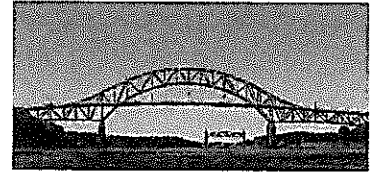


TOWN OF BOURNE
Board of Assessors
24 Perry Avenue
Buzzards Bay, MA 02532
(508) 759-0600 Ext. 1510 ♦ Fax (508) 759-8026



Michael Leitzel, Chairperson
Ellen Doyle Sullivan, Clerk
Donna Barakauskas, Member

Rui Pereira, MAA
Director of Assessing

RECEIVED

By Bourne Health Department at 4:07 pm, Apr 18, 2023

March 30, 2023

Joseph DeCicco & Dianna Bismore
9 Cheryl Lane
Pocasset, MA 02559

Re: Abutters List for Map 44 Parcel 37
Property address: 9 Cheryl Lane

As required by the Bourne Board of Health, pursuant with section 310 CMR 15.411(1), this is to certify that the attached list of names and addresses constitutes all of the parties in interest as shown on the most recent tax list of the Town of Bourne.

Abutting properties are: Map 44 Parcels 34.04, 36, 37.01, 38, 39 & 40.

Your payment of \$10.00 has been received by the Bourne Assessor's Office.

Please be advised that this abutters list is only good for 30 days from the date on this letter. Expired abutters list can be recertified for an additional filing fee.

See enclosed for abutters mailing addresses.

Board of Assessors

*Ellen Doyle Sullivan -
Donna Barakauskas
Michael Leitzel*

Extract: ABUTTERS LIST
 Database: LIVE
 Filter: Key IN 9691,9694,9696,9697,9698,9699
 Sort:

Report #24: Owner Listing Report
 Fiscal Year 2024

Bourne MA

Key	Parcel ID	Owner	Location	LC/CI	Bk-Par(Cert) IDt	Mailing Street	Mailing City	ST	Zip Cdr/County
9691	44.0-34-4	FRINK PAUL & JULIE	5 CHERYL LN	N	31151/192 1010 3/22/2018	5 CHERYL LANE	POCASSET	MA	02559
9694	44.0-36-0	MAYER LAWRENCE J SR & MICHELLE WILLIAMSON	8 CHERYL LN	N	31187/17 1010 4/6/2018	8 CHERYL LANE	POCASSET	MA	02559
9696	44.0-37-1	POOR JAMES E TRS JAMES E POOR 2021 TRUST	26 ROUTE 28A	N	34453/79 1010 9/9/2021	PO BOX 1378	N FALMOUTH	MA	02556
9697	44.0-38-0	CHAMPAGNE ANDREW J	28 ROUTE 28A	N	29673/62 1010 5/24/2016	28 ROUTE 28A	POCASSET	MA	02559
9698	44.0-39-0	GERRY PAULA E	30 FOSTER HOWARD RD	N	28542/124 1010 12/2/2014	30 FOSTER HOWARD RD	POCASSET	MA	02559
9699	44.0-40-0	ROBICHAU ANDREW J	32 FOSTER HOWARD RD	N	30451/318 1010 4/28/2017	32 FOSTER HOWARD RD	POCASSET	MA	02559

Total Records 6

April 3, 2023

Joseph DeCicco
9 Cheryl Lane
Pocasset, MA 02559
Map 44/Parcel 37

RE: Notice of Public Hearing
9 Cheryl Lane, Pocasset, MA

Dear _____,

In accordance with the Town of Bourne Board of Health Regulations, you are hereby notified that Joseph DeCicco has requested a hearing before the Bourne Board of Health to request a Stable License. The proposed Stable License requests approval to place a two-stall barn and paddock area on the above referenced property, which will allow the applicant to stable two horses on his property. The applicant is located at 9 Cheryl Lane, Pocasset, MA (Map 44, Parcel 37) where you are listed as an abutter. At said hearing, the Board of Health will discuss and vote on the application as well as the variance identified below:

- To locate an equine stable 85 feet from the adjoining property instead of the required 100 foot setback distance. (5 Cheryl Lane, Map 44/Parcel 34-4).

This hearing is tentatively scheduled for Wednesday April 26, 2023 at 5:30pm. Information regarding the hearing may be available for your review one week prior to the meeting at the Bourne Health Department, 24 Perry Avenue, Buzzards Bay, Monday through Friday from 8:30am until 4:30pm or online.

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 the hearing. Please confirm the date, time, and location of the meeting with the Town, in case of any changes. Should you have any questions or concerns, please do not hesitate to contact me or the Bourne Health Department at 508-759-0600 ext. 1513.

Sincerely,

Joseph DeCicco

7020 3160 0001 5034 4301

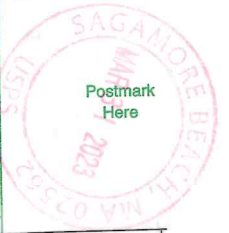
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<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	Paul & Julie Frink
Street and Apt. No., or PO Box No.	5 Cheryl Lane Pocasset, MA 02559
City, State, ZIP+4®	

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7020 3160 0001 5034 4318

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<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	Lawrence Mayer & Michelle Williamson 8 Cheryl Lane Pocasset, MA 02559
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7020 3160 0001 5034 4349

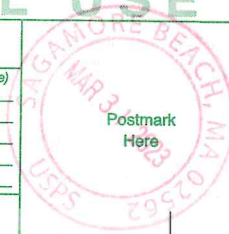
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Extra Services & Fees (check box, add fee as appropriate)	
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<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
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<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	Andrew Robichau
Street and Apt. No., or PO Box No.	22 Foster Howard Road Pocasset, MA 02559
City, State, ZIP+4®	

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7020 3160 0001 5034 4325

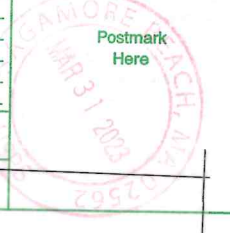
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Extra Services & Fees (check box, add fee as appropriate)	
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<input type="checkbox"/> Return Receipt (electronic)	\$
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Postage	\$
Total Postage and Fees	\$
Sent To	James Poor Trust PO Box 1378 North Falmouth, MA 02556
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	

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7020 3160 0001 5034 4332

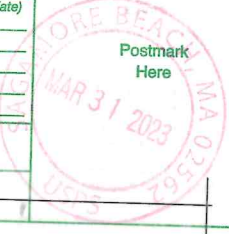
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Extra Services & Fees (check box, add fee as appropriate)	
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<input type="checkbox"/> Return Receipt (electronic)	\$
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<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	Maule Gerry
Street and Apt. No., or PO Box No.	30 Foster Howard Road Pocasset, MA 02559
City, State, ZIP+4®	

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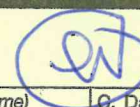

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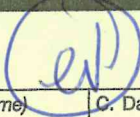

OFFICIAL USE

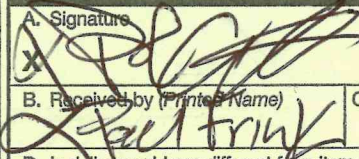

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
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Postage	\$
Total Postage and Fees	\$
Sent To	Andrew Champagne
Street and Apt. No., or PO Box No.	28 Route 28A Pocasset, MA 02559
City, State, ZIP+4®	

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Andrew Robichau 32 Foster Howard Road Pocasset, MA 02559</p> </div>  9590 9402 7786 2152 6278 21	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
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<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>													
<p>Domestic Return Receipt</p>													

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