

Bourne Board of Health Variance Application for Local Health Regulations



In accordance with the established procedures of the Bourne Board of Health, this application is for variances and waivers from local regulations and relevant to requests for relief which have not been approved administratively and require approval at a public meeting.

Facility Name and Address:	RECEIVED		
Owner's Name	JUN 03 2021		
Facility's Street Address	Bourne Health Department 24 Perry Avenue Buzzards Bay, MA 02532		
Owner's Telephone Number 508 - 273-6957	DUZZGING BZY, WIM UZOJZ		
Owner's E-mail Address dhassett 1785@gma:11-com			
Owner's Mailing Address 16 Maple St Bourne, MA 02532			
2. Applicant or Preparer's Name and Address (if different from above):			
Preparer's Name			
Company			
Telephone Number			
E-mail Address			
Mailing Address			
State/ Zip Code			
3. Enclose a letter of request for variances which makes reference to the specific provided Board Bourne of Health Regulations for which a variance is sought. Please use this or demonstrate compliance with all other regulation requirements, and to justify the relective circumstances of the individual case. Be sure to explain why full compliance with the regulations is not feasible, and how a level of environmental protection that is at least provided under the Board of Health Regulations can be achieved without strict applicate a provided to the strict applicate and the strict applications. A template is available as a reference.	oportunity to vant facts and applicable equivalent to that		
4. In order for this Application to be deemed complete, it must be accompanied by the	following:		
 □ Application or Permit Fees paid to the Town of Bourne (if applicable) □ Six sets of plans to scale showing all relevant code requirements □ Letter of request for variances (see samples) ☑ If requesting a variance regarding the storage of animals, include a written remaining the storage of animals. 	manure		
management plan, or equivalent to addross the proper disposal of animals	uncto		

	If abutter	notification	is required,	one of each	n of the followin	g must be submitted:
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- > A copy of the certified list of abutters from the Assessor's Department
- > Sample letter for abutter notification postmarked 10 days prior to meeting date
- ➤ Proof of certified mailing (receipts) meeting requirements of 310 CMR 15.405(2)

5. Certification:

"I certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there may be significant consequences for submitting false information, including, but not limited to, penalties or fine and/or imprisonment for deliberate violations."

Facility Owner's Signatu	re Douls	land	Date	12021			
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Signature of Preparer _			Date				
Print Name							
		AND					
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Completed Application F	Received:	Reviewed	Reviewed By:				
Hearing Date:		Permit #:					
Circle all that apply:	Approved	Continued	Disapproved	Other			
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conditions:							

June 1, 2021 Bourne Board of Health 24 Perry Ave Buzzards Bay, MA 02532

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JUN 03 2021

Bourne Health Department 24 Perry Avenue Buzzards Bay, MA 02532

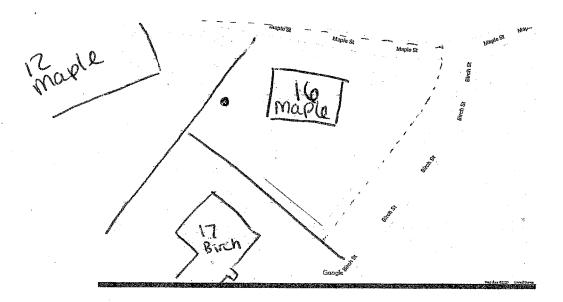
Dear Members,

In accordance with the Bourne Board of Health Regulations, please accept this letter of request to be heard before the Board of Health at their next meeting to discuss relief from the Board of Health Poultry Regulations. Specifically, I am requesting the following variances to accommodate our project of a Chicken Coop to be located on the West side of the property.

35 Feet from the property.
40 feet from the street.
40 feet from neighboring property
5 Feet from property line
A variance for 5 Hens on a property that is under a quarter acre.

I have familiarized myself with proper education on poultry keeping, pest control, appropriate nutrition, providing adequate housing, and have talked to all abutters in area. Although I filled out a request for the abutters list, I did not receive it as of the time I am sending this letter. Because of that I went ahead and talked to my neighbors. No neighbors have any qualms about the chickens and as soon as I get the list, I will send out certified letters as required. All feed for the chickens will be in rodent proof containers and locked inside a shed. Manure will be delt with according to the Massachusetts Department of Agriculture and their Best management practices for backyard poultry keeping. Included is a google map of the location where I have marked the area we wish to place the chicken coop. Thank you for your time.

Donald Hassett 16 Maple St Bourne, Ma 02532 508-273-6957



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Bourne Health Department 24 Perry Avenue Buzzards Bay, MA 02532

of enclosure.

DEAR

In accordance with the Town of Bourne Health Department I am notifying you that I am going before the Bourne of Health seeking at variance for relief from the current poultry regulations to be able to keep 5 Hens on my property located at 16 Maple St. As you are an abutter within 200ft of the property I am required to inform you of the variances for which I am seeking.

- 35 Feet from the street
- 40 feet from adjacent property
- 35 feet from my our property
- 5 Hens on a property less that a quarter acre.

As of today this hearing is not yet scheduled. Current regulations and meeting agendas are posted on the Town of Bourne website www.townofbourne.com/health no less than 48 hours in advance of a hearing. If you have any concerns please contact me or the Bourne of Health at 508-759-1513 ext 1513.

All the Best, Don Hassett Bourne-BOH

June 15, 2021

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