



The Commonwealth of Massachusetts
Department of Public Safety
Architectural Access Board

One Ashburton Place, Room 1310
 Boston Massachusetts 02108-1618

Phone: 617-727-0660

Fax: 617-727-0665

www.mass.gov/dps

Docket Number

(Office Use Only)

APPLICATION FOR VARIANCE
Curb cuts/sidewalks

In accordance with M.G.L., Chapter 22, Section 13A, I hereby apply for modification of or substitution for the rules and regulations of the Architectural Access Board as they apply to the location(s) described below on the grounds that literal compliance with the Board's regulations is impracticable in my case.

PLEASE ENCLOSE:

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

1. State the name and address of the owner of the project:

Landlord: Marvin Gould - Nagog Knoll LLC
260 Great Rd, Acton MA 01720

E-mail: gouldsacton@aol.com

Telephone: 978-263-0374

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

411 Massachusetts Avenue, Acton MA - Existing Starbucks

Southeast side of the Building

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

Renovate an existing Starbucks - add a door to the patio

4. Check the work performed or to be performed:

 New Construction ✓ Reconstruction/Alteration Repair

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

renovate an existing Starbucks Coffee. Work includes installing a egress door at the patio and removing a railing at the

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

6a. Check appropriate regulations:

 1996 Regulations 2002 Regulations ✓ 2006 Regulations

SECTION NUMBER

LOCATION OR DESCRIPTION

25.1 Entrances

- requires that all public entrances of a building or tenancy in a building shall be accessible and the approach to these entrances shall be a paved walk or ramp with a slip resistant surface, uninterrupted by steps.

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

The proposed is to add an entrance at the patio and remove the railing blocking the patio steps for traffic flow and customer convenience. The main entrance that is ADA compliant and current patio ADA compliant entrance will remain. Major site work would not be required to achieve accessibility to the proposed new entrance and cost hundreds of thousands

8. Has the project been out bid? Yes

Has the contract been awarded? not yet

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

 Pending

8b. Has the project been completed?

 NO

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

 NA

Completion date: _____

9. State the estimated cost of the total project: 75K - that includes the entire remodel

10. Has any other work been performed at this location within the past 36 months? NO

11. Is this project funded by the Massachusetts Department of Transportation? NO

12. Has the project been accepted by the City or Town? NO
If yes, state the date that the project was accepted: _____

13. To the best of your knowledge, has a complaint ever been filed on this project relative to accessibility? _____ yes no

14. State the name and address of the architectural or engineering firm including the name of the individual architect or engineer responsible for preparing drawings of the project:

NORR Architects - Peter Dubin
325 N. LaSalle St - Suite 200 - Chicago IL 60654
E-mail: Emily.Fleming@norr.com
Telephone: 312-873-1022

15. State the name and address of the local or state building official responsible for overseeing this project:

Building Inspector - Mark Barbadoro Building Commissioner - Frank Ramsbottom
Town of Acton Building Dept - 422 Main St Acton MA 01726
E-mail: building@acton-ma.gov
Telephone: 978-929-6633

Date: _____



Signature of owner or authorized agent

PLEASE PRINT:

Daniel Brennan
Name

50 Holt Rd.
Address

Andover MA 01810
City/Town State Zip Code

danbrennan07@comcast.net
E-mail

603-505-5633
Telephone

**ARCHITECTURAL ACCESS BOARD VARIANCE APPLICATION
SERVICE NOTICE**

I, Daniel Brennan, as Design Consultant
 for the Petitioner Starbucks Coffee Corporation submit a
 variance application filed with the Massachusetts Architectural Access Board on April 25th
 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 Building Dept 472 Main St, Acton MA	by hand in person	April 25 th 2013
2	Boston Center for Independent Living 60 Temple Pl, 5 th fl, Boston MA 02111	by hand in person	April 25 th 2013
3			

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

Signature: Appellant or Petitioner

On the _____ Day of _____ 20 _____
 PERSONALLY APPEARED BEFORE ME THE ABOVE NAMED

(Type or Print the Name of the Appellant)

NOTARY PUBLIC

MY COMMISSION EXPIRES