



Law Office of
David M. Click

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June 2, 2020

VIA HAND DELIVERY

Elizabeth Turner Greendale, Town Clerk
Dyan Fitzgerald, Assistant Town Clerk
Town Hall, 703 Washington Street
Holliston, MA 01746

Re: Appeal of Michael Brumber, Manager of DCAB, LLC from a Notice of Zoning Violation from the Inspector of Buildings dated May 4, 2020 for a Property located at 194 Lowland Road.

Dear Mrs. Turner Greendale,

Pursuant to G.L.c. 40A, §15, please take notice of the filing of the above-referenced appeal from a decision of the Holliston Inspector of Buildings. An original of the Administrative Appeal is attached along with 15 copies. Please note that an Abutter Certification List has been requested and is pending and will be provided along with the applicable number of No. 10 envelopes and certified envelope once received.

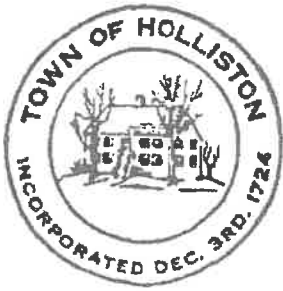
Also enclosed are two additional copies of this notice to be time and date stamped for delivery to the Building Commissioner and Zoning Board of Appeals in accordance with the requirements of G.L.c. 40A, §15.

Thank you for your cooperation.

Very truly yours,

David M. Click

Enclosures



TOWN OF HOLLISTON
ZONING BOARD OF APPEALS
TOWN HALL

HOLLISTON, MASSACHUSETTS 01746

APPLICATION FOR ADMINISTRATIVE APPEAL (Ch. 40A, s. 15)

Date Filed: June 2, 2020

Applicant's Name: Michael Brumber

Applicant's Address: 34 Prospect Street, Holliston MA 01746

Applicant's Phone Number: (508) 294-1513

Owner's Name: DCAB, LLC

Owner's Address: 157 Lowland Street, Holliston, MA 01746

The Owner hereby appoints David M. Click, Esq. to act as his/her/its agent for the purposes of appealing a Notice of Zoning Violation dated May 4, 2020. See attached.

The Owner's title to the land that is the subject matter of this application is derived under deed from Judy DiCarlo and Barbara L. DiCarlo dated May 22, 2017.

And recorded in Middlesex County Registry of Deeds, Book 69404, Page 65

Or Land Court Certificate of Title No. _____, registered in District Book _____, Page _____

The land is shown in the Assessor's records as Lot 57.1 on Map 9, Block 2

And has an address of or is located at 194 Lowland Street, Holliston.
in the Industrial zoning district.

Applicant's Signature: Michael D. Brumber

Owner's Signature: Michael D. Brumber, Manager

Zoning Board of Appeals

Appeal Application Form – Additional Sheet

As grounds, Applicant/Owner seeks a hearing in appeal of the Building Inspector's Notice of Zoning Violation to be heard on the allegations held in the Notice of Zoning Violation as of right and for depriving applicant/owner of his equal protection of rights by placing restrictions on the Applicant/Owner in relation to 194 Lowland Street but not on other properties in the same zoning district with identical uses.

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WALPOLE TIMES/PROVINCETOWN BANNER
NANTUCKET INDEPENDENT/WICKED LOCAL.COM
254 Second Ave., Needham, MA 02494-2811
Remittance Address: P.O. Box 9113, Needham, MA 02492-9113

Date: 6/2/2020

I herby acknowledge that the application I am submitting to the:

TOWN OF HOLLISTON, MASSACHUSETTS

- | | |
|--|--|
| <input type="checkbox"/> Zoning Board Of Appeals | <input type="checkbox"/> Planning Board |
| <input type="checkbox"/> Conservation Commission | <input type="checkbox"/> Historic Districts Commission |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Board Of Selectmen |

requires a legal notice of public hearing. Said hearing is to be held on: ____/____/20____. Legal notices are currently submitted to the **METRO WEST DAILY NEWS** for publication on the following date(s): ____/____/20____: ____/____/20____.

I hereby **AUTHORIZE** that the required legal notice **be billed directly to me** by, **GateHouse Media New England, d/b/a, Community Newspaper Company Inc.**

Printed Name: Michael Brumber

Signature: _____

Address: 34 Prospect Street

City: HOLLISTON, State: MA, Zip: 01746

Phone: (508) 294-1513

Original copy to Town, copy to customer and copy to Legal Publication Dept of CNC with ad copy.

HOLLISTON BOARD OF HEALTH OPERATIONS INFORMATION QUESTIONNAIRE

Amended: The Board of Health of the Town of Holliston, Commonwealth of Massachusetts, acting under the authority of Chapter 111, Section 31, of the Massachusetts General Laws and any amendments and additions thereto enabling and acting thereunder and in accordance with, have, in the interest of, and for the preservation of the public health, duly made and adopted the following regulations effective upon publication.

PROJECT REQUIREMENTS

These regulations shall apply to any and all projects for industrial or commercial purposes for any other project except for the construction of single and two family dwellings. These regulations shall also apply to industrial or commercial operations conducted on residential dwelling property of any size, and also to any hobbyist operation which utilizes materials on the Massachusetts substance list.

A single party of responsibility shall be designated for the proposed project and shall be the applicant of record. The single party of responsibility shall be the owner of the subject building or facility and shall not be an individual tenant therein. All applications for permits from the Board of Health shall be submitted by this responsibility party. All limitations and conditions with regards to any waste, wastewater or atmospheric discharge shall be the responsibility of the responsible party, who shall see that all tenants operate within the limitations and conditions of the permits issued. The Board of Health reserves the right to take whatever appropriate action might be necessary against an individual tenant, however, the Board of Health shall hold the responsible party as the entity or primary responsibility.

Septic tanks serving any commercial or industrial facility shall have the contents of the septic tank serving the facility sampled and tested on an annual basis for volatile organic compounds (EPA 624) and pH, as well as any other parameters required by the Board of Health on a case by case basis. The sampling shall be performed and the results submitted to the Board of Health without having to be requested. The sample shall be taken in the time period of March, April or May of each year and the results submitted to the Board of Health prior to July 1st.

All floor drains, except as serving only sanitary facilities, shall be discharged to a tight collection tank and taken away by a licensed waste hauler. Such floor drains shall not be discharged to a septic system, storm drain, dry well, or other surface or subsurface discharge point.

The Board of Health may on a case by case basis, require that each tenant of a multi-use facility shall have a separate discharge point to the septic system. Each such discharge shall be equipped with a flow meter where water usage records will accurately reflect the wastewater discharge a water usage meter may be acceptable. Otherwise, it will be required to install an effluent or discharge meter.

Applicants for facilities subject to this regulation which require Board of Health project evaluation shall complete the Board of Health "Operations Information Questionnaire" which is available from the Board of Health office.

All facilities which store, use, manufacture, or discharge any materials, compounds, or chemicals which are on the Massachusetts substance list shall file a contingency plan with the Board of Health. It shall be updated on an annual basis or when any changes are made in such items.

HOLLISTON BOARD OF HEALTH
OPERATIONS INFORMATION QUESTIONNAIRE

IMPORTANT

COMPLETION OF THIS FORM IS REQUIRED FOR ALL SUBMITTALS AND REQUESTS TO THE BOARD OF HEALTH FOR PROJECT EVALUATION OF ALL INDUSTRIAL OR COMMERCIAL PROPOSALS, AND FOR ALL OTHERS EXCEPT FOR ONE AND TWO FAMILY DWELLINGS. THE BOARD OF HEALTH RELIES ON THE COMPLETE SUBMITTAL OF THIS INFORMATION IN ORDER TO MAKE FINDINGS AS TO PROJECT ACCEPTABILITY FOR EITHER A BOARD OF HEALTH PERMIT OR FOR EVALUATION OR RECOMMENDATION OR RECOMMENDATION TO OTHER BOARDS SUCH AS THE ZONING BOARD OF APPEALS OR THE PLANNING BOARD. FAILURE BY THE APPLICANT TO PROVIDE ALL THE INFORMATION REQUESTED IN THIS QUESTIONNAIRE SHALL RESULT IN AN ADVERSE FINDING OR RECOMMENDATION BY THE BOARD OF HEALTH. SUPPORTING DOCUMENTATION FOR THE DATA SHALL BE ATTACHED TO THE COMPLETED QUESTIONNAIRE.

RESPONSIBLE PARTY -

A SINGLE PARTY OF RESPONSIBILITY must be designated for the proposed project. All applications for permits of the Board of Health will be expected to be submitted by this responsible party, usually the owner of the building or facility, and not from individual tenants. All limitations and conditions with regards to any wastewater or atmospheric discharge shall be the responsibility of the "RESPONSIBLE PARTY", who shall see that all tenants operate within the limitations and conditions of the permits issued. While the Board of Health reserves the right to take whatever appropriate action might be necessary against an individual tenant, the Board will hold the "RESPONSIBLE PARTY" as the entity of primary responsibility.

PLEASE PRINT OR TYPE

Date: 6/2/20

~~Project~~ Location: 194 Lowland St, Holliston

Project Description: None

Applicant's Name: Michael Brumber PHONE # 508-294-1513

Applicant's Address: 34 Prospect Street, Holliston, MA 01746

Applicant's Signature: Michael Brumber

Owner's Name: DCAB, LLC PHONE # 508-294-1513

Owner's Address: 157 Lowland Street, Holliston, MA 01746

Owner's Signature: Michael Brumber, Manager

What is the building GROSS FLOOR AREA _____ Square Feet

How many EMPLOYEES will occupy the building (all shifts)

1st shift _____ 2nd shift _____ 3rd shift _____

Will there be any process operations? Process operations refer to any manufacturing or other similar work procedures such as: painting, servicing vehicles, making semi-conductors, filling chemical containers, photographic developing, printing, x-rays, washing or rinsing of metal, glass, crystals, plastic, or other products, woodworking. If you are still not sure if your operation is not a process operation, describe it anyway so it can be evaluated.

YES _____ NO _____

If YES, provide a complete description with a flow diagram and attach it to this questionnaire.

Not Applicable
(No current proposed use)
by Owner

**HOLLISTON BOARD OF HEALTH
OPERATIONS INFORMATION QUESTIONNAIRE**

EXISTING WASTEWATER FACILITIES –

Is there an existing wastewater disposal system? YES _____ NO X

If NO - it will be necessary to obtain a Disposal Works Construction Permit from the Board of Health. Inquire at the office for details.

If YES - Provide a plan of the existing facility. Investigate it and provide the following information.

What is the total wastewater disposal system design capacity? _____ Gallons per day (GPD)

For Mixed Use Buildings: Unit 1 _____ GPD; Unit 2 _____ GPD,
Unit 3 _____ GPD; Unit 4 _____ GPD; Unit 5 _____ GPD

Use a separate sheet if there are more than 5 tenant units within a building.

When was the septic tank last pumped? _____

Is the water level in the septic tank above the outlet invert? YES _____ NO _____

Does it overflow either periodically or always? _____

PROPOSED WASTEWATER DISCHARGE – None

What is the expected quantity of: SANITARY WASTEWATER _____ GPD
COOLING WASTEWATER _____ GPD
PROCESS WASTEWATER _____ GPD

If Process Wastewater is proposed:

What is the amount of: RINSE WATER? _____ GPD
BATCH DUMPS? _____ GPD
OTHER discharges? _____ GPD

What is the method of disposal _____

Will there be any FLOOR DRAINS? YES _____ NO _____

If YES – What will flow into the floor drain? _____

Will there be any PAINT or LACQUER SPRAY PAINTING? YES _____ NO _____

If YES – is the spray painting approved by DEP? YES _____ NO _____

Will there be any ATMOSPHERIC DISCHARGE other than fossil fuel for heating purpose?

YES _____ NO _____

If YES – Attach a complete description to this questionnaire.

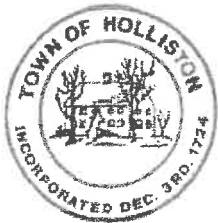
If YES - Has the discharge been approved by DEP?

Attach documentation of DEP approval.

Will the proposed facility USE, STORE, MANUFACTURE, OR DISCHARGE any materials, compounds, or chemicals which are on the Massachusetts Substance List? YES _____ NO _____

If YES - Attach a complete list which includes the following information:

TYPES, MATERIAL SAFETY DATA SHEETS, QUANTITIES, METHOD OF STORAGE AND LOCATION. (Show location on a sketch plan of the proposed Facility – draw to scale if possible)



TOWN OF HOLLISTON

Building Department
703 Washington Street
508-429-0606

5/4/20

Michael Brumber
DCAB LLC
194 Lowland Street
Holliston, MA 01746

Re: Notice of Zoning Violation at 194 Lowland Street

Mr. Brumber,

I visited the property at 194 Lowland Street today and found that several businesses continue to park their vehicles, materials and equipment on the property. This is a violation of Holliston Zoning Bylaw Sections III.G.6 and VII.2.b.iv which require both a Special Permit and Site Plan Review for Outdoor Storage in the Industrial District. Please remove the materials and equipment from the property within 30 days of the issuance of this letter or apply for a Special Permit and Site Plan Review to allow the use. You have the right to appeal this Notice to the Zoning Board of Appeals within 30 days of receipt of this letter. In accordance with Holliston Zoning Bylaw Section IV-G, 30 days after the issuance of this letter, equitable relief may be sought or fines may be imposed if the violation is not corrected within the prescribed time period or if an appeal has not been filed with the Zoning Board of Appeals or, if upon appeal, the Board of Appeals finds that the Notice is legitimate.

Sincerely,



Christopher Canney

Inspector of Buildings / Zoning Enforcement Officer