



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

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

PATRIOT SQUARE CONDOMINIUM TRUST
BOX 2350, 69 GREAT ROAD, ACTON, MA 01720
 E-mail: ACTONMGT@VERIZON.NET
 Telephone: 978 263-2989 X2

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

179 GREAT ROAD, ACTON, MA 01720, NORTH side of
GREAT ROAD (ROUTE 2A)

3. Describe the project (e.g. complete reconstruction of Rt. 20 from Main St. to Broadway):
REPLACEMENT OF 30 YEAR OLD SIDEWALK AT 129 GREAT ROAD, ACTON, MA

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):
REPLACEMENT OF SIDEWALK.

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
<u>23</u>	
<u>24</u>	

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.

WE ARE ADDING TWO NEW RAMPS AS SHOWN ON PLANS. THE DISTANCE BETWEEN THE FRONT SIDEWALK AND THE PARKING LOT MAKES A COMPLYING RAMP INADVISABLE. PLEASE SEE ATTACHED LETTER

8. Has the project been out bid? Yes
Has the contract been awarded? Yes
8a. If the contract has been awarded, what date was it awarded?
8b. Has the project been completed?
NO
8c. If work has been completed, state the date work began:
Completion date: _____

9. State the estimated cost of the total project: \$60,000.00

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

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



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Department of Public Safety

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Deval L. Patrick
Governor

Andrea J. Cabral
Secretary

Phone 617-727-0660

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www.mass.gov/dps

Thomas G. Gatzunis, P.E.
Commissioner

Thomas P. Hopkins
Director

TO: Local Building Inspector
Local Disability Commission
Independent Living Center

Docket Number V 13 227

FROM: ARCHITECTURAL ACCESS BOARD

RE: Sidewalk
179 Great Road
Acton

Date: 8/28/2013

Enclosed please find the following material regarding the above location:

___ Application for Variance

Decision of the Board *w/condition*

___ Notice of Hearing

___ Correspondence.

___ Letter of Meeting

The purpose of this memo is to advise you of action taken or to be taken by this Board. If you have any information which may assist the Board in reaching a decision in this case, you may call this office or you may submit comments in writing.

12. Has the project been accepted by the City or Town? NA
 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:
REPLACEMENT ONLY, NO DRAWINGS DONE.

E-mail: _____
 Telephone: _____

15. State the name and address of the local or state building official responsible for overseeing this project:
FRANK RAMSBOTTOM, Building Commissioner
472 MAIN ST, ACTON, MA 01720
 E-mail: FRANRBOTTOM@ACTON-MA.GOV
 Telephone: 978 264-9632

Date: 7/30, 2013

Stephen P. Steinberg
 Signature of owner or authorized agent

PLEASE PRINT:

STEPHEN P. STEINBERG
 Name

Box 2350
 Address

ACTON MA 01720
 City/Town State Zip Code

ACTONMGT@VERIZON.NET
 E-mail

978 263 2989 X2
 Telephone