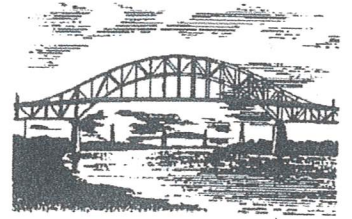


Bourne Board of Health Variance Application for Local Health Regulations



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.

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Bourne Health Department
24 Perry Avenue
Bourne, MA 02532

1. Facility Name and Address:

Owner's Name Jennifer Chaves / Manuel Chaves

Facility's Street Address 388 County Rd.

Owner's Telephone Number 508-246-5036

Owner's E-mail Address kelchaves@rocketmail.com

Owner's Mailing Address P.O. Box 1539, T. Falmouth, MA 02556

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 provisions of the Board Bourne of Health Regulations for which a variance is sought. Please use this opportunity to demonstrate compliance with all other regulation requirements, and to justify the relevant facts and circumstances of the individual case. Be sure to explain why full compliance with the applicable regulations is not feasible, and how a level of environmental protection that is at least equivalent to that provided under the Board of Health Regulations can be achieved without strict application of the regulations. A template is available as a reference.

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 -emailed
- Letter of request for variances (see samples) emailed
- If requesting a variance regarding the storage of animals, include a written manure management plan, or equivalent, to address the proper disposal of animal waste emailed

If abutter notification is required, one of each of the following must be submitted:

emailed

- 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 Signature *[Signature]* *Mary Chaves* Date *4/21/21*

Print Name *Jennifer Chaves* *Manuel Chaves*

Signature of Preparer _____ Date _____

Print Name _____

For Office Use Only

Completed Application Received: _____

Reviewed By: _____

Hearing Date: _____

Permit #: _____

Circle all that apply: Approved Continued Disapproved Other

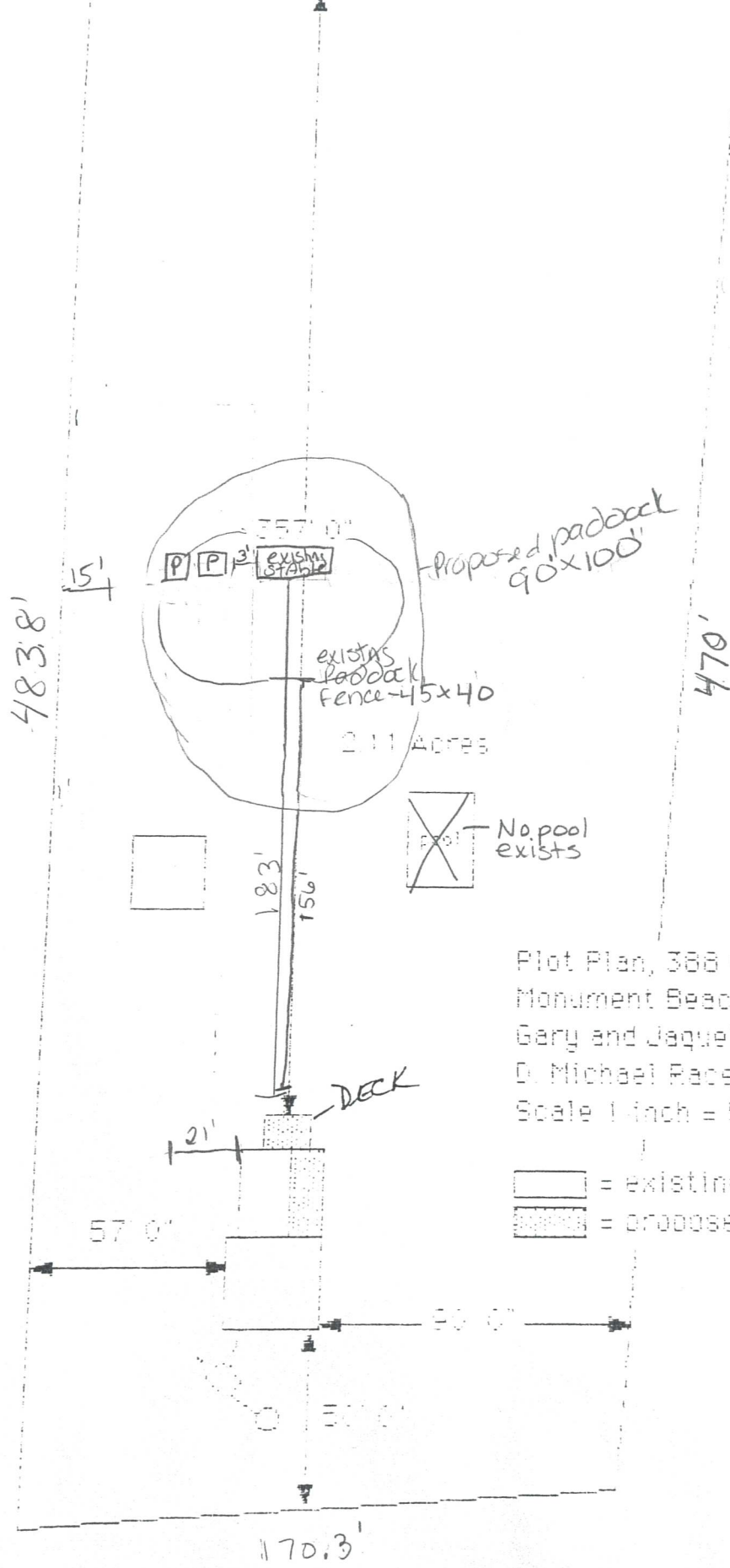
Notes: _____

Conditions: _____

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Bourne Health Department
24 Perry Avenue
Buzzards Bay, MA 02532



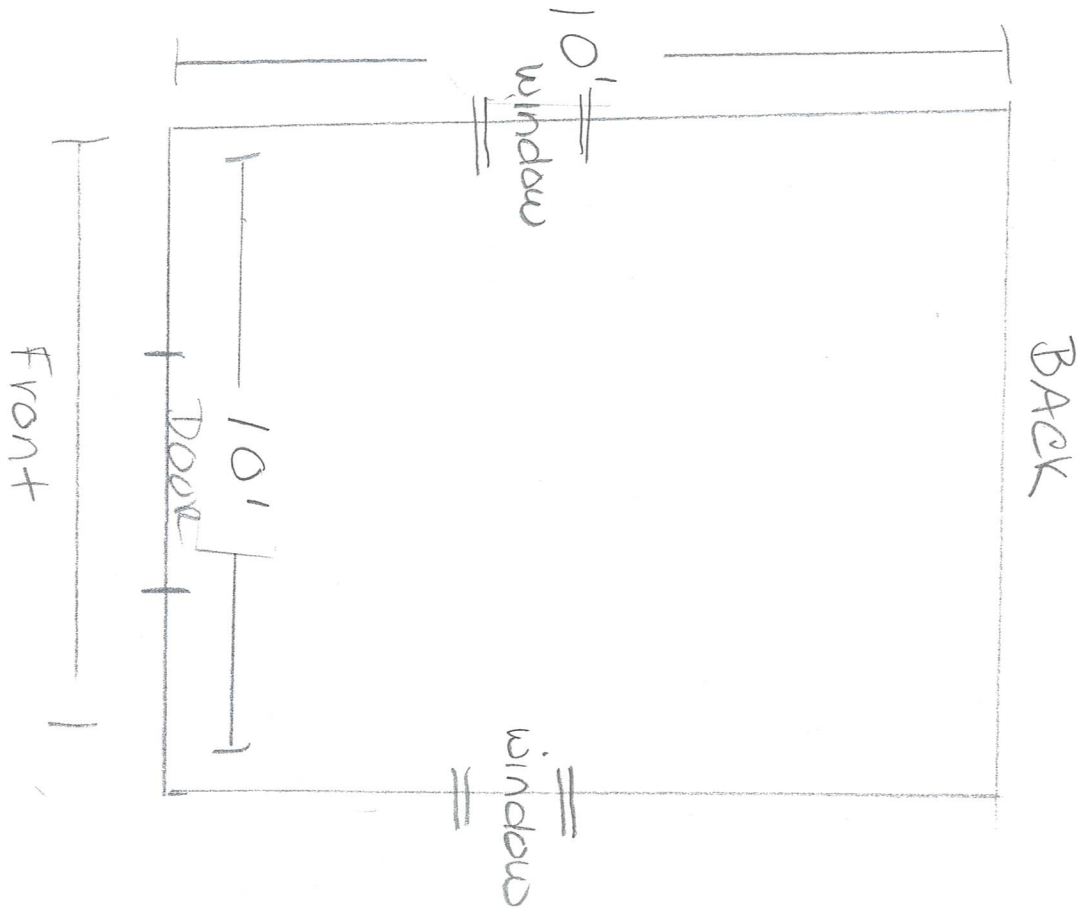
Plot Plan, 388 County Rd.
 Monument Beach, Ma.
 Gary and Jaqueline Loring, Owners
 D. Michael Race, Remodeler/ Builder
 Scale 1 inch = 50 feet

▭ = existing structures
 ▨ = proposed structures

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 24 Perry Avenue
 Buzzards Bay, MA 02532

P = proposed 10x10 stall

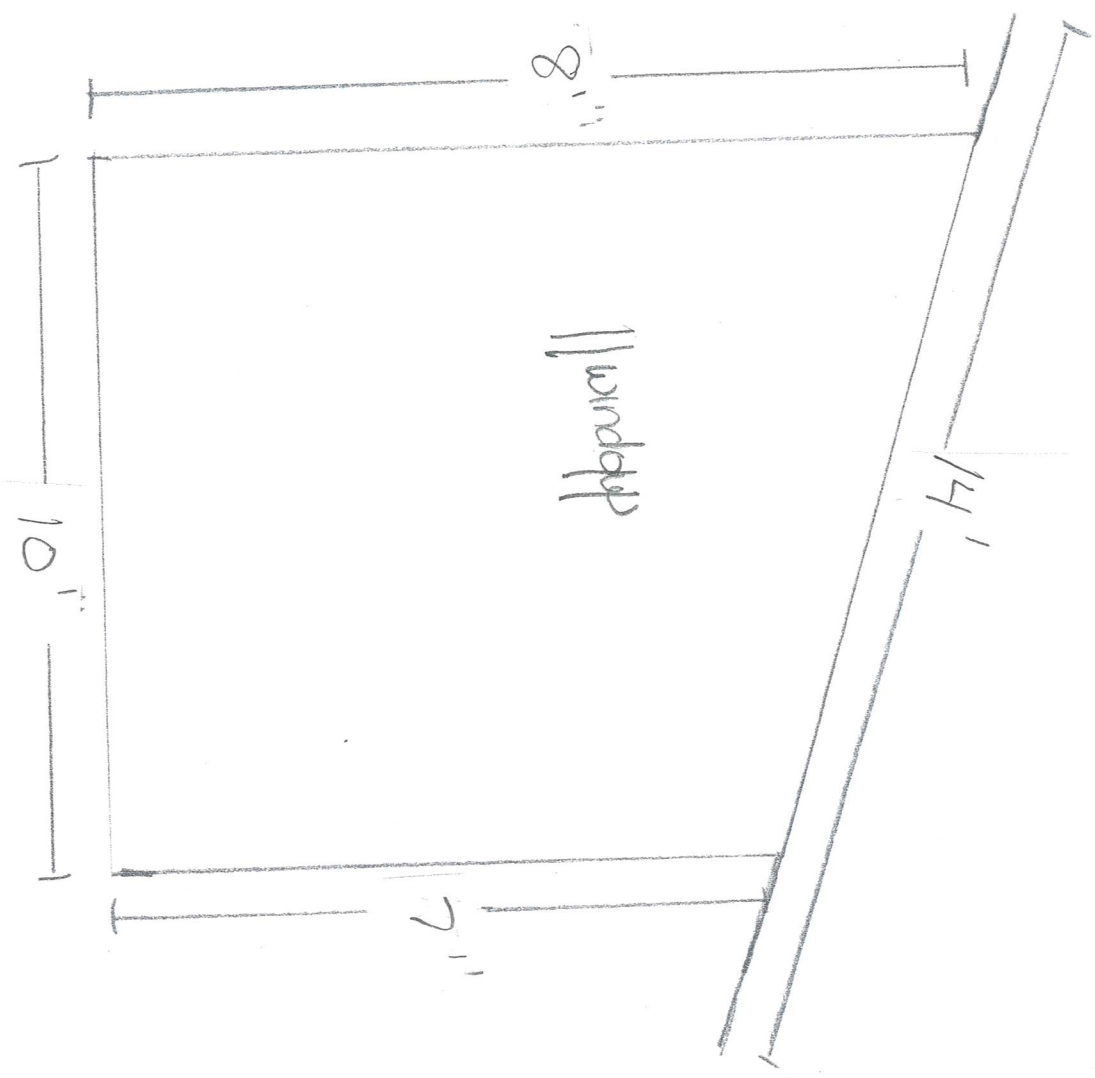


388 County Rd.
 proposed stall-2
 Overview

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Bourne Health Department
 24 Perry Avenue
 Buzzards Bay, MA 02532



388 County Rd.
 Proposed Stall - 2
 Side View

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