



*The Commonwealth of Massachusetts*  
**Department of Public Safety**  
**Architectural Access Board**

One Ashburton Place, Room 1310  
 Boston Massachusetts 02108-1618

Phone: 617-727-0660

Fax: 617-727-0665

www.mass.gov/dps

Docket Number

(Office Use Only)

**APPLICATION FOR VARIANCE**

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.

**PLEASE ENCLOSE:**

- 1) A filing fee of \$50.00 (Check/Money Order) made payable to the "Commonwealth of Massachusetts" and all supporting documentation (e.g. plans in 11" x 17" format, photographs, etc.). In addition, the complete package (including plans, photographs and the completed "Service Notice") must be submitted to all parties via compact disc.
- 2) If you are a tenant seeking variance(s), a letter from the owner of the building authorizing you to apply on his or her behalf is required.
- 3) The completed "Service Notice" form provided at the end of this application certifying that a copy of your *complete application* has been received by the Local Building Inspector, Local Disability Commission (if applicable), and Local Independent Living Center for the city/town that the property in question resides in. A list of the local entities can be found by calling the Architectural Access Board Office or the Local City/Town Clerk. For a list of the Local Independent Living Centers you can either call the Architectural Access Board Office or visit the Massachusetts Statewide Independent Living Council website at <http://www.masilc.org/membership/cils>.

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

DR. RICHARD MILLER  
418 MASS AVE ACTON MA 01720  
 E-mail: rmiller151@aol.com  
 Telephone: 617-921-6292

2. State the name and address of the building/facility:  
418 MASS AVE ACTON MA 01720 SUITE 3

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

4. Total square footage of the building: 8000 A Per floor: 4000 A  
a. total square footage of tenant space (if applicable): 978 A

5. Check the work performed or to be performed:  
 New Construction  Addition  
 Reconstruction/Remodeling/Alteration  Change of Use

6. Briefly describe the extent and nature of the work performed or to be performed (use additional sheets if necessary):  
water damage repair, remodel of 4 operatorys, lobby & bath

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

7a. Check appropriate regulations:  
 1996 Regulations  2002 Regulations  2006 Regulations

SECTION NUMBER	LOCATION OR DESCRIPTION
<u>260604</u>	<u>Bathroom Door</u>
<u>Fic 26e</u>	<u>Bathroom Door</u>
<u>Fic 30D</u>	<u>Bath Room Door</u>

8. Is the building historically significant?  yes  no. If no, go to number 9.  
8a. 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 registered historic district  
 Listed in the State Register of Historic Places  
 Eligible for listing  
8b. If you checked any of the above **and** your variance request is based upon the historical significance of the building, you *must* provide a letter of determination from the Massachusetts Historical Commission, 220 Morrissey Boulevard, Boston, MA 02125.

9. For each variance requested, state in detail the reasons why compliance with the Board's regulations is impracticable (use additional sheets if necessary), including but not limited to: the necessary cost of the work required to achieve compliance with the regulations (i.e. written cost estimates); and plans justifying the cost of compliance.

existing area confined by foundation, common area, hallway & waiting room, there is no room left to bump out to get additional space

10. Has a building permit been applied for? yes  
 Has a building permit been issued? yes  
 10a. If a building permit has been issued, what date was it issued? 5/29/13  
 10b. If work has been completed, state the date the building permit was issued for said work: \_\_\_\_\_

11. State the estimated cost of construction as stated on the above building permit: 21,000  
 11a. If a building permit has not been issued, state the anticipated construction cost: \_\_\_\_\_

12. Have any other building permits been issued within the past 36 months? No  
 12a. If yes, state the dates that permits were issued and the estimated cost of construction for each permit: \_\_\_\_\_

13. Has a certificate of occupancy been issued for the facility? yes  
 If yes, state the date: unsure in the 1970's

14. To the best of your knowledge, has a complaint ever been filed on this building relative to accessibility? \_\_\_\_\_ yes  no

15. State the 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%? yes  
 If not, what is the town's current assessment ratio? \_\_\_\_\_

16. State the phase of design or construction of the facility as of the date of this application: 1/2 complete

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:

Prepared by Warren Fish builder

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Mark Barbadoro

E-mail: M.BARBADORO@ACTON-MA.GOV

Telephone: 978 929 6633

Date: 9-19-13

Warren T Fish  
Signature of owner or authorized agent

PLEASE PRINT:

WARREN T FISH  
Name

556 PLEASANT ST  
Address

MARLBOROUGH MA 01752  
City/Town State Zip Code

warren@pristinehomesolutions.com  
E-mail

774-245-0714  
Telephone

**ARCHITECTURAL ACCESS BOARD VARIANCE APPLICATION  
SERVICE NOTICE**

I, WARREN T FISH, as AGENT

for the Petitioner DR. RICHARD MILLER submit a

variance application filed with the Massachusetts Architectural Access Board on September 19  
20 13.

HEREBY CERTIFY UNDER THE PAINS AND PENALTIES OF PERJURY THAT I SERVED OR CAUSED TO BE SERVED, A COPY OF THIS VARIANCE APPLICATION ON THE FOLLOWING PERSON(S) IN THE FOLLOWING MANNER:

	<u>NAME AND ADDRESS OF PERSON OR AGENCY SERVED</u>	<u>METHOD OF SERVICE</u>	<u>DATE OF SERVICE</u>
1	Acton COD	Hand delivered	9/19/13
2	Acton Building Dept	Hand delivered	9/19/13
3	METRO WEST CENTER FOR Independent Living	USPS	9-20-13

AND CERTIFY UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE ABOVE STATEMENTS TO THE BEST OF MY KNOWLEDGE ARE TRUE AND ACCURATE.

Warren T Fish  
Signature: Appellant or Petitioner

On the 19<sup>th</sup> Day of September 20 13  
PERSONALLY APPEARED BEFORE ME THE ABOVE NAMED

WARREN T FISH  
(Type or Print the Name of the Appellant)

Corinne Braciska  
NOTARY PUBLIC

02/22/2019  
MY COMMISSION EXPIRES

