

(This form to be filed with the Town Clerk)

The Commonwealth of Massachusetts

Town of Avon

2023 DEC 21 A 11:47

TOWN CLERK

**TO THE BOARD OF APPEALS:**

The undersigned hereby petition the Board of Appeals to vary the terms of The Zoning By-Laws of the Town of Avon, Acts of 1977 as amended at premises:

18 McCoy St Avon Ma

in the following respect:

set backs for addition

TOWN OF AVON  
2024 MAR - 8 A 10:06  
TOWN CLERK

Or any limitation, extension, change, alteration or modification of use or method of use as may at hearing appear as necessary or proper in the premises.

State briefly reasons for variance.

I would like to add a mudroom and office/den space to my home. The addition would be 2.9 feet from the property line at its closest point. Looking to get a variance to allow this.

Petitioner: Brooke Patterson  
By Brian Curran Construction  
Address 18 McCoy St Avon MA  
Telephone Number 978 902 0724

bcrs1468@gmail.com

Included here:  
Plans to reflect the requested change to 4.9 Ft

**BUILDING DEPARTMENT**

Robert C. Borden, Commissioner

[rborden@avon-ma.gov](mailto:rborden@avon-ma.gov)

Charles Comeau, Assistant Insp.

Al Campbell, Plumbing & Gas Insp.

Dennis Collum, Electrical Insp.

**Town of Avon  
Massachusetts**



**TOWN OFFICES**

Buckley Center

65 East Main St. 02322

Tel (508) 588-0414

Fax (508) 559-0209

[www.avon-ma.gov](http://www.avon-ma.gov)

Sent by USPS

November 17, 2023

Brooke A Patterson

Courtney A McAulay-Patterson

18 McCoy St

Avon, MA 02322

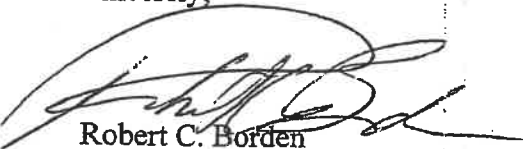
Brooke and Courtney,

I must deny your Building Permit Application for an addition to your existing dwelling at 18 McCoy St, Avon, MA. The proposed 12ft X 28ft addition to the westerly side of your dwelling as shown on the plot plan prepared by Gregory A. Brunavicz, Land Surveyor, to be within 2' 9" of your westside property line. The minimum side yard setback in your Residential A Zoning District is 15 Feet.

The existing "Car Port" was erected by the Building Permit issued in 1970 (see attached copy) in my opinion this legally constructed structure does not constitute an additional violation of the side yard setback requirements.

You may appeal this decision for a variance of the side yard setback requirements of **Section 255, 6-4** the table of Dimensional and Density Regulations Table of the Avon Zoning by Law from 15 ft required to your requested 2.9' to the Avon Board of Appeals, 65 E. Main St, Avon, MA 02322 within thirty (30) days (Applications and instructions are attached).

Sincerely,

  
Robert C. Borden  
Building Commissioner  
Town of Avon

CC P. Bessette – Town Clerk

**BOARD OF HEALTH**  
Ralph Jensen, Chairman  
Robert Ogilvie, Clerk  
Jeffrey Tibnam, Board Member

**HEALTH AGENT**  
Kathleen M. Waldron, RS

# Town of Avon

## Massachusetts



65 East Main Street  
Avon, MA 02322  
Phone: 508.588.0414  
Fax: 508.559.0209  
www.avon-ma.gov

January 3, 2023

Re: 18 McCoy Street, Avon MA 02322

Dear Members of the Zoning Board of Appeals,

This property currently has a cesspool that appears to have been designed for a three bedroom dwelling.

The Board of Health has the following comments/concerns in regards to a request relief in the form of a variance under Section 255-6-4 asking for a setback for 2.9 feet of the westside property line for a 12ft by 28 foot addition:

- Title 5 states if the system is a cesspool, then the system shall be upgraded prior to the expansion of use of the facility.
- If this is not an increase in design flow (adding another bedroom), than the system shall at a minimum be inspected prior to any expansion of use of the facility served for which a building permit or occupancy permit from the local building inspector is required. If the cesspool should fail a Title 5 Inspection, the cesspool would have to be replaced in accordance with 310 CMR 15.
- Any addition should not restrict being able to replace a septic system in the future, or the ability to pump the system and service the system.

Please let me know if you have any questions concerning this matter.

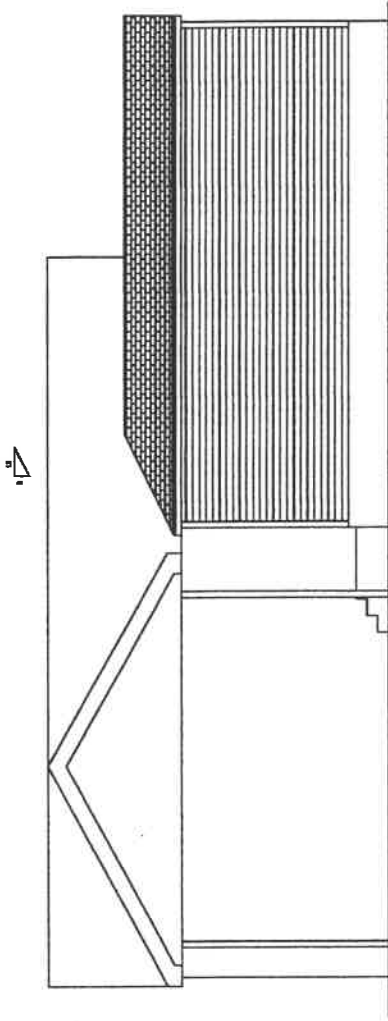
Sincerely,

A handwritten signature in black ink, appearing to read "Kathleen Waldron".

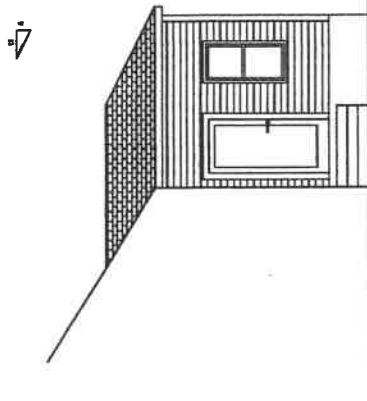
Kathleen Waldron  
kwaldron@avon-ma.gov

Sent: Interoffice mail and email to lmckenney@avon-ma.gov

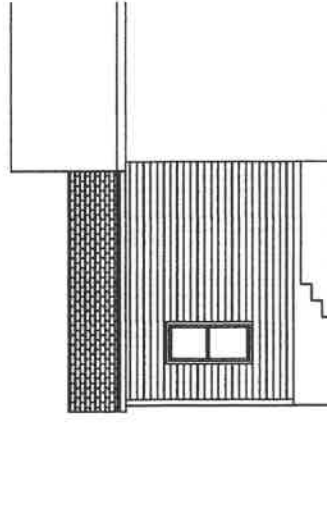




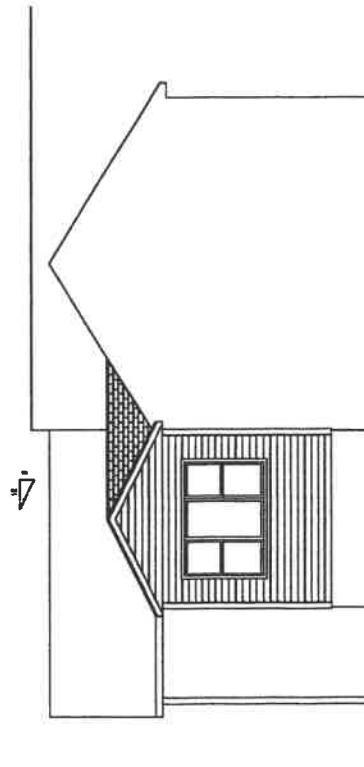
WEST ELEVATION



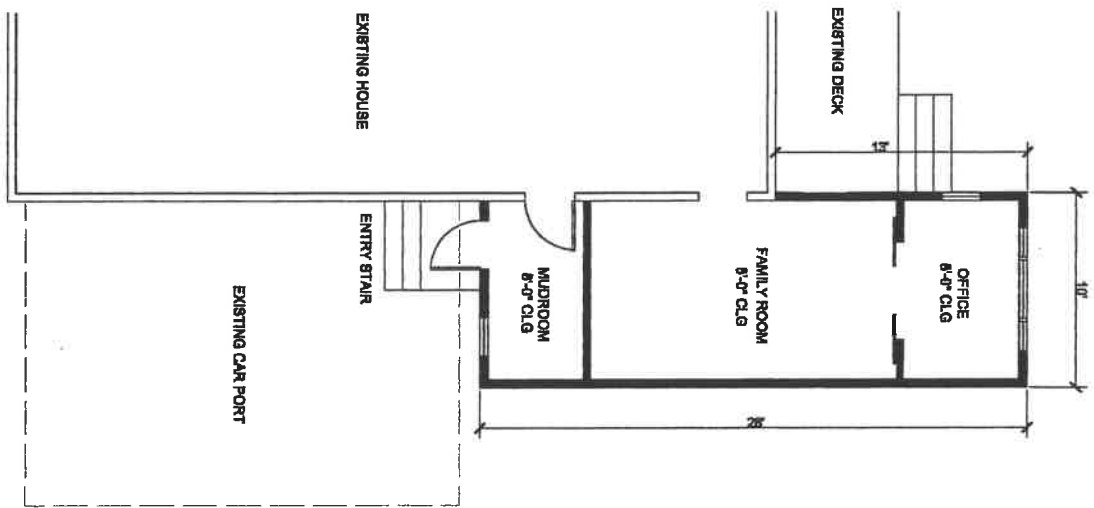
NORTH ELEVATION



EAST ELEVATION



SOUTH ELEVATION



**PROPOSED FLOOR PLAN**

**18 MCCOY STREET ADDITION**

**A1**

Only Access to backyard

STREET

MCCOY

N 2871686.12  
E 779779.21

N54°05'39"E  
75.00'

PAVED DRIVEWAY

18.4'

SHED

CTF# Prop C5\_

N 2871642.13  
E 779718.46

PAVED DRIVEWAY

25.4'

EXISTING CARPORT

EXISTING DWELLING  
Bath room

BR

Basement entry

CTF#189211  
Property ID:  
C5\_8\_14

Fence Along Property line

PROPOSED ADDITION

Frige

Sink

Kitchen

DECK

Plac

18.0'

EXISTING CESSPOOL

EXISTING POOL

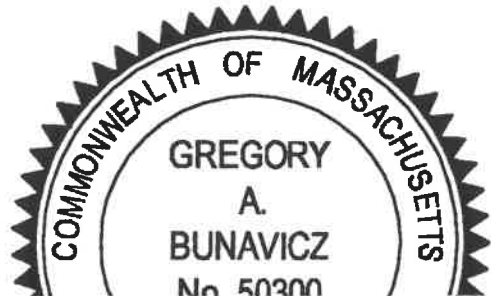
4.9'

10.0'

N35°54'21"W  
141.50'

EXISTING CESSPOOL

73.2'





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

18 McCoy St.  
 Property Address  
 BROOKS + McCAULAY  
 Owner's Name  
 AVON MA 02322 2-19-24  
 City/Town State Zip Code Date of Inspection

Owner information is required for every page.

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



## A. Inspector Information

WILLIAM H. BLAKEMORE  
 Name of Inspector  
 WH BLAKEMORE CO.  
 Company Name  
 200 RIVERSIDE AVE. UNIT 211  
 Company Address  
 NEW BEDFORD MA 02746  
 City/Town State Zip Code  
 617-797-6369  
 Telephone Number  
 SI #366  
 License Number

## B. Certification

I certify that: I am a DEP approved system inspector in full compliance with Section 15.340 of Title 5 (310 CMR 15.000); I have personally inspected the sewage disposal system at the property address listed above; the information reported below is true, accurate and complete as of the time of my inspection; and the inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. After conducting this inspection I have determined that the system:

1.  Passes
2.  Conditionally Passes
3.  Needs Further Evaluation by the Local Approving Authority
4.  Fails

W H Blakemore  
 Inspector's Signature  
 2-24-24  
 Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original form should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

Please note: This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address 18 McCoy St.

Owner's Name BROOKS + MCGAULAY

City/Town AVON State MA Zip Code 02322 Date of Inspection 2-19-24

Owner information is required for every page.

## C. Inspection Summary

Inspection Summary: Complete 1, 2, 3, or 5 and all of 4 and 6.

### 1) System Passes:

I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

OLDER SYSTEM OPERATING BY  
ACCEPTABLE LIMITS OF TITLE 5  
AND UNDER USAGE LISTED ON PAGE 7

### 2) System Conditionally Passes:

One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.

The septic tank is metal and over 20 years old\* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

\* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

Y     N     ND (Explain below):

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