRATION

REGISTERED ARCHITECT — EVAN STELLA — No. 954057 — SOMERVILLE, MA — COMMONWEALTH OF MASSACHUSETTS

Project number	24016
Date	03/06/2026
Drawn by	KC
Checked by	ES
Scale	1/4" = 1'-0"

REVISIONS

No.	Description	Date

B-2ND FLOOR - 12 CORINTHIAN - LOT D

A-100D

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From Trevor Rabidou <trevor.rabidou@socotec.us>

Date Fri 3/6/2026 12:22 PM

To Leah Kolb <leah.kolb@socotec.us>; Joyce, William (DPL) <William.Joyce@mass.gov>; Griffin, Molly (DPL) <Molly.Griffin@mass.gov>

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Trevor Rabidou, PE
Associate Principal
T.: +1 888 224 9911 | M.: +1 508 505 8987
trevor.rabidou@socotec.us

SOCOTEC Life Safety, LLC
75 Hood Park Drive, Suite 300
Charlestown, MA 02129
www.socotec.us

From: Leah Kolb <Leah.Kolb@socotec.us>
Sent: Friday, February 6, 2026 2:34 PM
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Cc: Trevor Rabidou <trevor.rabidou@socotec.us>
Subject: MAAB Variance - Broadway/Corinthian Residences

William and Molly,

Please see the attached MAAB Variance for the project referenced above.

Thank you,
Leah

Leah Kolb
Consultant
T.: +1 888 224 9911
Leah.Kolb@socotec.us

SOCOTEC Life Safety, LLC
146 Main Street, 3rd Floor
Worcester, MA 01608
www.socotec.us

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	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

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4) **Serve copies of the completed application and all attachments via electronic of 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:

10 Corinthian Road
Somerville, MA

2. What is the docket number of the existing variance V 26 - 020

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):

Three story residential building with a total of three residential units for rent.

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? 0.00%

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

Permit submission

9.

Request #1

Section(s) for which you are seeking relief: 9.5.4

Are you seeking temporary relief ◯ Yes ◯ No

Types of Attachments for this Request:
☑ Floor/Site Plans, ☐ Cost Estimates,
☐ Photographs, ☐ Test Drawings,
☐ Other(s): _____

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):

see attached letter

Request #2

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

Are you seeking temporary relief ◯ Yes ◯ No

Types of Attachments for this Request:
☐ Floor/Site Plans, ☐ Cost Estimates,
☐ Photographs, ☐ Test Drawings,
☐ Other(s): _____

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

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 ◯ 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):

Request #4

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 ◯ 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):

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: 3/18/26

Signature of owner or authorized agent *(required)*

PLEASE PRINT:

Bernard Trevor Rabidou

Name

SLS Boston Design, LLC

Organization (If Applicable)

75 Hood Park Drive

Address

Address 2 (optional)

Charlestown, MA 02129

City/Town State Zip Code

trevor.rabidou@socotec.us

E-mail

888-224-9911

Telephone

SERVICE NOTICE

I, Bernard Trevor Rabidou, as code consultant
(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:

	NAME AND ADDRESS OF PERSON OR AGENCY SERVED	METHOD OF SERVICE	DATE OF SERVICE
1 **Building Department**	Kevin Klien 1 Franey Road Somerville, MA 02145	email	3/18/26
2 **Local Commission on Disability** (If Applicable)	Holly Simione 93 Highland Ave. Somerville, MA 02143	email	3/18/26
3 **Independent Living Center**	Michael Muehe 60 Temple Place, 5th floor Boston, MA 02111	email	3/18/26

Signature

3/18/26
Date

MAURA HEALEY
GOVERNOR

KIM DRISCOLL
LIEUTENANT GOVERNOR

ERIC PALEY
SECRETARY, EXECUTIVE OFFICE OF ECONOMIC DEVELOPMENT

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

1 Federal St., 6th Floor
Boston, Massachusetts 02118

LAYLA R. D'EMILIA
UNDERSECRETARY OF CONSUMER AFFAIRS AND BUSINESS REGULATION

SARAH R. WILKINSON
COMMISSIONER, DIVISION OF OCCUPATIONAL LICENSURE

NOTICE OF ACTION

Docket Number **V 26 020**

RE: Residential Building , 10 Corinthian Road , Somerville

On February 6, 2026 the Architectural Access Board received an application submitted by Trevor Rabidou .
This application and all attached documentation were reviewed by the Board on February 23, 2026 .
At that meeting, the Board voted as follows:

#	Section	Result
1	9.5.4	**DENIED** as *impracticability* (as defined in 521 CMR 5) has not been proven for this request.

PLEASE NOTE: All documentation (written and visual) verifying that the conditions of the variance have been met must be submitted to the AAB Office as soon as the required work is completed.

Any person aggrieved by the above decision may request an adjudicatory hearing before the Board within 30 days of receipt of this decision by filing the attached request for an adjudicatory hearing. If after 30 days, a request for an adjudicatory hearing is not received, the above decision becomes a final decision and the appeal process is through Superior Court.

Date: February 25, 2026

Palmira Mendez WJ

Chairperson
ARCHITECTURAL ACCESS BOARD

cc: Local Disability Commission
Local Building Inspector
Independent Living Center

AAB 68

March 6, 2026

VIA EMAIL DELIVERY

Massachusetts Architectural Access Board
1000 Washington St
Boston, MA 02118

Re: 10 Corinthian Residences
MAAB Variance Requests
SLS Project #3.2392
Docket V26-020

To Whom it may Concern:

SLS Boston Design, LLC (hereafter referred to as "SLS") has conducted a review of the conditions for the subject project located at 10 Corinthian Road in Somerville, MA. We offer the following justification for a variance request in accordance with 521 CMR 521 CMR §9.5.4.

1 Applicable Codes

It is our understanding that the 10th Edition Massachusetts State Building Code (780 CMR) serves as the Code of Record for the project. 780 CMR Chapter 11 references Massachusetts Architectural Access Board Regulations (521 CMR) for accessibility code provisions.

2 Building Description

The project involves the construction of a 3-family residential unit building. The building does not have an elevator; therefore, only the ground floor unit is required to be designed as a Group 1 unit.

All new construction of public buildings and facilities must comply fully with 521 CMR. Since the project is a new building, it will require full compliance per 521 CMR §3.2.

3 Accessible Route Within Unit

3.1 Code Requirements

521 CMR §9.5.4 requires an accessible route to be provided to all rooms and spaces within a dwelling unit.

3.2 Variance Request

The project respectfully requests an alternate method from 521 CMR §9.5.4 to allow the installation of a lift to access the lower level at the tenant's request in lieu of at the time of construction.

3.3 Basis of Request - Amended Floor Plans

We understand that this application was originally denied due to the fact that the proposed plans required the elimination of a ½ bathroom to install the lift.

The design team has revised the backgrounds such that the proposed lift location is located within a closet / open space on both floor levels and does not require the elimination of a bathroom for the future adaptation.

With this revision to the unit floor plans, we request reconsideration of the proposed variance.

4 Conclusion

Based on the above statements, it is our opinion that the alternate methods stated above meets the intent of 521 CMR §9.5.4. We respectfully request your approval of the proposed variance.

If you have any questions regarding the information included in the report above, please do not hesitate to contact us.

Prepared by:

Leah Kolb
Fire Protection Consultant

Reviewed by:

Bernard Trevor Rabidou, PE
Associate Principal

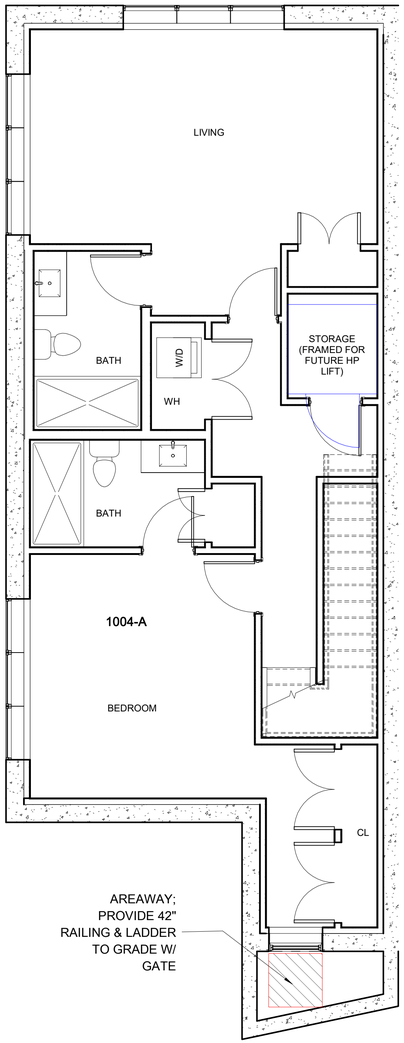
Attachment A – Multistory Unit Floor Plan

LEGEND

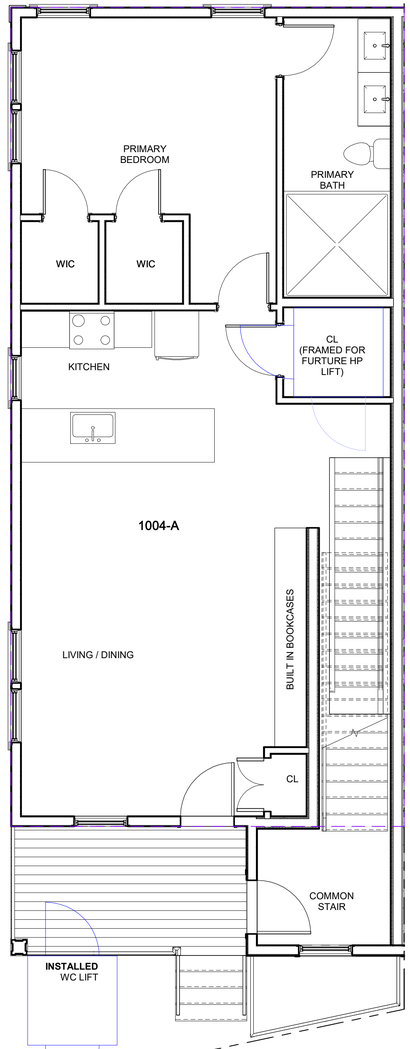
NEW WALL	CARBON MONOXIDE DETECTOR
EXISTING TO REMAIN	
WALL TYPE	SMOKE DETECTOR

GENERAL FLOOR PLAN NOTES

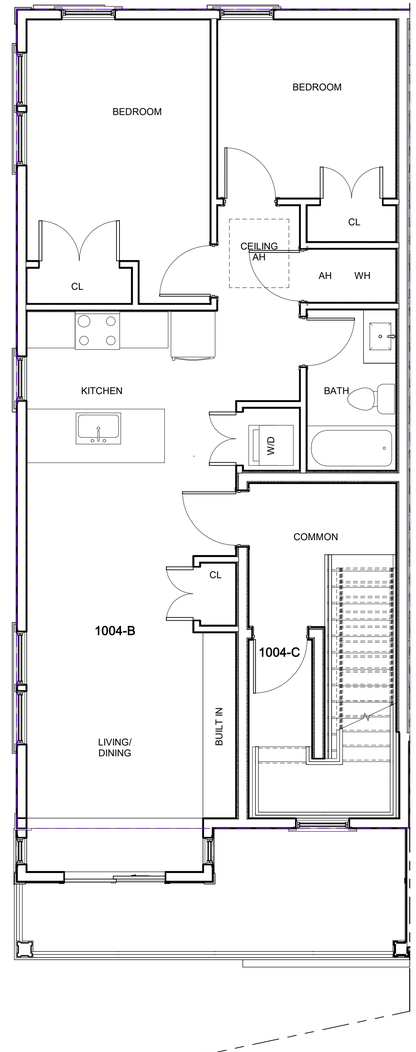
1. ALL SMOKE ALARMS TO BE INTERCONNECTED AND HARD WIRED. SEE FLOOR PLANS FOR LOCATIONS.
2. FINAL KITCHEN LAYOUT TO BE DETERMINED BY OWNER.
3. ALL INTERIOR FINISHES TO BE DETERMINED BY OWNER.
4. UNLESS OTHERWISE NOTED ALL INTERIOR WALL SHALL BE TYPE "1"
5. UNLESS OTHERWISE NOTED ALL EXTERIOR NEW WALLS SHALL BE TYPE "5"
6. SEE A-910 FOR PARTITION TYPES.
7. MOISTURE RESISTANT GWB. TO BE USED IN ALL BATHROOMS AND KITCHENS
8. SEE EXTERIOR ELEVATIONS FOR WINDOW TYPES & CLADDING MATERIALS
9. ALL INTERIOR DIMENSIONS ARE FROM FACE OF GWB TO FACE GWB
10. ALL EXTERIOR DIMENSIONS ARE FROM EXTERIOR FACE OF STUD, TYP., U.N.O.
ZONING DIMENSIONS, MEASURED FROM EXTERIOR FACE OF FINISH, ARE SHOWN IN RED
11. ELECTRICAL OUTLETS ON OPPOSITE SIDE OF WALL SHOULD BE INSTALLED AT LEAST 2'-0" FROM EACH OTHER.
12. CONTRACTOR TO VERIFY EXISTING CONDITIONS IN THE FIELD PRIOR TO DEMOLITION & CONSTRUCTION.
13. SEE STRUCTURAL, MECHANICAL, ELECTRICAL, PLUMBING, FIRE PROTECTION & CIVIL PLAN FOR ADDITIONAL INFORMATION
14. UNLESS OTHERWISE NOTED CENTER CLOSET DOOR ON CLOSET.



1 BASEMENT - 1004 BROADWAY - LOT A
1/4" = 1'-0"



2 1ST FLOOR - 1004 BROADWAY - LOT A
1/4" = 1'-0"



3 2ND FLOOR - 1004 BROADWAY - LOT A
1/4" = 1'-0"

PROJECT NAME

1004-1006 BROADWAY

PROJECT ADDRESS
1004-1006 BROADWAY
10-12 CORINTHIAN RD
SOMERVILLE, MA

CLIENT

SMT DEVELOPMENT

ARCHITECT

KDI ARCHITECTURE

KHALSA DESIGN, INC.
17 IVALOO STREET SUITE 400
SOMERVILLE, MA 02143
TELEPHONE: 617-591-8682

CONSULTANTS:

REGISTRATION

REGISTERED ARCHITECT · EVAN STELLJES · NO. 35407 · SOMERVILLE MA · COMMONWEALTH OF MASSACHUSETTS

Project number	24016
Date	03/06/2026
Drawn by	KC
Checked by	ES
Scale	1/4" = 1'-0"

REVISIONS

No.	Description	Date

B-2ND FLOOR - 1004 BROADWAY - LOT A

A-100A

1004-1006 BROADWAY

AAB 72

\\TKG-NAS1522\Data\24\24016_Eagle\brock Capital_1006 Broadway Somerville\03 Drawings\01_ARCH_CD\24016_1004-1006Broadway-MAAB.rvt

3/6/2026 11:45:26 AM

MAURA HEALEY
GOVERNOR

KIM DRISCOLL
LIEUTENANT GOVERNOR

ERIC PALEY
SECRETARY, EXECUTIVE OFFICE
OF ECONOMIC DEVELOPMENT

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

1 Federal St., 6th Floor
Boston, Massachusetts 02118

LAYLA R. D'EMILIA
UNDERSECRETARY OF CONSUMER
AFFAIRS AND BUSINESS REGULATION

SARAH R. WILKINSON
COMMISSIONER, DIVISION OF
OCCUPATIONAL LICENSURE

NOTICE OF ACTION

Docket Number **V 26 021**

RE: Residential Building , 12 Corinthian Road , Somerville

On February 6, 2026 the Architectural Access Board received an application submitted by Trevor Rabidou .
This application and all attached documentation were reviewed by the Board on February 23, 2026 .
At that meeting, the Board voted as follows:

#	Section	Result
1	9.5.4	**DENIED** as *impracticability* (as defined in 521 CMR 5) has not been proven for this request.

PLEASE NOTE: All documentation (written and visual) verifying that the conditions of the variance have been met must be submitted to the AAB Office as soon as the required work is completed.

Any person aggrieved by the above decision may request an adjudicatory hearing before the Board within 30 days of receipt of this decision by filing the attached request for an adjudicatory hearing. If after 30 days, a request for an adjudicatory hearing is not received, the above decision becomes a final decision and the appeal process is through Superior Court.

Date: February 25, 2026

Palmira Mendez WJ

Chairperson
ARCHITECTURAL ACCESS BOARD

cc: Local Disability Commission
Local Building Inspector
Independent Living Center

AAB 73

MAURA HEALEY
GOVERNOR

KIM DRISCOLL
LIEUTENANT GOVERNOR

ERIC PALEY
SECRETARY, EXECUTIVE OFFICE
OF ECONOMIC DEVELOPMENT

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

1 Federal St., 6th Floor
Boston, Massachusetts 02118

LAYLA R. D'EMILIA
UNDERSECRETARY OF CONSUMER
AFFAIRS AND BUSINESS REGULATION

SARAH R. WILKINSON
COMMISSIONER, DIVISION OF
OCCUPATIONAL LICENSURE

NOTICE OF ACTION

Docket Number **V 26 020**

RE: Residential Building , 10 Corinthian Road , Somerville

On February 6, 2026 the Architectural Access Board received an application submitted by Trevor Rabidou .
This application and all attached documentation were reviewed by the Board on February 23, 2026 .
At that meeting, the Board voted as follows:

#	Section	Result
1	9.5.4	**DENIED** as *impracticability* (as defined in 521 CMR 5) has not been proven for this request.

PLEASE NOTE: All documentation (written and visual) verifying that the conditions of the variance have been met must be submitted to the AAB Office as soon as the required work is completed.

Any person aggrieved by the above decision may request an adjudicatory hearing before the Board within 30 days of receipt of this decision by filing the attached request for an adjudicatory hearing. If after 30 days, a request for an adjudicatory hearing is not received, the above decision becomes a final decision and the appeal process is through Superior Court.

Date: February 25, 2026

Palmira Mendez WJ

Chairperson
ARCHITECTURAL ACCESS BOARD

cc: Local Disability Commission
Local Building Inspector
Independent Living Center

AAB 74

C/C #112

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
V26-020
(Office Use Only)
R-03157506

APPLICATION FOR VARIANCE

PAID
FEB 17 2026
By

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 **&** 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:

10 Corinthian Road
Somerville, MA

2. State the name and address of the **owner** of the building/facility:

Broadway-Corinthian LLC
P.O. Box 610312
Newton Hills, MA 02461

E-mail: elansass@yahoo.com

Telephone: 305-206-2971

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

Three story residential building with a total of three residential units for rent.

Outlook

MAAB Variance - Broadway/Corinthian Residences

From Leah Kolb <Leah.Kolb@socotec.us>
Date Fri 2/6/2026 2:39 PM
To Joyce, William (DPL) <William.Joyce@mass.gov>; Griffin, Molly (DPL) <Molly.Griffin@mass.gov>
Cc Trevor Rabidou <trevor.rabidou@socotec.us>

4 attachments (9 MB)

3.2392 - 10 Corinthian - MAAB Variance Request - 2026.02.06.pdf; 3.2392 - 12 Corinthian - MAAB Variance Request - 2026.02.06.pdf; 3.2392 - 1004 Broadway - MAAB Variance Requests - 2026.02.06.pdf; 3.2392 - 1006 Broadway - MAAB Variance Requests - 2026.02.06.pdf;

William and Molly,

Please see the attached MAAB Variance for the project referenced above.

Thank you,
Leah

Leah Kolb
Consultant
T.: +1 888 224 9911
Leah.Kolb@socotec.us

SOCOTEC Life Safety, LLC
146 Main Street, 3rd Floor
Worcester, MA 01608
www.socotec.us

	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)

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:**
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    b. **Compliance would result in an excessive and unreasonable cost without any substantial benefit for persons with disabilities.**
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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.**
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    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.)**
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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”.**

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

12 Corinthian Road
Somerville, MA

2. State the name and address of the **owner** of the building/facility:

Broadway-Corinthian LLC
P.O. Box 610312
Newton Hills, MA 02461

E-mail: elansass@yahoo.com

Telephone: 305-206-2971

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

Three story residential building with a total of three residential units for rent.

4. Total square footage of the building/facility: 3,634

Per floor: 1,060

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:

- [x] 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):

new construction of 3-unit residential building.

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:

Permit #	Date of Issuance	Value of Work
	2/27/25	$ 1,350,000.00

(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:

$ 0.00

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? 0.00%

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

Permit submission

16. **Please list specific technical sections, not 521 CMR 3.**

Request #1

Section(s) for which you are seeking relief: 9.5.4

Are you seeking temporary relief: ◯ Yes ◯ No

Types of Attachments for this Request:
☑ Floor/Site Plans, ☑ Cost Estimates,
☐ Photographs, ☑ Test Drawings,
☐ Other(s):_____

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):

see attached letter

Request #2

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

Are you seeking temporary relief: ◯ Yes ◯ No

Types of Attachments for this Request:
☐ Floor/Site Plans, ☐ Cost Estimates,
☐ Photographs, ☐ Test Drawings,
☐ Other(s):_____

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):

AAB 82

Request #3

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: ◯ 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):

Request #4

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: ◯ 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):

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:

Evan Stellman
Khalsa Design, Inc
17 Ivaloo Street, Suite 400
Somerville, MA 02143

E-mail: es@kdiarch.com

Telephone: 857-347-3043

18. State the name and address of the building inspector responsible for overseeing this project:

Kevin Klien
1 Franey Road
Somerville, MA 02145

E-mail: isd@somervillema.gov

Telephone: 617-625-6600

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

Date: 2/6/26

Signature of owner or authorized agent *(required)*

PLEASE PRINT:

Bernard Trevor Rabidou

Name

SLS Boston Design, LLC

Organization (If Applicable)

75 Hood Park Drive

Address

Address 2 (optional)

Charlestown, MA 02129

City/Town State Zip Code

trevor.rabidou@socotec.us

E-mail

888-224-9911

Telephone

AAB 85

SERVICE NOTICE

I, Bernard Trevor Rabidou, as code consultant
(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:

	NAME AND ADDRESS OF PERSON OR AGENCY SERVED	METHOD OF SERVICE	DATE OF SERVICE
1 **Building Department**	Kevin Klien 1 Franey Road Somerville, MA 02145	email	
2 **Local Commission on Disability** (If Applicable)	Holly Simione 93 Highland Ave. Somerville, MA 02143	email	3/18/26
3 **Independent Living Center**	Michael Muehe 60 Temple Place, 5th floor Boston, MA 02111	email	3/18/26

Signature

3/18/26
Date

February 6, 2026

VIA EMAIL DELIVERY

Massachusetts Architectural Access Board
1000 Washington St
Boston, MA 02118

Re: 12 Corinthian Residences
MAAB Variance Request
SLS Project #3.2392

To Whom it may Concern:

SLS Boston Design, LLC (hereafter referred to as "SLS") has conducted a review of the conditions for the subject project located at 12 Corinthian Road in Somerville, MA. We offer the following justification for a variance request in accordance with 521 CMR 521 CMR §9.5.4.

1 Applicable Codes

It is our understanding that the 10th Edition Massachusetts State Building Code (780 CMR) serves as the Code of Record for the project. 780 CMR Chapter 11 references Massachusetts Architectural Access Board Regulations (521 CMR) for accessibility code provisions.

2 Building Description

The project involves the construction of a 3-family residential unit building. The building does not have an elevator; therefore, only the ground floor unit is required to be designed as a Group 1 unit.

All new construction of public buildings and facilities must comply fully with 521 CMR. Since the project is a new building, it will require full compliance per 521 CMR §3.2.

3 Accessible Route Within Unit

3.1 Code Requirements

521 CMR §9.5.4 requires an accessible route to be provided to all rooms and spaces within a dwelling unit.

3.2 Variance Request

The project respectfully requests an alternate method from 521 CMR §9.5.4 to allow the installation of a lift to access the lower level at the tenant's request in lieu of at the time of construction.

3.3 Basis of Request

The following sections outline the basis of these requests.

3.3.1 Future Adaptation

Adaptations are incorporated for the future installation of a lift within each of the multistory units. On the main level in the bottom unit, space is designated for the future installation of a lift; test drawings indicating the locations of the future lift installations are provided in Attachment A. Additionally, the structural system within the floor assembly in this location will be enhanced to support the future loads associated with the lift installation.

Building ownership will be responsible for the cost of installing the lift immediately upon tenant request; this will be reflected in the lease agreement (Attachment C).

3.3.2 Unit Configuration

On the first floor of the two-story unit, there is a living room space, kitchen, bedroom, and a bathroom. The bottom level consists of two bedrooms, two bathrooms, and storage space. An accessible route to this level would be required to be provided, through the installation of a wheelchair lift.

Additionally, this proposed configuration complies with the requirements of the Fair Housing Act (FHA), which permits multistory units without an accessible route to the upper floor if the Kitchen, a bathroom, and a bedroom are provided on the main level of the unit.

3.3.3 Lift Installation Cost

A cost estimate for the lift installation is provided in Attachment B. The approximate cost to install and furnish one lift in the unit is approximately $53,926. The extrapolated construction cost of the living unit is approximately $1,350,000. Accordingly, the cost to install a lift in the unit would increase the construction cost of the unit by roughly 3%.

Since not all tenants occupying this unit will require a lift to access the loft in this unit, it is our opinion that the additional upfront costs associated with the lift installation in all of the multistory units would not provide a substantial benefit to persons with disabilities.

4 Conclusion

Based on the above statements, it is our opinion that the alternate methods stated above meets the intent of 521 CMR §9.5.4. We respectfully request your approval of the proposed variances.

If you have any questions regarding the information included in the report above, please do not hesitate to contact us.

Prepared by:

Leah Kolb
Fire Protection Consultant

Reviewed by:

Bernard Trevor Rabidou, PE
Associate Principal

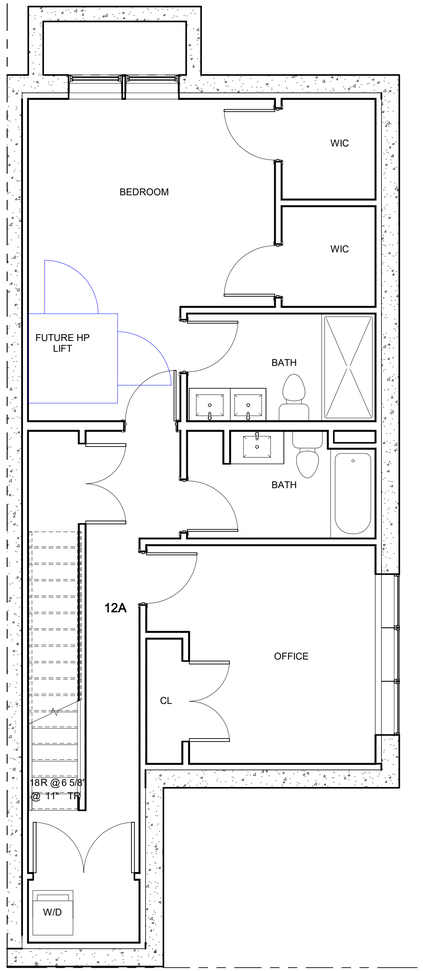
Attachment A – Loft Unit Test Fitouts

LEGEND

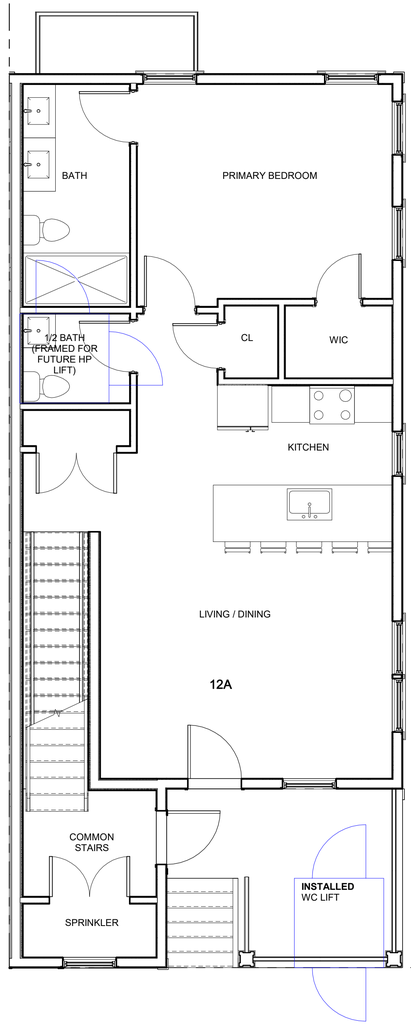
- NEW WALL
- EXISTING TO REMAIN
- WALL TYPE
- CM — CARBON MONOXIDE DETECTOR
- SD — SMOKE DETECTOR

GENERAL FLOOR PLAN NOTES

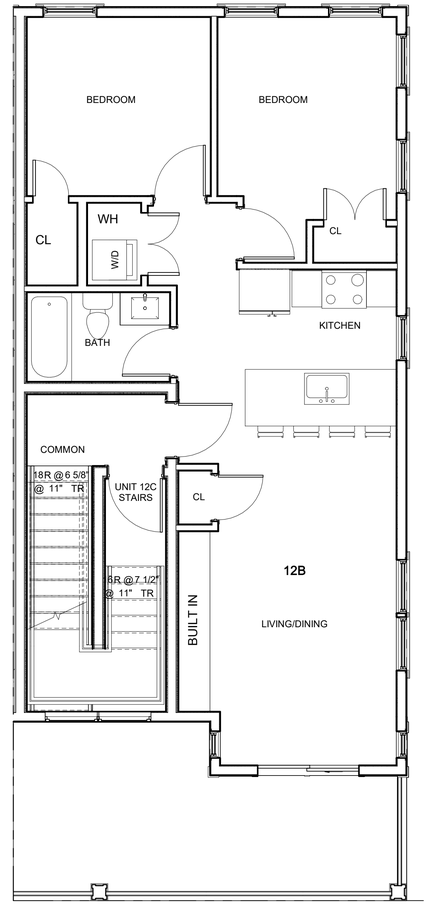
1. ALL SMOKE ALARMS TO BE INTERCONNECTED AND HARD WIRED. SEE FLOOR PLANS FOR LOCATIONS.
2. FINAL KITCHEN LAYOUT TO BE DETERMINED BY OWNER.
3. ALL INTERIOR FINISHES TO BE DETERMINED BY OWNER.
4. UNLESS OTHERWISE NOTED ALL INTERIOR WALL SHALL BE TYPE "1"
5. UNLESS OTHERWISE NOTED ALL EXTERIOR NEW WALLS SHALL BE TYPE "5"
6. SEE A-910 FOR PARTITION TYPES.
7. MOISTURE RESISTANT GWB. TO BE USED IN ALL BATHROOMS AND KITCHENS
8. SEE EXTERIOR ELEVATIONS FOR WINDOW TYPES & CLADDING MATERIALS
9. ALL INTERIOR DIMENSIONS ARE FROM FACE OF GWB TO FACE GWB
10. ALL EXTERIOR DIMENSIONS ARE FROM EXTERIOR FACE OF STUD, TYP., U.N.O.
ZONING DIMENSIONS, MEASURED FROM EXTERIOR FACE OF FINISH, ARE SHOWN IN RED
11. ELECTRICAL OUTLETS ON OPPOSITE SIDE OF WALL SHOULD BE INSTALLED AT LEAST 2'-0" FROM EACH OTHER.
12. CONTRACTOR TO VERIFY EXISTING CONDITIONS IN THE FIELD PRIOR TO DEMOLITION & CONSTRUCTION.
13. SEE STRUCTURAL, MECHANICAL, ELECTRICAL, PLUMBING, FIRE PROTECTION & CIVIL PLAN FOR ADDITIONAL INFORMATION
14. UNLESS OTHERWISE NOTED CENTER CLOSET DOOR ON CLOSET.



1 BASEMENT - 12 CORINTHIAN - LOT D
1/4" = 1'-0"



2 1ST FLOOR - 12 CORINTHIAN - LOT D
1/4" = 1'-0"



3 2ND FLOOR- 12 CORINTHIAN - LOT D
1/4" = 1'-0"

PROJECT NAME

10-12 CORINTHIAN RESIDENCES

PROJECT ADDRESS
10-12 CORINTHIAN ROAD
SOMERVILLE, MA

CLIENT

ARCHITECT

KDI ARCHITECTURE

KHALSA DESIGN, INC.
17 IVALOO STREET SUITE 400
SOMERVILLE, MA 02143
TELEPHONE: 617-591-8682

CONSULTANTS:

REGISTRATION

REGISTERED ARCHITECT — EVAN STELLA — No. 954097 — SOMERVILLE, MA — COMMONWEALTH OF MASSACHUSETTS

Project number	24016
Date	01/21/2026
Drawn by	KC
Checked by	ES
Scale	1/4" = 1'-0"

REVISIONS

No.	Description	Date

B-2ND FLOOR - 12 CORINTHIAN - LOT D

A-100D

10-12 CORINTHIAN RESIDENCES

AAB 91

Attachment B – Lift Cost Analysis

Quote #: 17713 - 01
Date: 2/5/2026
Expiration Date: 4/6/2026

Project Name: 1004-1006 Broadway
Address: 1004 - 1006 Broadway
Somerville, MA 02144

Quotation/Agreement

Vertical Wheelchair Lift - Shaftway Type

I. Summary:

This Quotation/Agreement represents our offer to supply and install the equipment and scope of work outlined in the following material and equipment descriptions or the complete scope of work described in section n/a of the project plans and specifications. Compliance with plans, specifications and drawings is agreed, with exceptions, if any, as listed in paragraph IX below.

II. Location In Building:

building interior

III. Materials To Be Provided:

One (1) Garaventa "Genesis" Vertical Wheelchair Lift for barrier free access only, according to the following equipment specifications.

Equipment Specification

Model	GVL-SW-144	**Depth of Pit**	3" pit
Capacity	750 lbs	**Safety Devices**	As Required by Code
Speed	17 FPM (Hydraulic Drive)	**Keyed Car Controls**	Not Included
Drive Mechanism	2:1 Chain-Hydraulic	**Keyed Landings Control**	Not Included
Total Vertical Travel	144" Max	**Platform Courtesy Lighting**	Standard
Platform Size	40 x 54	**Phone**	Included
Platform Type	Ninety Degree Type	**Car Grab Rail**	Standard
Number of Stops	Two Stop	**Warranty**	Two year parts, one year labor
Battery Backup (Up and Down)	Included	**Preventative Maintenance Plan**	Quotation available upon request
Manual Lowering	Standard		
Emergency Stop/Alarm	Standard		
Lower Landing Entrance	3'0" x 6'8" Fire Door Assembly (frame, closer, hardware) w/ Vision Panel		
Mid Landing Entrance	No Mid Landing		
Upper Landing Entrance	3'0" x 6'8" Fire Door Assembly (frame, closer, hardware) w/ Vision Pane		

Please see Addendum A for optional items if included in this quotation/agreement.

IV. Labor To Be Provided:

All labor and incidental materials necessary for the delivery, set-up, installation, adjusting, inspecting, testing and delivery to the owner of the complete lift system at a location in the building prepared by others.

V. Quotation Amount: **$53,926.00**

If applicable, state sales tax has been included in the quotation amount.

Garaventa USA, Inc. www.GaraventaUSA.com

Suite C - 735 East Industrial Park Drive, Manchester NH 03109 Phone: (603) 669-6553 Fax: (603) 669-0078

AAB 93

Quote #: 17713 - 01
Date: 2/5/2026
Expiration Date: 4/6/2026

Project Name: 1004-1006 Broadway
Address: 1004 - 1006 Broadway
Somerville, MA 02144

VI. Terms:

For a description of the schedule of values/payments, please see Addendum A.

Materials which are not accepted upon an attempt to deliver will be stored and scheduled for re-delivery at the owner's expense. Invoices are payable upon presentation. Title to all equipment shall remain with Garaventa USA, Inc. until all invoices are paid in full.

Customer agrees to bear all costs of collection of overdue invoiced amounts, including any agent/attorney's fees incident thereto.

Upon acceptance of this quotation/agreement, and unless otherwise specified in contract documents, a cancellation fee will apply if this agreement is canceled by the customer prior to the fabrication of the equipment. The amount of the cancellation fee will be (10) percent of the proposal price (less installation, taxes and freight charges) or actual costs, whichever is greater. Cancellation after the equipment has been fabricated and offered for delivery will be subject to a cancellation fee equal to the full contract value less installation labor.

Quoted price includes installation by qualifed and licensed technicians during normal working hours as scheduled with the owner in advance. 'Open Shop' labor rules apply.

Garaventa USA, Inc. is referred hereinafter as "Elevator Contractor".

1. WORK SCHEDULE:

1.1 Elevator Contractor shall perform the installation in accordance with a schedule provided by the Customer at the time of signing this contract or in accordance with a schedule mutually agreed upon if provided by the Customer after the signing of this contract. During the progress of the work the Customer will furnish supplemental instructions and site confirmations to Elevator Contractor with reasonable promptness or in accordance with the schedule for such instructions agreed to by the Customer and Elevator Contractor. Elevator Contractor may reasonably adjust any schedule or specified timing during the course of the work after consulting with the Customer.

1.2 Work will be completed during regular business hours (Mon-Fri 8 am-5 pm). If after-hour work is required due to site constraints or availabilities, extra charges will apply and must be agreed upon explicitly and will be part of this Contract (as defined hereunder).

1.3 Warranty or Planned Maintenance work will only be performed during regular working hours

1.4 Delay in delivery: It is intended that the delivery and installation take place within the agreed timeline in this Contract. However, since the product is custom-made, a backlog at the manufacturer’s factory among other factors including but not limited to permits, inspections, site conditions and weather, may cause delays in completion of the Project and therefore, Elevator Contractor assumes no responsibility for delays nor for failure to deliver work to Customer on a particular date. Customer hereby waives any rights it may have for such factors that are out of Elevator Contractor's control.

1.5 If the installation cannot be completed due to job site delays that are beyond the control of Elevator Contractor, Customer shall be required to pay the full amount of the order within sixty (60) days of the work stoppage.

1.6 Permitting: When explicitly part of the Contract, the Elevator Contractor will use its customary and normal efforts to obtain the required state or municipality permit for the elevator company's scope of work but in no way shall be liable for delays or denial of such permits or for the permits required for work by others.

2. CONSTRUCTION BY COMPANY/OWNER:

2.1 Elevator Contractor is a non-unionized company and may use a subcontractor to perform portion or the entirety of the work at its sole discretion. Scale/prevailing wages other than if explicitly detailed in the Contract is not included.

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AAB 94

2.2 When separate subcontracts are awarded for other parts of the project, or when work is performed by the Customers' own forces, the Customer shall afford Elevator Contractor reasonable opportunity to introduce and store their products. Where part of the work is affected by, or depends upon, the work of other subcontractors the Customer will promptly report to Elevator Contractor, in writing and prior to proceeding, any apparent deficiencies in such work.

2.3 Elevator Contractor reserves the right to cancel this contract should the physical conditions or application be inappropriate. Elevator Contractor shall not assume any liability for such occurrences. The equipment shall remain the property of Elevator Contractor until this contract is completed and the equipment turned over to the Owner.

2.4 A structural engineer or architect must approve location and support structure of the lift for the Project.

2.5 Shaft/hoist way and electrical work will be built "by others" holding the necessary permits and certifications to do the work and will be at Customer's entire costs and under his responsibility

2.6 All elevators and lifts equipped with a phone must have an active phone line available prior to the lift being available for turnover. The phone line is to be done by the owner or others. Work will be at Customer's entire costs and under his/her responsibility.

2.7 All necessary permits for the Project such as with municipalities or Authority Having Jurisdiction (AHJ) is the sole responsibility of Customer if not explicitly included in this proposal.

2.8 Customer or his representative is responsible for securing the hoistway on all levels at all times during the project. The Elevator Contractor will make sure his labor uses best practice to perform work and keep the hoistway safe while on site, however the responsibility remains with the Customer or his representative.

2.9 It is the responsibility of the building owner and/or architect to verify that the product specifications for the Project, along with intended use are in accordance with all current state/province and local laws and applicable code requirements.

3. CHANGE ORDERS:

3.1 When a change in the work is required as a result of the co-ordination and interface of the work by the Customers' own forces, Elevator Contractor may request an authorized Change Order mutually agreed upon for any increase (if any) to the contract value. When a change in the work is requested by the Customer, Elevator Contractor will request an authorized Change Order for any increase (if any) to the contract value.

3.2 This Contract is limited only to the aforementioned items, any extra work related to an unknown site situation will be done at extra cost, subject to Customer's prior approval and signed change order.

3.3 Payment of change order shall be invoiced and due upon approval of the change order. All changes to the work or scope of work describe in your configuration on page 3 of this quotation must be agreed to in writing by the Elevator Contractor and Customer in order to be binding and an agreed purchase order or payment adjustment shall be made as applicable.

4. DELAYS:

4.1 If Elevator Contractor is delayed in the performance of the work by an action or omission of the Customer, or anyone employed or engaged by them directly or indirectly, then the work schedule shall be extended for such reasonable time as Elevator Contractor and the Customer shall agree that the work was delayed and a reasonable time to allow for rescheduling. Elevator Contractor reserves the right to be reimbursed by the Customer for reasonable costs incurred (if any) as a result of such delay. Elevator Contractor will not accept any liability or liquidated damages for delays beyond its control.

4.2 Price escalation: The execution of this contract and paid deposit will guarantee the pricing for a period of twelve (12) months. After this period the Contract price may be increased by three percent (3%) annually depending on the factory price increase. If the project has not been turned over twelve (12) months after the equipment installation has occurred, additional mobilisation charge of $1000 annually will apply.

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AAB 95

4.3 Additional fees of $1,000 will be charged to Customers in the event an installation team has to leave the job site because a payment due is not available upon arrival or the job site isn't ready to receive the product or installation crew as per the agreed schedule with the project management team of Customer. This additional fee will have to be paid before a new delivery and installation date is scheduled.

4.4 Customer acknowledges and agrees that no Act of God, including death or sickness, shall release Customer (or his successors) from fulfilling Customer's obligations hereunder and take delivery of the product. Customer shall accept delivery of product within ninety (90) days of receiving confirmation from Elevator Contractor that the product is ready for delivery. Passed this delay, Elevator Contractor may apply additional charges.

5. TERMINATION OF CONTRACT

5.1 This quotation can be modified or canceled by the Elevator Contractor at any time without prior notice before it is accepted by written confirmation from Customer. Customer hereby waives any right he may have (by law or otherwise) which could prevent the Elevator Contractor from cancelling this quotation or which could give Customer rights to cancel this quotation, once accepted by the Elevator Contractor.

5.2 In the event of a cancellation by Customer, minimum fees equal to forty percent (40%) of the total value of the Contract will be due and payable to the Elevator Contractor. No cancellation will be accepted if the ordered product has been released for production. All payments shall become property of the Elevator Contractor upon receipt.

5.3 Customer default: Customer acknowledges that the unit is custom-made for the Project. If Customer fails or refuses to make payment of the amount due at any time as per the payment schedule, Customer shall be deemed to be in default of this Contract. The Elevator Contractor shall be entitled to stop work and withhold further performance pending the receipt of any past due balance. Elevator Contractor shall be entitled to all remedies provided under the laws of the state.

5.4 Elevator Contractor at its own discretion may reimburse all money paid by Customer and cancel this Contract at any time. Any shaft/hoistway construction or site preparation work done by Customer will be considered as generic and no back charge will be accepted.

5.5 Deposit will be considered Elevator Contractor property and the Project cancelled if the Project has been inactive for more than eighteen (18) months and Customer has not been in communication with Elevator Contractor. Elevator Contractor will send three (3) time email notices and one (1) registered mail notice prior to exercise its right to cancel the

6. INSURANCE:

6.1 Elevator Contractor fully complies with all rules and regulations set by the state's Elevator Contractor's Safety Policy and is available upon request.

6.2 Risk of Loss and Title to work: Elevator Contractor shall bear all risk of loss and damage to the Project due to fire, windstorm, accident, theft, vandalism, etc., prior to the delivery of the product at the Customer's Project address. Customer shall bear all risk of loss and damages to the work and product thereafter.

6.3 Elevator Contractor holds standard liability coverage and, if required, can obtain additional coverage; the cost of additional coverage will be quoted and added to the Contract and at the sole costs and expenses of Customer.

6.4 No project bonding is included in Elevator Contractor's quotation unless expressly indicated and detailed.

6.5 Elevator Contractor is neither responsible nor will not accept any liquidated damages.

7. WARRANTY:

7.1 The standard 2 YEAR manufacturer's limited warranty shall apply for all parts unless otherwise specified in quote. Elevator Contractor shall provide a limited labour warranty for a period of 1 year for defective workmanship unless otherwise specified in quote. (Extended labour and/or parts Warranty and Preventative Maintenance Agreements are available upon request at an additional cost). Warranty provisions do not go into effect until the Elevator Contractor has been paid in full and Warranty work will only be performed during regular working hours.

A Preventative Maintenance Agreement must be in place for all warranty claims.

Project Name: 1004-1006 Broadway
Address: 1004 - 1006 Broadway
Somerville, MA 02144

8. ASSIGNMENT:

8.1 This Contract shall be freely assignable by Elevator Contractor

9. SEVERABILITY:

9.1 If any provision of the terms and conditions is held to be invalid in this Contract, then the remaining provisions shall nevertheless remain in full force and effect, and the invalid or unenforceable provision shall be replaced by a term or provision that is valid and enforceable and that comes closest to expressing the intention of such invalid or unenforceable term or provision.

10. APPLICABLE LAW:

10.1 This Contract shall be governed in accordance with the laws of the state in which this elevator is installed.

11. TITLE AND OWNERSHIP:

11.1 Elevator Contractor retains title to all equipment it supplied until all payment terms under this Contract have been complied with. In the event of default by Customer in any payment, Elevator Contractor may take immediate possession, at its discretion, of the product where, it is located (without legal process) and remove such product or components irrespective of the manner of its attachment to the real estate. In the event it becomes necessary for Elevator Contractor to retain legal counsel or undertake litigation or to otherwise protect its rights under this Contract or to defend Elevator Contractor against claims which are Customers responsibility, Customer shall pay all reasonable attorneys' fees and related costs.

VII. Delivery:

In accordance with the project phasing schedule, but not earlier than 7 weeks from approval of submittals or shop drawings. Shop drawings may be expected within 2 weeks of acceptance by all parties of this proposal or other form of contract/purchase order. These time estimates are provided for planning purposes only and do not represent a contractual obligation or commitment.

VIII. Comments/Conditions:

Please see Garaventa USA work required by other forces included in this agreement. All modifications, electrical support and construction required to facilitate the installation of the lift is the responsibility of other forces. Approval for variances are the responsibility of the building owner or the owner's authorized representative.

IX. Project Exceptions:

For project exceptions specific to this quotation/agreement, please see Addendum A. Exterior installations may be subject to increased maintenance, service and repairs frequencies due to exposure to changing seasonal weather conditions and extreme or intrusive elements.

X. Changes in Law:

If any local, state, or federal governmental entity imposes any change in regulations, building codes, tariffs, taxes (excluding income taxes), or duties that increases the cost of the goods, services, or materials provided under this Agreement, Garaventa USA, Inc. reserves the right to adjust the Purchase Price to reflect the increased cost. Any such change will be communicated to the Customer in writing and shall be due upon notification.

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Quote #: 17713 - 01
Date: 2/5/2026
Expiration Date: 4/6/2026

Project Name: 1004-1006 Broadway
Address: 1004 - 1006 Broadway
Somerville, MA 02144

Thank you for your interest in the Garaventa line of products and services. Please contact me directly if you have any questions or concerns.

Submitted by Garaventa USA, Inc.

Kevin Swansen

Kevin Swansen
Sales Engineer

2-5-26

Date

Purchaser:

Legal Name of Purchaser or Company/Corporation:

Full Address:

Acceptance:

This quotation/agreement, inclusive of all addenda pages, is formally accepted by:

- ☐ Owner of Project
- ☐ Office/Manager/Agent duly and legally authorized to act as signing authority

Authorized Signature

Please Print Name and Title

Date

Signature constitutes agreement to purchase as per terms and conditions of this agreement.

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AAB 98

Quote #: 17713 - 01
Date: 2/5/2026
Expiration Date: 4/6/2026

Project Name: 1004-1006 Broadway
Address: 1004 - 1006 Broadway
Somerville, MA 02144

Addendum A

Schedule of Values

30% deposit, 20% upon provision of approval drawings and before manufacturing can be ordered, 40% upon delivery of lift/equipment, 10% at installation. No third party payment contingencies are accepted.

Equipment Specification - Additional Items

concealed power door operators-2	Included
Split Mast Kit	Included (requires additional wall support by others - see approval drawings)
wall mounted calls -2	included

Garaventa USA, Inc. www.GaraventaUSA.com

Suite C - 735 East Industrial Park Drive, Manchester NH 03109 Phone: (603) 669-6553 Fax: (603) 669-0078

AAB 99

Quote #: 17713 - 01
Date: 2/5/2026
Expiration Date: 4/6/2026

Project Name: 1004-1006 Broadway
Address: 1004 - 1006 Broadway
Somerville, MA 02144

PROVISION BY OTHERS (Genesis Shaftway Model Vertical Lift)

The following is a summary of the work that will be required by other forces in order to properly furnish and install this unit in a manner that meets or exceeds applicable codes and is common industry standard for lifts/elevators of this type and design.

Our Sales Engineers, Lift Project Managers and Installation Management team will work with the construction project staff and management towards the successful completion of your project. Please feel free to contact our staff should you have any questions or require clarification.

PART I: WORK TO BE COMPLETED BEFORE SCHEDULING OF LIFT INSTALLATION

1. Provide clear and direct access to the location of the lift - to allow for delivery in place.
2. Provide permanent dedicated power to lift. Locate as coordinated by approved shop drawings and/or Garaventa Project Manager.
3. Unless noted as "Supplied by Garaventa"on drawings, provide a Fused, Lockable, Heavy-Duty Disconnect by others, located as coordinated by Garaventa's Project Manager. Provide auxiliary contact switch inside the disconnect for drive systems which utilize battery power. Power to disconnects and wiring to lift hoistway or elevator controller are the responsibility of the General contractor or project contractor.
4. Provide a smooth finished pit. The pit must be dry, square, and level of size as indicated on approved shop drawings. Design and construction to bear all floor reaction loads as shown. Note - For Lifts using Hydraulic Drive systems, pit floor surface shall be non-porous material only.
5. Door sill supports that are plumb and in line from floor to floor.
6. Hoistway of sufficient height to allow for 6'-8" headroom clearance above lift platform surface when at the top landing.
7. Hoistway machine tower wall supports as necessary to bear the "tie-back" loads shown and located on the drawings. This support will be designed and approved by the architect, structural engineer, or owner's representative to proper engineering principles and standards. Garaventa bears NO RESPONSIBILITY for the design, construction or placement of rail wall blocking or supports.
8. Provide a clear area within the pit or "footprint" of the lift including additional space as required for the assembly of the equipment. The clear area must extend vertically for the entire height of the lift and clear headroom area above the lift.
9. Complete all walls and any finish patching and painting in areas surrounding the lift equipment which would not be accessible after lift assembly.
10. Provide lifting beam or bracket - where required.

PART II: GENERAL REQUIREMENTS

1. All wall patching, finishing or refinishing made necessary by the installation of any device or fixture in any wall, floor or ceiling surface.
2. Provide hoistway lighting with guard - to satisfy all applicable building codes. 5 FTC or 54 LUX minimum required throughout hoistway.
3. Installations without optional "in-fill" panels will require a small wall section to be built to fill open space between upper landing gates or doors and the building wall - after lift is in place.
4. Per code, sprinkler systems are not authorized in Lift/Elevator hoistways or pits. If contract drawings or the local authority requires sprinkler installation, DO NOT approve the lift shop drawings until this issue is resolved.

Garaventa USA, Inc. www.GaraventaUSA.com

Suite C - 735 East Industrial Park Drive, Manchester NH 03109 Phone: (603) 669-6553 Fax: (603) 669-0078

AAB 100

5. Where power door openers are used, provide concealed wiring to remote located lift landing control stations. Coordinate location of remote call stations with Garaventa.
6. Placement of lift and doors to be situated in relation to other adjacent building elements to allow for full compliance with ADA and other national and state codes regulations. Garaventa bears no responsibility for building structures not associated with the lift or hoistway which may impede on clear floor space required for accessing the lift.
7. Provide for any and all items identified as “by others” on lift shop drawings.
8. Lift installation, and ALL associated construction items and accessories must be complete before lift inspection with state officials may be scheduled.
9. Provide attendant call system to obtain assistance for key operated lifts where required.
10. Some local and state jurisdictions may require two way communication to be installed on the lift platform. Any wiring for dedicated phone lines or intercoms to be provided by others.

PART III: ADDITIONAL ITEMS APPLICABLE TO LIFTS INSTALLED IN EXTERIOR AREAS

1. Lighting of lift area during all times of potential use.
2. Provide design and construction of pit or slab to include all drainage as needed to assure a dry pit under all conditions.
3. Support slab and area at entrances to be designed in compliance to applicable local building codes (extend below frost line to ensure slab will remain level and stable through all seasons).
4. Exterior rated, fused, lockable, heavy-duty electrical disconnect. Location to be coordinated with Garaventa’s Project Manager, and shall be within sight of lift.
5. Attendant call system as required.
6. Provide wiring for any additional emergency signaling devices as required (telephone, intercom, additional alarm) to ensure that passengers inside the platform may signal for assistance at all times if needed. Consult Garaventa's sales staff for options and availability.
7. Provide additional electrical lines separate from main lift power source for ventilation equipment and lift mast heating.

Garaventa USA, Inc. www.GaraventaUSA.com

Suite C - 735 East Industrial Park Drive, Manchester NH 03109 Phone: (603) 669-6553 Fax: (603) 669-0078

Attachment C – Tenant Lease Agreement

Khalsa Design Inc. (KDI)
Architecture & Urban Planning
17 Ivaloo Street, Suite 400, Somerville, MA 02143
p.617-591-8682

Accommodation & Alteration Acknowledgment
(Condominium Unit – No Lease)
Project: Broadway/Corinthian Condominiums
Address: 1004/1006 Broadway & 10-12 Corinthian Road, Somerville, MA
Unit: 1004A Broadway / 1006A Broadway / 10A Corinthian Road / 12A Corinthian Road

Because this is a condominium project with no tenant leases, the enclosed Accommodation & Alteration Acknowledgment is intended as a functional equivalent, creating a permanent and enforceable obligation exceeding the protections of a typical lease agreement.

The undersigned acknowledges and agrees as follows:

1. **Condominium Ownership**
   This unit is part of a condominium association and is not subject to a tenant lease agreement. Occupancy shall occur through ownership or lawful possession consistent with the condominium documents.
2. **Future Accessibility Accommodation**
   The unit has been designed to accommodate the future installation of a residential lift connecting both levels of the dwelling unit. Structural provisions, spatial clearances, and electrical capacity have been incorporated to facilitate such installation.
3. **Right to Reasonable Accommodation**
   In accordance with applicable accessibility laws and regulations, a qualified individual with a disability may request the installation of a residential lift as a reasonable accommodation.
4. **Owner and Association Obligations**
   Neither the unit owner nor the condominium association shall unreasonably withhold consent for the installation of such a lift, provided that:
   - The installation complies with applicable building and safety codes;
   - Required permits are obtained; and
   - The work is performed in the location designated on the approved construction documents or an equivalent approved location.
5. **Running with the Unit**
   This obligation shall run with the unit and be binding upon all future owners, occupants, successors, and assigns.
6. **Recording**
   This acknowledgment, or substantially similar language, shall be incorporated into the Master Deed, Declaration of Trust, or Unit Deed, as applicable.

Acknowledged by:

Property Developer: _____

Date: _____

CC: File

AAB 103

Outlook

MAAB Variance - Broadway/Corinthian Residences

From Leah Kolb <Leah.Kolb@socotec.us>
Date Fri 2/6/2026 2:39 PM
To Joyce, William (DPL) <William.Joyce@mass.gov>; Griffin, Molly (DPL) <Molly.Griffin@mass.gov>
Cc Trevor Rabidou <trevor.rabidou@socotec.us>

4 attachments (9 MB)

3.2392 - 10 Corinthian - MAAB Variance Request - 2026.02.06.pdf; 3.2392 - 12 Corinthian - MAAB Variance Request - 2026.02.06.pdf; 3.2392 - 1004 Broadway - MAAB Variance Requests - 2026.02.06.pdf; 3.2392 - 1006 Broadway - MAAB Variance Requests - 2026.02.06.pdf;

William and Molly,

Please see the attached MAAB Variance for the project referenced above.

Thank you,
Leah

Leah Kolb
Consultant
T.: +1 888 224 9911
Leah.Kolb@socotec.us

SOCOTEC Life Safety, LLC
146 Main Street, 3rd Floor
Worcester, MA 01608
www.socotec.us

SOCOTEC

Great Place To Work. Certified

	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)

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 & 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:

12 Corinthian Road
Somerville, MA

2. State the name and address of the **owner** of the building/facility:

Broadway-Corinthian LLC
P.O. Box 610312
Newton Hills, MA 02461

E-mail: elansass@yahoo.com

Telephone: 305-206-2971

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

Three story residential building with a total of three residential units for rent.

4. Total square footage of the building/facility: 3,634

Per floor: 1,060

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:

- [x] 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):

new construction of 3-unit residential building.

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:

Permit #	Date of Issuance	Value of Work
	2/27/25	$ 1,350,000.00

(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:

$ 0.00

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? 0.00%

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

Permit submission

16. **Please list specific technical sections, not 521 CMR 3.**

Request #1

Section(s) for which you are seeking relief: 9.5.4

Are you seeking temporary relief: ◯ Yes ◯ No

Types of Attachments for this Request:
☑ Floor/Site Plans, ☑ Cost Estimates,
☐ Photographs, ☑ Test Drawings,
☐ Other(s):_____

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):

see attached letter

Request #2

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

Are you seeking temporary relief: ◯ Yes ◯ No

Types of Attachments for this Request:
☐ Floor/Site Plans, ☐ Cost Estimates,
☐ Photographs, ☐ Test Drawings,
☐ Other(s):_____

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):

Request #3

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: ◯ 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):

Request #4

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: ◯ 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):

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:

Evan Stellman
Khalsa Design, Inc
17 Ivaloo Street, Suite 400
Somerville, MA 02143

E-mail: es@kdiarch.com

Telephone: 857-347-3043

18. State the name and address of the building inspector responsible for overseeing this project:

Kevin Klien
1 Franey Road
Somerville, MA 02145

E-mail: isd@somervillema.gov

Telephone: 617-625-6600

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

Date: 2/6/26

Signature of owner or authorized agent *(required)*

PLEASE PRINT:

Bernard Trevor Rabidou

Name

SLS Boston Design, LLC

Organization (If Applicable)

75 Hood Park Drive

Address

Address 2 (optional)

Charlestown, MA 02129

City/Town State Zip Code

trevor.rabidou@socotec.us

E-mail

888-224-9911

Telephone

AAB 112

SERVICE NOTICE

I, Bernard Trevor Rabidou, as code consultant
(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:

	NAME AND ADDRESS OF PERSON OR AGENCY SERVED	METHOD OF SERVICE	DATE OF SERVICE
1 **Building Department**	Kevin Klien 1 Franey Road Somerville, MA 02145	email	
2 **Local Commission on Disability** (If Applicable)	Holly Simione 93 Highland Ave. Somerville, MA 02143	email	3/18/26
3 **Independent Living Center**	Michael Muehe 60 Temple Place, 5th floor Boston, MA 02111	email	3/18/26

Signature

3/18/26
Date

AAB 113

February 6, 2026

VIA EMAIL DELIVERY

Massachusetts Architectural Access Board
1000 Washington St
Boston, MA 02118

Re: 10 Corinthian Residences
MAAB Variance Requests
SLS Project #3.2392

To Whom it may Concern:

SLS Boston Design, LLC (hereafter referred to as "SLS") has conducted a review of the conditions for the subject project located at 10 Corinthian Road in Somerville, MA. We offer the following justification for a variance request in accordance with 521 CMR 521 CMR §9.5.4.

1 Applicable Codes

It is our understanding that the 10th Edition Massachusetts State Building Code (780 CMR) serves as the Code of Record for the project. 780 CMR Chapter 11 references Massachusetts Architectural Access Board Regulations (521 CMR) for accessibility code provisions.

2 Building Description

The project involves the construction of a 3-family residential unit building. The building does not have an elevator; therefore, only the ground floor unit is required to be designed as a Group 1 unit.

All new construction of public buildings and facilities must comply fully with 521 CMR. Since the project is a new building, it will require full compliance per 521 CMR §3.2.

3 Accessible Route Within Unit

3.1 Code Requirements

521 CMR §9.5.4 requires an accessible route to be provided to all rooms and spaces within a dwelling unit.

3.2 Variance Request

The project respectfully requests an alternate method from 521 CMR §9.5.4 to allow the installation of a lift to access the lower level at the tenant's request in lieu of at the time of construction.

3.3 Basis of Request

The following sections outline the basis of these requests.

3.3.1 Future Adaptation

Adaptations are incorporated for the future installation of a lift within each of the multistory units. On the main level in the bottom unit, space is designated for the future installation of a lift; test drawings indicating the locations of the future lift installations are provided in Attachment A. Additionally, the structural system within the floor assembly in this location will be enhanced to support the future loads associated with the lift installation.

Building ownership will be responsible for the cost of installing the lift immediately upon tenant request; this will be reflected in the lease agreement (Attachment C).

3.3.2 Unit Configuration

On the first floor of the two-story unit, there is a living room space, kitchen, bedroom, and a bathroom. The bottom level consists of two bedrooms, two bathrooms, and storage space. An accessible route to this level would be required to be provided, through the installation of a wheelchair lift.

Additionally, this proposed configuration complies with the requirements of the Fair Housing Act (FHA), which permits multistory units without an accessible route to the alternate floor if the kitchen, a bathroom, and a bedroom are provided on the main level of the unit.

3.3.3 Lift Installation Cost

A cost estimate for the lift installation is provided in Attachment B. The approximate cost to install and furnish one lift in the unit is approximately $53,926. The extrapolated construction cost of the living unit is approximately $1,350,000. Accordingly, the cost to install a lift in the unit would increase the construction cost of the unit by roughly 3%.

Since not all tenants occupying this unit will require a lift to access the loft in this unit, it is our opinion that the additional upfront costs associated with the lift installation in all of the multistory units would not provide a substantial benefit to persons with disabilities.

4 Conclusion

Based on the above statements, it is our opinion that the alternate methods stated above meets the intent of 521 CMR §9.5.4. We respectfully request your approval of the proposed variances.

If you have any questions regarding the information included in the report above, please do not hesitate to contact us.

Prepared by:

Leah Kolb
Fire Protection Consultant

Reviewed by:

Bernard Trevor Rabidou, PE
Associate Principal

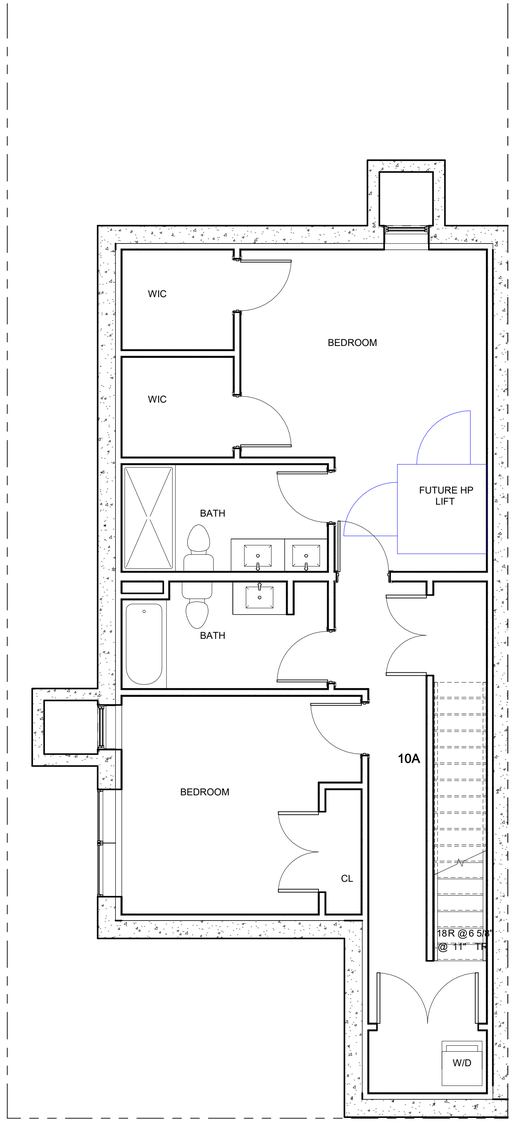
Attachment A – Loft Unit Test Fitouts

LEGEND

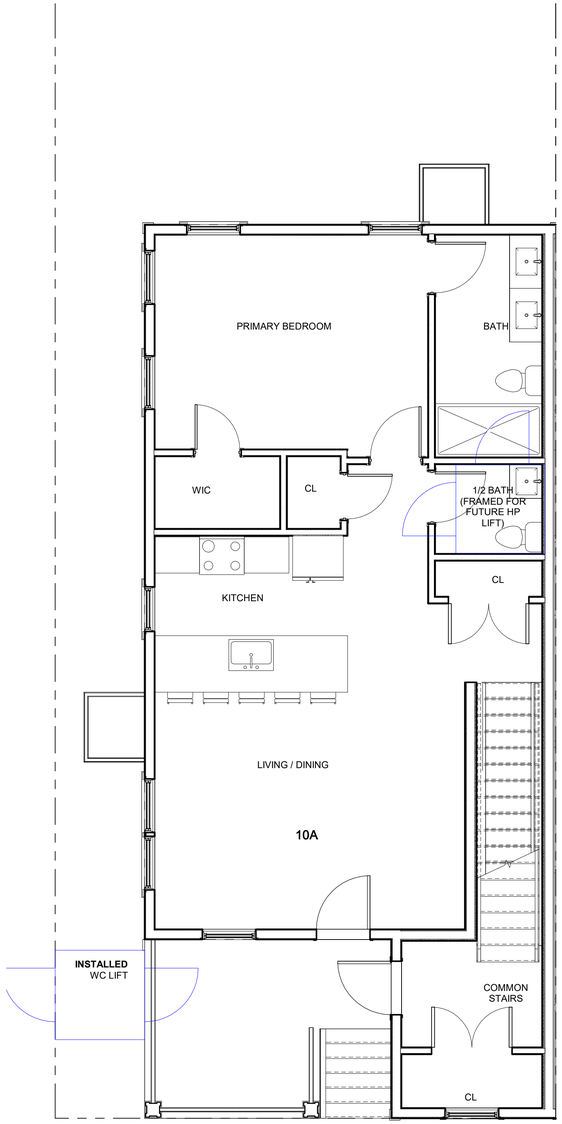
- NEW WALL
- EXISTING TO REMAIN
- WALL TYPE
- CM — CARBON MONOXIDE DETECTOR
- SD — SMOKE DETECTOR

GENERAL FLOOR PLAN NOTES

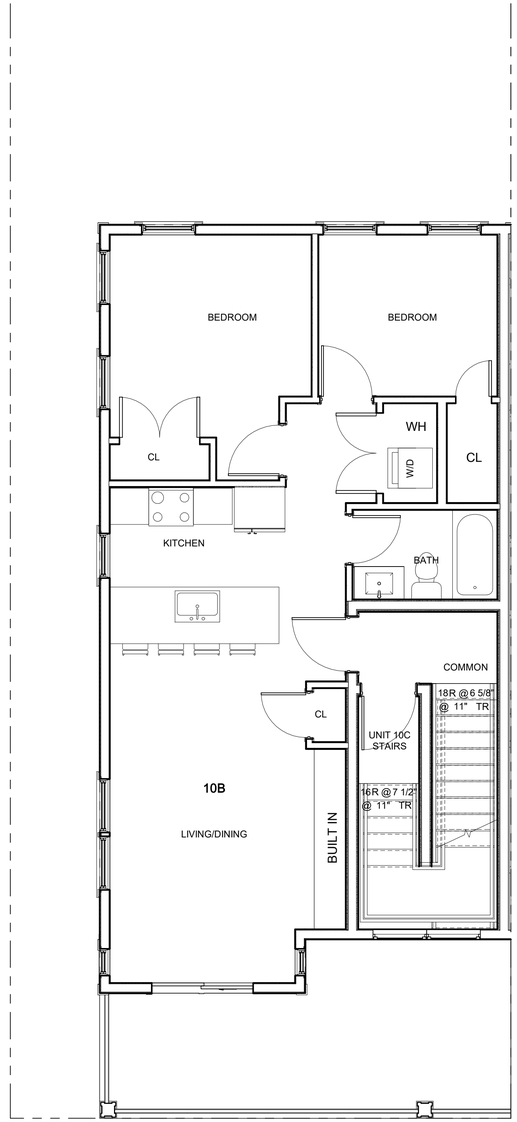
1. ALL SMOKE ALARMS TO BE INTERCONNECTED AND HARD WIRED. SEE FLOOR PLANS FOR LOCATIONS.
2. FINAL KITCHEN LAYOUT TO BE DETERMINED BY OWNER.
3. ALL INTERIOR FINISHES TO BE DETERMINED BY OWNER.
4. UNLESS OTHERWISE NOTED ALL INTERIOR WALL SHALL BE TYPE "1"
5. UNLESS OTHERWISE NOTED ALL EXTERIOR NEW WALLS SHALL BE TYPE "5"
6. SEE A-910 FOR PARTITION TYPES.
7. MOISTURE RESISTANT GWB. TO BE USED IN ALL BATHROOMS AND KITCHENS
8. SEE EXTERIOR ELEVATIONS FOR WINDOW TYPES & CLADDING MATERIALS
9. ALL INTERIOR DIMENSIONS ARE FROM FACE OF GWB TO FACE GWB
10. ALL EXTERIOR DIMENSIONS ARE FROM EXTERIOR FACE OF STUD, TYP., U.N.O.
ZONING DIMENSIONS, MEASURED FROM EXTERIOR FACE OF FINISH, ARE SHOWN IN RED
11. ELECTRICAL OUTLETS ON OPPOSITE SIDE OF WALL SHOULD BE INSTALLED AT LEAST 2'-0" FROM EACH OTHER.
12. CONTRACTOR TO VERIFY EXISTING CONDITIONS IN THE FIELD PRIOR TO DEMOLITION & CONSTRUCTION.
13. SEE STRUCTURAL, MECHANICAL, ELECTRICAL, PLUMBING, FIRE PROTECTION & CIVIL PLAN FOR ADDITIONAL INFORMATION
14. UNLESS OTHERWISE NOTED CENTER CLOSET DOOR ON CLOSET.



1 BASEMENT - 10 CORINTHIAN - LOT C
1/4" = 1'-0"



2 1ST FLOOR - 10 CORINTHIAN - LOT C
1/4" = 1'-0"



3 2ND FLOOR - 10 CORINTHIAN - LOT C
1/4" = 1'-0"

PROJECT NAME

10-12 CORINTHIAN RESIDENCES

PROJECT ADDRESS
10-12 CORINTHIAN ROAD
SOMERVILLE, MA

CLIENT

ARCHITECT

KDI ARCHITECTURE

KHALSA DESIGN, INC.
17 IVALOO STREET SUITE 400
SOMERVILLE, MA 02143
TELEPHONE: 617-591-8682

CONSULTANTS:

REGISTRATION

REGISTERED ARCHITECT — EVAN STELLWAGEN — NO. 954087 — SOMERVILLE, MA — COMMONWEALTH OF MASSACHUSETTS

Project number	24016
Date	01/21/2026
Drawn by	KC
Checked by	ES
Scale	1/4" = 1'-0"

REVISIONS

No.	Description	Date

B-2ND FLOOR - 10 CORINTHIAN - LOT C

A-100C

10-12 CORINTHIAN RESIDENCES

AAB 118

Attachment B – Lift Cost Analysis

Quote #: 17713 - 01
Date: 2/5/2026
Expiration Date: 4/6/2026

Project Name: 1004-1006 Broadway
Address: 1004 - 1006 Broadway
Somerville, MA 02144

Quotation/Agreement

Vertical Wheelchair Lift - Shaftway Type

I. Summary:

This Quotation/Agreement represents our offer to supply and install the equipment and scope of work outlined in the following material and equipment descriptions or the complete scope of work described in section n/a of the project plans and specifications. Compliance with plans, specifications and drawings is agreed, with exceptions, if any, as listed in paragraph IX below.

II. Location In Building:

building interior

III. Materials To Be Provided:

One (1) Garaventa "Genesis" Vertical Wheelchair Lift for barrier free access only, according to the following equipment specifications.

Equipment Specification

Model	GVL-SW-144	**Depth of Pit**	3" pit
Capacity	750 lbs	**Safety Devices**	As Required by Code
Speed	17 FPM (Hydraulic Drive)	**Keyed Car Controls**	Not Included
Drive Mechanism	2:1 Chain-Hydraulic	**Keyed Landings Control**	Not Included
Total Vertical Travel	144" Max	**Platform Courtesy Lighting**	Standard
Platform Size	40 x 54	**Phone**	Included
Platform Type	Ninety Degree Type	**Car Grab Rail**	Standard
Number of Stops	Two Stop	**Warranty**	Two year parts, one year labor
Battery Backup (Up and Down)	Included	**Preventative Maintenance Plan**	Quotation available upon request
Manual Lowering	Standard		
Emergency Stop/Alarm	Standard		
Lower Landing Entrance	3'0" x 6'8" Fire Door Assembly (frame, closer, hardware) w/ Vision Panel		
Mid Landing Entrance	No Mid Landing		
Upper Landing Entrance	3'0" x 6'8" Fire Door Assembly (frame, closer, hardware) w/ Vision Pane		

Please see Addendum A for optional items if included in this quotation/agreement.

IV. Labor To Be Provided:

All labor and incidental materials necessary for the delivery, set-up, installation, adjusting, inspecting, testing and delivery to the owner of the complete lift system at a location in the building prepared by others.

V. Quotation Amount: **$53,926.00**

If applicable, state sales tax has been included in the quotation amount.

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AAB 120

Quote #: 17713 - 01
Date: 2/5/2026
Expiration Date: 4/6/2026

Project Name: 1004-1006 Broadway
Address: 1004 - 1006 Broadway
Somerville, MA 02144

VI. Terms:

For a description of the schedule of values/payments, please see Addendum A.

Materials which are not accepted upon an attempt to deliver will be stored and scheduled for re-delivery at the owner's expense. Invoices are payable upon presentation. Title to all equipment shall remain with Garaventa USA, Inc. until all invoices are paid in full.

Customer agrees to bear all costs of collection of overdue invoiced amounts, including any agent/attorney's fees incident thereto.

Upon acceptance of this quotation/agreement, and unless otherwise specified in contract documents, a cancellation fee will apply if this agreement is canceled by the customer prior to the fabrication of the equipment. The amount of the cancellation fee will be (10) percent of the proposal price (less installation, taxes and freight charges) or actual costs, whichever is greater. Cancellation after the equipment has been fabricated and offered for delivery will be subject to a cancellation fee equal to the full contract value less installation labor.

Quoted price includes installation by qualifed and licensed technicians during normal working hours as scheduled with the owner in advance. 'Open Shop' labor rules apply.

Garaventa USA, Inc. is referred hereinafter as "Elevator Contractor".

1. WORK SCHEDULE:

1.1 Elevator Contractor shall perform the installation in accordance with a schedule provided by the Customer at the time of signing this contract or in accordance with a schedule mutually agreed upon if provided by the Customer after the signing of this contract. During the progress of the work the Customer will furnish supplemental instructions and site confirmations to Elevator Contractor with reasonable promptness or in accordance with the schedule for such instructions agreed to by the Customer and Elevator Contractor. Elevator Contractor may reasonably adjust any schedule or specified timing during the course of the work after consulting with the Customer.

1.2 Work will be completed during regular business hours (Mon-Fri 8 am-5 pm). If after-hour work is required due to site constraints or availabilities, extra charges will apply and must be agreed upon explicitly and will be part of this Contract (as defined hereunder).

1.3 Warranty or Planned Maintenance work will only be performed during regular working hours

1.4 Delay in delivery: It is intended that the delivery and installation take place within the agreed timeline in this Contract. However, since the product is custom-made, a backlog at the manufacturer’s factory among other factors including but not limited to permits, inspections, site conditions and weather, may cause delays in completion of the Project and therefore, Elevator Contractor assumes no responsibility for delays nor for failure to deliver work to Customer on a particular date. Customer hereby waives any rights it may have for such factors that are out of Elevator Contractor's control.

1.5 If the installation cannot be completed due to job site delays that are beyond the control of Elevator Contractor, Customer shall be required to pay the full amount of the order within sixty (60) days of the work stoppage.

1.6 Permitting: When explicitly part of the Contract, the Elevator Contractor will use its customary and normal efforts to obtain the required state or municipality permit for the elevator company's scope of work but in no way shall be liable for delays or denial of such permits or for the permits required for work by others.

2. CONSTRUCTION BY COMPANY/OWNER:

2.1 Elevator Contractor is a non-unionized company and may use a subcontractor to perform portion or the entirety of the work at its sole discretion. Scale/prevailing wages other than if explicitly detailed in the Contract is not included.

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Project Name: 1004-1006 Broadway
Address: 1004 - 1006 Broadway
Somerville, MA 02144

2.2 When separate subcontracts are awarded for other parts of the project, or when work is performed by the Customers' own forces, the Customer shall afford Elevator Contractor reasonable opportunity to introduce and store their products. Where part of the work is affected by, or depends upon, the work of other subcontractors the Customer will promptly report to Elevator Contractor, in writing and prior to proceeding, any apparent deficiencies in such work.

2.3 Elevator Contractor reserves the right to cancel this contract should the physical conditions or application be inappropriate. Elevator Contractor shall not assume any liability for such occurrences. The equipment shall remain the property of Elevator Contractor until this contract is completed and the equipment turned over to the Owner.

2.4 A structural engineer or architect must approve location and support structure of the lift for the Project.

2.5 Shaft/hoist way and electrical work will be built "by others" holding the necessary permits and certifications to do the work and will be at Customer's entire costs and under his responsibility

2.6 All elevators and lifts equipped with a phone must have an active phone line available prior to the lift being available for turnover. The phone line is to be done by the owner or others. Work will be at Customer's entire costs and under his/her responsibility.

2.7 All necessary permits for the Project such as with municipalities or Authority Having Jurisdiction (AHJ) is the sole responsibility of Customer if not explicitly included in this proposal.

2.8 Customer or his representative is responsible for securing the hoistway on all levels at all times during the project. The Elevator Contractor will make sure his labor uses best practice to perform work and keep the hoistway safe while on site, however the responsibility remains with the Customer or his representative.

2.9 It is the responsibility of the building owner and/or architect to verify that the product specifications for the Project, along with intended use are in accordance with all current state/province and local laws and applicable code requirements.

3. CHANGE ORDERS:

3.1 When a change in the work is required as a result of the co-ordination and interface of the work by the Customers' own forces, Elevator Contractor may request an authorized Change Order mutually agreed upon for any increase (if any) to the contract value. When a change in the work is requested by the Customer, Elevator Contractor will request an authorized Change Order for any increase (if any) to the contract value.

3.2 This Contract is limited only to the aforementioned items, any extra work related to an unknown site situation will be done at extra cost, subject to Customer's prior approval and signed change order.

3.3 Payment of change order shall be invoiced and due upon approval of the change order. All changes to the work or scope of work describe in your configuration on page 3 of this quotation must be agreed to in writing by the Elevator Contractor and Customer in order to be binding and an agreed purchase order or payment adjustment shall be made as applicable.

4. DELAYS:

4.1 If Elevator Contractor is delayed in the performance of the work by an action or omission of the Customer, or anyone employed or engaged by them directly or indirectly, then the work schedule shall be extended for such reasonable time as Elevator Contractor and the Customer shall agree that the work was delayed and a reasonable time to allow for rescheduling. Elevator Contractor reserves the right to be reimbursed by the Customer for reasonable costs incurred (if any) as a result of such delay. Elevator Contractor will not accept any liability or liquidated damages for delays beyond its control.

4.2 Price escalation: The execution of this contract and paid deposit will guarantee the pricing for a period of twelve (12) months. After this period the Contract price may be increased by three percent (3%) annually depending on the factory price increase. If the project has not been turned over twelve (12) months after the equipment installation has occurred, additional mobilisation charge of $1000 annually will apply.

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4.3 Additional fees of $1,000 will be charged to Customers in the event an installation team has to leave the job site because a payment due is not available upon arrival or the job site isn't ready to receive the product or installation crew as per the agreed schedule with the project management team of Customer. This additional fee will have to be paid before a new delivery and installation date is scheduled.

4.4 Customer acknowledges and agrees that no Act of God, including death or sickness, shall release Customer (or his successors) from fulfilling Customer's obligations hereunder and take delivery of the product. Customer shall accept delivery of product within ninety (90) days of receiving confirmation from Elevator Contractor that the product is ready for delivery. Passed this delay, Elevator Contractor may apply additional charges.

5. TERMINATION OF CONTRACT

5.1 This quotation can be modified or canceled by the Elevator Contractor at any time without prior notice before it is accepted by written confirmation from Customer. Customer hereby waives any right he may have (by law or otherwise) which could prevent the Elevator Contractor from cancelling this quotation or which could give Customer rights to cancel this quotation, once accepted by the Elevator Contractor.

5.2 In the event of a cancellation by Customer, minimum fees equal to forty percent (40%) of the total value of the Contract will be due and payable to the Elevator Contractor. No cancellation will be accepted if the ordered product has been released for production. All payments shall become property of the Elevator Contractor upon receipt.

5.3 Customer default: Customer acknowledges that the unit is custom-made for the Project. If Customer fails or refuses to make payment of the amount due at any time as per the payment schedule, Customer shall be deemed to be in default of this Contract. The Elevator Contractor shall be entitled to stop work and withhold further performance pending the receipt of any past due balance. Elevator Contractor shall be entitled to all remedies provided under the laws of the state.

5.4 Elevator Contractor at its own discretion may reimburse all money paid by Customer and cancel this Contract at any time. Any shaft/hoistway construction or site preparation work done by Customer will be considered as generic and no back charge will be accepted.

5.5 Deposit will be considered Elevator Contractor property and the Project cancelled if the Project has been inactive for more than eighteen (18) months and Customer has not been in communication with Elevator Contractor. Elevator Contractor will send three (3) time email notices and one (1) registered mail notice prior to exercise its right to cancel the

6. INSURANCE:

6.1 Elevator Contractor fully complies with all rules and regulations set by the state's Elevator Contractor's Safety Policy and is available upon request.

6.2 Risk of Loss and Title to work: Elevator Contractor shall bear all risk of loss and damage to the Project due to fire, windstorm, accident, theft, vandalism, etc., prior to the delivery of the product at the Customer's Project address. Customer shall bear all risk of loss and damages to the work and product thereafter.

6.3 Elevator Contractor holds standard liability coverage and, if required, can obtain additional coverage; the cost of additional coverage will be quoted and added to the Contract and at the sole costs and expenses of Customer.

6.4 No project bonding is included in Elevator Contractor's quotation unless expressly indicated and detailed.

6.5 Elevator Contractor is neither responsible nor will not accept any liquidated damages.

7. WARRANTY:

7.1 The standard 2 YEAR manufacturer's limited warranty shall apply for all parts unless otherwise specified in quote. Elevator Contractor shall provide a limited labour warranty for a period of 1 year for defective workmanship unless otherwise specified in quote. (Extended labour and/or parts Warranty and Preventative Maintenance Agreements are available upon request at an additional cost). Warranty provisions do not go into effect until the Elevator Contractor has been paid in full and Warranty work will only be performed during regular working hours.

A Preventative Maintenance Agreement must be in place for all warranty claims.

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Project Name: 1004-1006 Broadway
Address: 1004 - 1006 Broadway
Somerville, MA 02144

8. ASSIGNMENT:

8.1 This Contract shall be freely assignable by Elevator Contractor

9. SEVERABILITY:

9.1 If any provision of the terms and conditions is held to be invalid in this Contract, then the remaining provisions shall nevertheless remain in full force and effect, and the invalid or unenforceable provision shall be replaced by a term or provision that is valid and enforceable and that comes closest to expressing the intention of such invalid or unenforceable term or provision.

10. APPLICABLE LAW:

10.1 This Contract shall be governed in accordance with the laws of the state in which this elevator is installed.

11. TITLE AND OWNERSHIP:

11.1 Elevator Contractor retains title to all equipment it supplied until all payment terms under this Contract have been complied with. In the event of default by Customer in any payment, Elevator Contractor may take immediate possession, at its discretion, of the product where, it is located (without legal process) and remove such product or components irrespective of the manner of its attachment to the real estate. In the event it becomes necessary for Elevator Contractor to retain legal counsel or undertake litigation or to otherwise protect its rights under this Contract or to defend Elevator Contractor against claims which are Customers responsibility, Customer shall pay all reasonable attorneys' fees and related costs.

VII. Delivery:

In accordance with the project phasing schedule, but not earlier than 7 weeks from approval of submittals or shop drawings. Shop drawings may be expected within 2 weeks of acceptance by all parties of this proposal or other form of contract/purchase order. These time estimates are provided for planning purposes only and do not represent a contractual obligation or commitment.

VIII. Comments/Conditions:

Please see Garaventa USA work required by other forces included in this agreement. All modifications, electrical support and construction required to facilitate the installation of the lift is the responsibility of other forces. Approval for variances are the responsibility of the building owner or the owner's authorized representative.

IX. Project Exceptions:

For project exceptions specific to this quotation/agreement, please see Addendum A. Exterior installations may be subject to increased maintenance, service and repairs frequencies due to exposure to changing seasonal weather conditions and extreme or intrusive elements.

X. Changes in Law:

If any local, state, or federal governmental entity imposes any change in regulations, building codes, tariffs, taxes (excluding income taxes), or duties that increases the cost of the goods, services, or materials provided under this Agreement, Garaventa USA, Inc. reserves the right to adjust the Purchase Price to reflect the increased cost. Any such change will be communicated to the Customer in writing and shall be due upon notification.

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Quote #: 17713 - 01
Date: 2/5/2026
Expiration Date: 4/6/2026

Project Name: 1004-1006 Broadway
Address: 1004 - 1006 Broadway
Somerville, MA 02144

Thank you for your interest in the Garaventa line of products and services. Please contact me directly if you have any questions or concerns.

Submitted by Garaventa USA, Inc.

Kevin Swansen

Kevin Swansen
Sales Engineer

2-5-26

Date

Purchaser:

Legal Name of Purchaser or Company/Corporation:

Full Address:

Acceptance:

This quotation/agreement, inclusive of all addenda pages, is formally accepted by:

- ☐ Owner of Project
- ☐ Office/Manager/Agent duly and legally authorized to act as signing authority

Authorized Signature

Please Print Name and Title

Date

Signature constitutes agreement to purchase as per terms and conditions of this agreement.

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AAB 125

Quote #: 17713 - 01
Date: 2/5/2026
Expiration Date: 4/6/2026

Project Name: 1004-1006 Broadway
Address: 1004 - 1006 Broadway
Somerville, MA 02144

Addendum A

Schedule of Values

30% deposit, 20% upon provision of approval drawings and before manufacturing can be ordered, 40% upon delivery of lift/equipment, 10% at installation. No third party payment contingencies are accepted.

Equipment Specification - Additional Items

concealed power door operators-2	Included
Split Mast Kit	Included (requires additional wall support by others - see approval drawings)
wall mounted calls -2	included

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PROVISION BY OTHERS (Genesis Shaftway Model Vertical Lift)

The following is a summary of the work that will be required by other forces in order to properly furnish and install this unit in a manner that meets or exceeds applicable codes and is common industry standard for lifts/elevators of this type and design.

Our Sales Engineers, Lift Project Managers and Installation Management team will work with the construction project staff and management towards the successful completion of your project. Please feel free to contact our staff should you have any questions or require clarification.

PART I: WORK TO BE COMPLETED BEFORE SCHEDULING OF LIFT INSTALLATION

1. Provide clear and direct access to the location of the lift - to allow for delivery in place.
2. Provide permanent dedicated power to lift. Locate as coordinated by approved shop drawings and/or Garaventa Project Manager.
3. Unless noted as "Supplied by Garaventa"on drawings, provide a Fused, Lockable, Heavy-Duty Disconnect by others, located as coordinated by Garaventa's Project Manager. Provide auxiliary contact switch inside the disconnect for drive systems which utilize battery power. Power to disconnects and wiring to lift hoistway or elevator controller are the responsibility of the General contractor or project contractor.
4. Provide a smooth finished pit. The pit must be dry, square, and level of size as indicated on approved shop drawings. Design and construction to bear all floor reaction loads as shown. Note - For Lifts using Hydraulic Drive systems, pit floor surface shall be non-porous material only.
5. Door sill supports that are plumb and in line from floor to floor.
6. Hoistway of sufficient height to allow for 6'-8" headroom clearance above lift platform surface when at the top landing.
7. Hoistway machine tower wall supports as necessary to bear the "tie-back" loads shown and located on the drawings. This support will be designed and approved by the architect, structural engineer, or owner's representative to proper engineering principles and standards. Garaventa bears NO RESPONSIBILITY for the design, construction or placement of rail wall blocking or supports.
8. Provide a clear area within the pit or "footprint" of the lift including additional space as required for the assembly of the equipment. The clear area must extend vertically for the entire height of the lift and clear headroom area above the lift.
9. Complete all walls and any finish patching and painting in areas surrounding the lift equipment which would not be accessible after lift assembly.
10. Provide lifting beam or bracket - where required.

PART II: GENERAL REQUIREMENTS

1. All wall patching, finishing or refinishing made necessary by the installation of any device or fixture in any wall, floor or ceiling surface.
2. Provide hoistway lighting with guard - to satisfy all applicable building codes. 5 FTC or 54 LUX minimum required throughout hoistway.
3. Installations without optional "in-fill" panels will require a small wall section to be built to fill open space between upper landing gates or doors and the building wall - after lift is in place.
4. Per code, sprinkler systems are not authorized in Lift/Elevator hoistways or pits. If contract drawings or the local authority requires sprinkler installation, DO NOT approve the lift shop drawings until this issue is resolved.

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AAB 127

5. Where power door openers are used, provide concealed wiring to remote located lift landing control stations. Coordinate location of remote call stations with Garaventa.
6. Placement of lift and doors to be situated in relation to other adjacent building elements to allow for full compliance with ADA and other national and state codes regulations. Garaventa bears no responsibility for building structures not associated with the lift or hoistway which may impede on clear floor space required for accessing the lift.
7. Provide for any and all items identified as “by others” on lift shop drawings.
8. Lift installation, and ALL associated construction items and accessories must be complete before lift inspection with state officials may be scheduled.
9. Provide attendant call system to obtain assistance for key operated lifts where required.
10. Some local and state jurisdictions may require two way communication to be installed on the lift platform. Any wiring for dedicated phone lines or intercoms to be provided by others.

PART III: ADDITIONAL ITEMS APPLICABLE TO LIFTS INSTALLED IN EXTERIOR AREAS

1. Lighting of lift area during all times of potential use.
2. Provide design and construction of pit or slab to include all drainage as needed to assure a dry pit under all conditions.
3. Support slab and area at entrances to be designed in compliance to applicable local building codes (extend below frost line to ensure slab will remain level and stable through all seasons).
4. Exterior rated, fused, lockable, heavy-duty electrical disconnect. Location to be coordinated with Garaventa’s Project Manager, and shall be within sight of lift.
5. Attendant call system as required.
6. Provide wiring for any additional emergency signaling devices as required (telephone, intercom, additional alarm) to ensure that passengers inside the platform may signal for assistance at all times if needed. Consult Garaventa's sales staff for options and availability.
7. Provide additional electrical lines separate from main lift power source for ventilation equipment and lift mast heating.

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Attachment C – Tenant Lease Agreement

Khalsa Design Inc. (KDI)
Architecture & Urban Planning
17 Ivaloo Street, Suite 400, Somerville, MA 02143
p.617-591-8682

Accommodation & Alteration Acknowledgment
(Condominium Unit – No Lease)
Project: Broadway/Corinthian Condominiums
Address: 1004/1006 Broadway & 10-12 Corinthian Road, Somerville, MA
Unit: 1004A Broadway / 1006A Broadway / 10A Corinthian Road / 12A Corinthian Road

Because this is a condominium project with no tenant leases, the enclosed Accommodation & Alteration Acknowledgment is intended as a functional equivalent, creating a permanent and enforceable obligation exceeding the protections of a typical lease agreement.

The undersigned acknowledges and agrees as follows:

1. **Condominium Ownership**
   This unit is part of a condominium association and is not subject to a tenant lease agreement. Occupancy shall occur through ownership or lawful possession consistent with the condominium documents.
2. **Future Accessibility Accommodation**
   The unit has been designed to accommodate the future installation of a residential lift connecting both levels of the dwelling unit. Structural provisions, spatial clearances, and electrical capacity have been incorporated to facilitate such installation.
3. **Right to Reasonable Accommodation**
   In accordance with applicable accessibility laws and regulations, a qualified individual with a disability may request the installation of a residential lift as a reasonable accommodation.
4. **Owner and Association Obligations**
   Neither the unit owner nor the condominium association shall unreasonably withhold consent for the installation of such a lift, provided that:
   - The installation complies with applicable building and safety codes;
   - Required permits are obtained; and
   - The work is performed in the location designated on the approved construction documents or an equivalent approved location.
5. **Running with the Unit**
   This obligation shall run with the unit and be binding upon all future owners, occupants, successors, and assigns.
6. **Recording**
   This acknowledgment, or substantially similar language, shall be incorporated into the Master Deed, Declaration of Trust, or Unit Deed, as applicable.

Acknowledged by:

Property Developer: _____

Date: _____

CC: File