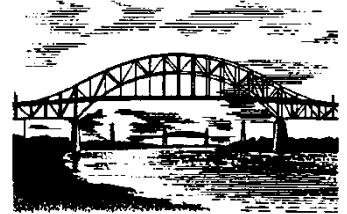


# Bourne Board of Health Variance Application for Local Health Regulations



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

## 1. Facility Name and Address:

Owner's Name

Facility's Street Address

Owner's Telephone Number

Owner's E-mail Address

Owner's Mailing Address

## 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. Type of Facility (check all that apply):

Residential    Commercial    Institutional    School    Industrial

4. Enclose a **letter of request for variances/ waivers** 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 said regulations. A template is available as a reference.

5. In order for this Application to be deemed complete, it must be accompanied by the following:

- \$125 filing fee + any other applicable permit application fees paid to the Town of Bourne.
- Six copies of Letter of request describing nature of variances (see samples).
- Six sets of plans showing all relevant code requirements.
- 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.
- Abutter notification is required; one of each of the following must be submitted:
  - 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)

6. 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 \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**For Office Use Only**

Completed Application Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Permit #: \_\_\_\_\_ Existing  
\_\_\_\_\_ Proposed

Before BOH in past: NO YES

*If yes, enclose copy of minutes. (Date \_\_\_\_\_)*

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Circle all that apply: \_\_\_\_\_ Approved \_\_\_\_\_ Continued \_\_\_\_\_ Disapproved \_\_\_\_\_ Other

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Sample of Letter to the Board

## (For local health regulation variances)

*Date*

RE: BOH Regulation Variance Request

Dear Members of the Board:

In accordance with the Bourne Board of Health Regulations, please accept this letter of request to be heard before the Bourne Board of Health at their next available meeting date to discuss relief from *the Board of Health Poultry Regulations*. The location of the property for this proposal is *123 Address Street, Bourne, MA*. Specifically I am requesting the following variances to accommodate our project:

- *List reason or reasons for the hearing being as specific as possible, for example...*
- *Section (1B) to locate an enclosure of a dog kennel 15 feet from the adjoining property line instead of the required 50 foot setback distance.*

*Give a brief description of project and why need this particular variance/relief from the regulations:*

Sincerely,

*Name of Applicant*  
*Telephone Number*  
*E-mail Address*

# Sample of Letter to Direct Abutters

## (For local health regulation variances)

*Certified Mail # - Must be post marked at least 10 days prior to the meeting date*

*Date*

*Abutter Name*

*Mailing Address*

*Per Assessor's Records*

RE: Notice of Public Hearing

Dear *Mr. Abutter*:

In accordance with the Bourne Board of Health Regulations, you are hereby notified that *Name of Applicant* has requested a hearing before the Bourne Board of Health for relief from *the Board of Health Stable Regulations* for the installation of a *dog kennel for six dogs*. The location of the property for this proposal is *123 Address Street, Bourne, MA* where you are listed as an abutter. At said hearing the Board will discuss and possibly vote on variances from:

- *List reason or reasons for the hearing being as specific as possible, for example...*
- *Section (1B) to locate an enclosure of a dog kennel 15 feet from the adjoining property line instead of the required 50 foot setback distance.*

This hearing is tentatively scheduled for *Date* at *5:30pm* at the *location*. 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](http://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,

*Name of Applicant*

*Telephone Number*

*E-mail Address*