

Town of Leicester ZONING BOARD OF APPEALS

3 Washburn Square Leicester, Massachusetts, 01524-1333 Phone: 508-892-7007 Fax: 508-892-7070 www.leicesterma.org

ZONING BOARD OF APPEALS AGENDA

Wednesday, March 27, 2024 at 6:00 PM Meeting Room 3

ORDER OF BUSINESS*

- 1. Call to Order
- 2. 6:05 PM Public Hearing SP-2024-01 - Signarama, 0 Main Street, 20C-A1-0

The applicant, Signarama, on behalf of the Town of Leicester, is seeking a Special Permit for installation of a 32 sq. ft. digital message board sign at 0 Main Street, as per Chapter 3 Section 3.2.07 - Signs.

- 3. Minutes:
 - 12/27/23
- 4. General Discussion/Miscellaneous
 - 88 Huntoon Memorial Highway Vangarden
- 5. Adjourn

^{*}Agenda items may be taken out of order.

[&]quot;The listings of matters are those reasonably anticipated by the Chair 48 hours before said meeting, which may be discussed at the meeting. Not all items listed may in fact be discussed and other items not listed may also be brought up for discussion to the extent permitted by law"

PUBLIC HEARING – Special Permit SP-2024-01 – SIGNARAMA 0 Main Street



Town of Leicester ZONING BOARD OF APPEALS

3 Washburn Square Leicester, Massachusetts, 01524-1333 Phone: 508-892-7007 Fax: 508-892-7070 www.leicesterma.org

PUBLIC HEARING NOTICE Zoning Board of Appeals 0 Main Street – SP-2024-01



The Zoning Board of Appeals of the Town of Leicester, MA will hold a public hearing on Wednesday, March 27, 2024 at 6:05 PM, or as soon thereafter, in Meeting Room 3, Leicester Town Hall, 3 Washburn Square, Leicester, MA on the application of Mike Wood with Signarama on behalf of the Town of Leicester, for a Special Permit for installation of a 32 sq. ft. digital message board sign at 0 Main Street, Assessor Parcel 20C-A1-0, Business District (B) zone.

A copy of the application may be inspected in the Town Clerk's Office during regular business hours or online at leicesterma.org/zba. Any person interested or wishing to be heard on this application should appear at the time and place designated or submit written comments on or before the hearing date.

Jim Buckley, Chair Leicester Zoning Board of Appeals

To be published in the Worcester Telegram & Gazette on: Tuesday, March 12, 2024 and Tuesday, March 19, 2024



Not an Invoice

* LocaliQ
New England
GANNETT

 Account Number:
 692723

 Customer Name:
 Leicester Planning Board

 Customer TOWN HALL
 3 WASHBURN SQ

 Address:
 3 WASHBURN SQ

 LEICESTER MA 01524

 Contact Name:
 Town Planner

 Contact Phone:
 508-892-7007

 Contact Email:
 planning@leicesterma.org

 PO Number:
 planning@leicesterma.org

Date:	02/27/2024
Order Number:	5092686
Prepayment Amount:	\$ 0.00

Column Count:	1.0000
Line Count:	36.0000
Height in Inches:	0.0000

	Category	24 Govt Public Notices	24 Govt Public Notices
	ons Start - End	03/12/2024 - 03/19/2024	03/12/2024 - 03/19/2024
	#Insertions	2	2
Print	Product	NEO WOR Telegram & Gazette	NEO WOR telegram.com

\$96.48	\$3.85	-\$3.85	\$96.48	\$100.33	
Total Cash Order Confirmation Amount Due	Service Fee 3.99%	Cash/Check/ACH Discount	Payment Amount by Cash/Check/ACH	Payment Amount by Credit Card	

As an incentive for customers, we provide a discount off the total order cost equal to the 3.99% service fee if you pay with Cash/Check/ACH and save!

\$96.48
Order Confirmation Amount

Ad Preview

PUBLIC HEARING NOTICE

Zoning Board of Appeals 0 Main Street – SP-2024-01

on the application of Mike Business with Signarama on The Zoning Board of Appeals Wednesday, March 27, 2024 after, in Meeting Room 3, Leicester Town Hall, 3 Washburn Square, Leicester, MA behalf of the Town of Leicesier, for a Special Permit for installation of a 32 sq. ft. digital message board sign at 6:05 PM, or as soon thereof the Town of Leicester, MA will hold a public hearing on Assessor at 0 Main Street, Parcel 20C-A1-0, District (B) zone. Wood

application nterested or wishing to be should appear at the time submit written comments on A copy of the application may be inspected in the Town Clerk's Office during leicesperson regular business hours or or before the hearing date. and place designated terma.org/zba. Any Jim Buckley, Chair on this ġ online neard

-eicester Zoning Board of

Planning Board Zoning Board of Appeals

Kristen Jacobsen Town Planner

Town of Leicester

Planning Department

Application for Special Permit



3 Washburn Square Leicetser, MA 01524 508.892.7000 ext.120 www.leicesterma.org

	SP-20 24 - 01	www.leicesterma.org
ηţ		RECEIVED
Applicant	Address: 456 Grove SI Worcester	110011110
App	Phote: 508 459-973/ Cell: 774364-5073	EED 2.0 2024
4	Email Address: Miken Signarama Worenestericom	FEB 2 0 2024
····		Town of Leicester
Owner	Name of Owner (primary contact): Town of Lucester	Planning Department
ó	Address: 3 Washburn Square Lucesty MA OISSH	
	Phone: <u>\$08-892-7000</u> Cell:	
	Email Address: general & luceduma, org	
uest	Choose applicable Zoning Bylaw Section: Chapter 3 Section 3, 2,07	
Redu	Will the project require a: Site Plan Review: Yes* No Variance: Yes* No *Explain	n in narrative
•••••	Location of Property: O MAIN ST Jeicester WA	
erty	Assessor's Tax Map/Parcel Number: Map 20C AI 0	- 1
Property	Deed Reference – Worcester Registry of Deeds Book/Page Number:	
П	Plan Reference – Worcester Registry of Deeds Book/Plan Number:	
	Zoning District: Acreage: Water Source Sewer Source	ce
	Check all that apply: Wetlands Floodplain Aquifer	· · · · · · · · · · · · · · · · · · ·
Proposal	Brief description of the proposal: 96" x 48" h LED CICKUS	Display
Ω.		
	Applicant's signature: Town Clerk's sta	amn'
Sign		- 23
Sig	Date: 3/31/34	LE ON THE
	Official Use Only: Preliminary Review By: ਘ Date ਤੇ ਹਿਹ ਤਿਖ	
		CE SER SER
		R. N.
	Date of Public Hearing:	CEIVED 122 PM 1: LERK'S OFF
	Decision of Board:	: 21 S.
	Date of Decision: Expiration Date:	1.7.1

Planning Board &

Zoning Board of Appeals

Kristen Jacobsen Town Planner

Town of Leicester

Planning Department

Land Owner Authorization Form



.	Name of Applicant (primary contact): <u>Hike Wood</u>	RECEIVED	
ica	Company: Signarana Worcester		
Applicant		FEB 2 0 2024	
	Phone 508 459-973/ Cell:	Town of Leicester	
	Email Address: 10 to & Signalan & Worcester, com	Planning Department	
Owner	Name of Owner: Town of Lucester Attn: David Genereax, Tou	in Admicuestrator	
Š	Address: 3 Washburn Sq. Leicester MA 01524		
	Phone: 508 862-893-7000 Cell:		
	Email: genereux @ leicesterma.org		
		n contramo no mangangan an seriesa	
ert	Address of Property: O MAINSI / (1808) Mais		
Property	Assessor's Tax Map/Parcel Number:		
Proposal	Brief description of the proposed work: 96"x 48" Led Cineus Display	installer	
ă			
ou	As the owner or authorized agent of the property listed above, I hereby give permission to the	Applicant as stated	
Authorization	above to perform work at aforementioned property. Said permission includes, but is not limited to	o acquiring all	
Jori	required permits and performing all work required to complete the project.	o, acquiring an	
CE CE	By signing this Form, I acknowledge and agree that I am not released from responsibility for:		
۹,	(a) the payment of any and all fees associated with the issuance of any: permits, orders, notices of	or other approvals	
	("Approvals") by the Town of Ware pursuant to any applications, including taxes, that effect s	said property:	
8	b) the satisfactory completion of all work authorized by such Approvals in compliance with all applicable town, state		
	and federal laws, codes, rules, regulations and requirements; and	* 4 500.80	
	(c) correcting any violations of the terms and conditions of such Approvals issued by the Town or	f Ware pursuant to	
	any application to effect my property.		
ale		Date: <u>2/2/</u> /2024	
Signature	Mailing Address: 3 Washburn Square Town/State/Zip: Luce/de V	MA 01524	
Ō	Phone Number: 508-892-7000 Email: a energy & @ 10		

456 Grove Street Worcester, MA 01605 | Phone; 508-459-9731 | Fax: 508-459-9584 | www.signaramaworcester.com

W8817-Town of Leicester

11/14/2023

PROOF MAY NOT BE TO SCALE - COLORS MAY VARY FROM THIS PROOF DUE TO DIFFERENCES IN DISPLAY DEVICES - ANYTHING AFTER 2 PROOFS WILL BE AN ADDITIONAL FEE DEPENDING ON COMPLEXITY - DELAYED APPROVAL WILL RESULT IN DELAYED DUE DATE

2 0 2024 FEB

Town of Leicester

Planning Department

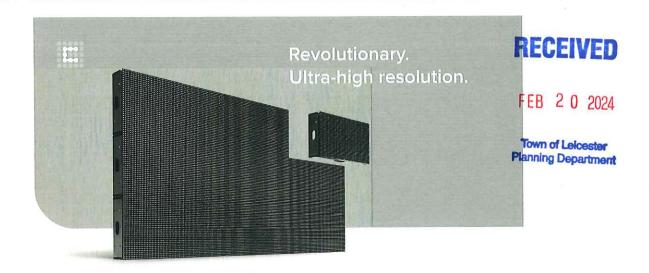
Approval states that contents of this proof are correct and the responsibility of the client

Due to limitations in the printing process the colors shown may not reflect actual colors Color may vary slightly. If exact color match is required please let us know. This document and the information contained may not be reproduced without the express written permission of Signarama. Unauthorized copying, disclosure or use are prohibited by the copyright law.

Please review Art for accuracy in: Dimension · Layout Spelling · Color

Oty: 1

Single Sided LED Cirrus Display 96"w x 48"h



Cirrus Outdoor Display Solutions

A revolutionary and cutting-edge digital display guaranteed to transform your on-premise advertising.

Our 9, 6, and 4mm BladeM ultra-high resolution displays are more than just screens –

they are effective communication tools that help you deliver impactful messaging.

Dimensions
with high-strength extruded aluminum frame

Total: W 24" / H 12"/ D 4 1/8" / 11.2 lbs
Panel: D 7/8" / 6.12 lbs

COLOR
RESOLUTION (PITCH)
BRIGHTNESS (NITS)
PANEL DIMENSIONS
MODULE MATRIX
MAX WATTS PER PANEL
MIN VIEWING DISTANCE
VIEWING ANGLE
REFRESH RATE
AC INPUT
TEMPERATURE RATING
WIFI CONNECTION
CELLULAR BROADBAND
DISPLAY LIFE SPAN
WARRANTY

281 Trillion
12, 9, 6, and 4mm
7000
24"W / 12"H / 4 1/8"D / 9.82lbs
12mm 24x48 / 9mm 32x64 / 6mm 48x96 / 4mm 64x128
12mm 72W / 9mm 90W / 6mm 87W / 4mm 130W
12mm 20 ft. / 9mm 12 ft. / 6mm 8 ft. / 4mm 4 ft.
160° Horizontal / 90° Vertical
24-60 FPS (dependant on display size)
Universal AC input (90-264VAC input range)
-40° to 158° Fahrenheit
TP Link long-range high power bridge
5 Year cellular broadband available
100,000 Hours

5-year limited hardware / 5-year service (optional)

Features

Solid-state technology IP65 rated with built in power supply Future-proof modular architecture 24-48 hour turnaround time

Includes

Aluminum frames and hex bolts or Quick-Lock frames LED modules and controller Power and data cables ScreenHub software + lifetime training & support

A 4'x8' display can be assembled in as little as 20 min with no extra cabinet fabricated for install.

Approvals: FCC, UL 879, CAN/CSA-C22.2 No. 207-M89

Cirrus HQ 200 West Rd. Portsmouth NH 03801
Tel 877 636 2331 | Email Info@cirrusled.com | Web cirrusled.com



Town of Leicester Planning Department

3 Washburn Square, Leicester MA 01524 Tel: (508)892-7007 x120

RECEIVED

Billing Authorization Form

FEB 2 0 2024

То:		Town of Lelo Planning Depa
_	Town of Leicester	
From: RE:	Billing Authorization Form	
"Notice	ance with Massachusetts General Laws (MGL), c. 40A, §11, which reads shall be given by publication in a newspaper of general circulation in the city of town once ccessive weeks, the first publication to be not less than fourteen days before the g"	e in each of
Legal No	authorize <u>Local I.Q. New England</u> to bill me directly for the otice(s) to be published for two successive weeks in the W on the following dates:	attached /orcester
	and	
For prope	erty located at: O MAIN ST., Leicester	, MA.
Please p	rint legibly:	
Bill To:	Signarama Worcester	
Address:	456 Grove STreet	
City/Stat	e/Zip: Worreste Mass 01605	
Telephor	ne: (508)868-0519 508 459-9731	
Signatur	1 25/24 Date	

Payment to be remitted to: Gatehouse Media Massachusetts I, Inc P.O. Box 631210 Cincinnati, OH 45263-1210



TOWN OF LEICESTER

Building Commissioner

3 Washburn Square Leicester, MA 01524-1333 Phone: 508-892-7003 Fax: 508-892-1163

www.leicesterma.org



FEB 2 0 2024

Town of Leicester Planning Department

January 23, 2024

Mike Wood-Signarama 456 Grove St Worcester Ma 01605

Re: Sign Special Permit

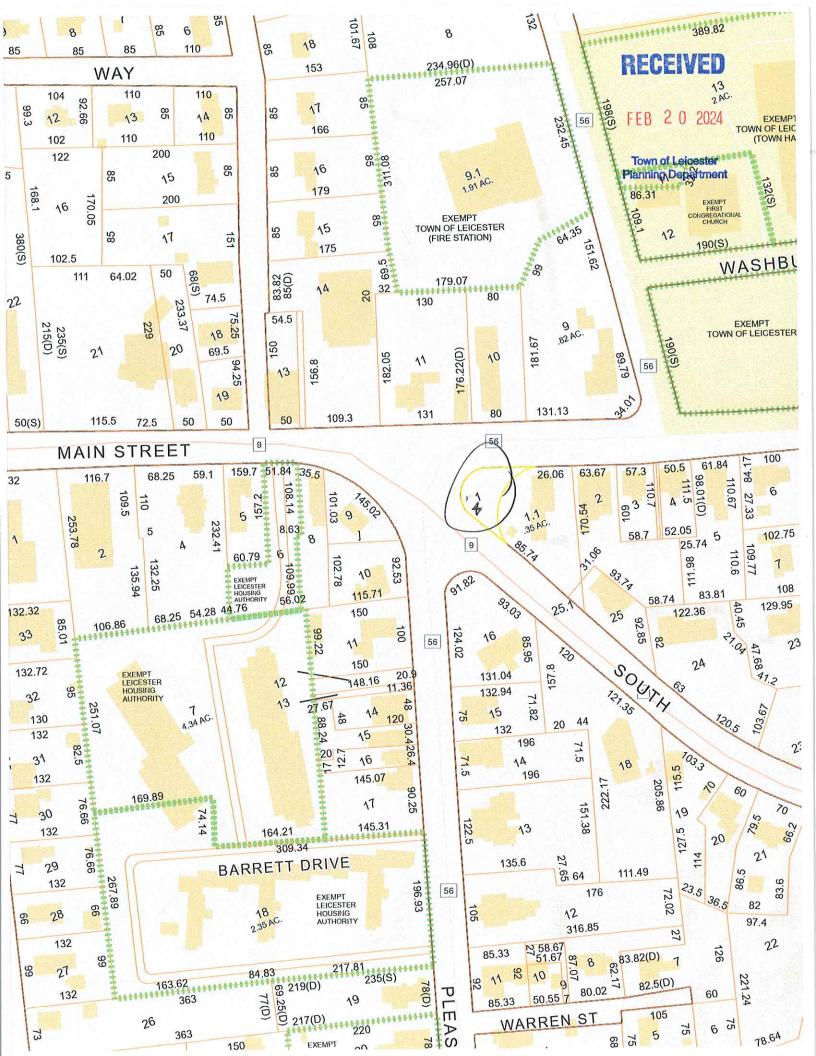
After reviewing your Sign permit application, located at 0 Main street Leicester MA, I have come to the conclusion that you will require a Special Permit in accordance with the Town of Leicester's Zoning By-laws Chapter 3 section 3.2.07.

In addition the project will need approval from the Leicester Chief of Police or his delegate.

Regards,

Harold Leaming

Building Commissioner/ Zoning officer







FFR 2 0 2024

Town of Leicester Planning Department

Subject Property:

Parcel Number:

20C-A1-0

CAMA Number:

20C-A1-0

Property Address: MAIN ST

Mailing Address:

Mailing Address:

Mailing Address:

Mailing Address:

Mailing Address:

Mailing Address:

TOWN OF LEICESTER TOWN HALL

PATEL HASITKUMAR TRUSTEE

DIMUCCI LAURIE ANN DIMUCCI LUCIA

3 WASHBURN SQUARE

LEICESTER, MA 01524

1044 MAIN STREET

ANGELINA 1058 MAIN ST

Mailing Address: PLAKA REALTY LLC

Mailing Address: W&Z ENTERPRISES LLC

LEICESTER, MA 01524

LEICESTER, MA 01524

251 SALISBURY ST WORCESTER, MA 01609

22 MORGAN DRIVE

TOWN OF LEICESTER

LEICESTER, MA 01524

3 WASHBURN SQUARE

LEICESTER, MA 01524

WASHBURN SQ LEICESTER, MA 01524

NORTH GRAFTON, MA 01536

TOWN HALL-3 WASHBURN SQ

TOWN OF LEICESTER TOWN HALL

TOWN OF LEICESTER TOWN COMMON

Abutters:

Parcel Number:

19B-E10-0

CAMA Number:

19B-E10-0

Property Address:

1044 MAIN ST

Parcel Number: CAMA Number:

19B-E11-0 19B-E11-0

Property Address: 1054 1058 MAIN ST

Parcel Number: CAMA Number: 19B-E13-0 19B-E13-0

Property Address:

1072 MAIN ST

Parcel Number:

19B-E14-0 19B-E14-0

CAMA Number: Property Address: 1060 MAIN ST

Parcel Number:

19B-E9.1-0

CAMA Number:

19B-E9.1-0

Property Address: 3 PAXTON ST

Parcel Number: CAMA Number: 19B-E9-0 19B-E9-0

Property Address: 1 PAXTON ST

Parcel Number:

20A-C1-0 20A-C1-0

CAMA Number:

Property Address:

TOWN COMMON

Parcel Number:

20C-A1.1-0

20C-A2-0

20C-A2-0

Property Address: 1037 MAIN ST

CAMA Number:

20C-A1.1-0

Property Address: 1041 MAIN ST

Parcel Number:

CAMA Number:

Mailing Address: MINTBLACK INC

Mailing Address: WOLANSKI ROSEMARY TRUSTEE WOLANSKI RICHARD A TRUSTEE

1037 MAIN STREET

LEICESTER, MA 01524

9 DEWITT ROAD

SUTTON, MA 01590

Parcel Number:

20C-A24-0

CAMA Number:

20C-A24-0

Property Address: 15 23 SOUTH MAIN ST

Mailing Address:

COLBY REALTY LLC

626 PLEASANT STREET

ROCHDALE, MA 01542



are not responsible for any use for other purposes or misuse or misrepresentation of this report.



300 feet Abutters List Report

Leicester, MA February 06, 2024

Parcel Number: CAMA Number: 20C-A25-0 20C-A25-0

Property Address: 9 SOUTH MAIN ST

Mailing Address:

BOULETTE RICHARD

50 BREAKNECK RD

STURBRIDGE, MA 01566

Parcel Number: CAMA Number: 20C-A3-0 20C-A3-0

Property Address: 1033 MAIN ST

Mailing Address:

MEDINA PETER M

1033 MAIN ST

LEICESTER, MA 01524

Parcel Number: CAMA Number: 20C-A4-0

20C-A4-0 Property Address: 1029 MAIN ST

Mailing Address: ARSENAULT RICHARD J ARSENAULT

ERIKA

1029 MAIN STREET LEICESTER, MA 01524

Parcel Number: CAMA Number: 20C-A5-0 20C-A5-0

Property Address: 1025 MAIN ST

Mailing Address:

PAULINO ODILENY

1025 MAIN STREET LEICESTER, MA 01524

Parcel Number: CAMA Number:

20C-A6-0 20C-A6-0 Property Address: 1019 MAIN ST Mailing Address:

GRAHN MICHELLE 1019 MAIN STREET LEICESTER, MA 01524

Parcel Number:

20D-C10-0

CAMA Number: 20D-C10-0 Property Address: 4 PLEASANT ST Mailing Address:

FOUR PLEASANT ST PROPERTIES

4 PLEASANT ST

LEICESTER, MA 01524

Parcel Number: CAMA Number:

20D-C11-0 20D-C11-0

Property Address: 8 10 PLEASANT ST

Mailing Address: EAGER DARLENE A

PO BOX 293

LEICESTER, MA 01524-0293

Parcel Number: CAMA Number:

20D-C12-0

Property Address: 8 10 PLEASANT ST

20D-C12-0

Mailing Address:

EAGER DARLENE A

PO BOX 293

LEICESTER, MA 01524-0293

Parcel Number: CAMA Number: 20D-C14-0 20D-C14-0

Property Address: 16 PLEASANT ST

Property Address: 18 PLEASANT ST

Property Address: 1077 MAIN ST

Mailing Address:

THE REFUGE CHRISTIAN CENTER

16 PLEASANT STREET LEICESTER, MA 01524

Parcel Number: CAMA Number:

20D-C15-0

20D-C15-0

Mailing Address:

NYE KENNETH NYE ANN MARIE

P O BOX 142

WEST BROOKFIELD, MA 01585

Parcel Number: CAMA Number: 20D-C5-0 20D-C5-0

Mailing Address:

SNAPE ADAM TRUONG QUI NGOC

1077 MAIN ST

LEICESTER, MA 01524

Parcel Number:

20D-C6-0

Mailing Address:

LEICESTER HOUSING AUTHORITY

1075 MAIN STREET

CAMA Number: Property Address: 1073 MAIN ST

20D-C6-0

LEICESTER, MA 01524



300 feet Abutters List Report

Leicester, MA February 06, 2024

Parcel Number: CAMA Number: 20D-C7-0

Property Address:

20D-C7-0

1075 MAIN ST

Mailing Address: LEICESTER HOUSING AUTHORITY

1075 MAIN STREET LEICESTER, MA 01524

Parcel Number: **CAMA Number:**

20D-C8-0 20D-C8-0 Property Address: 1069 MAIN ST

Mailing Address: TRUSTED HOME SOLUTIONS LLC

61 GH WILSON RD SPENCER, MA 01562

Parcel Number:

20D-C9-0

20D-C9-0

CAMA Number: Property Address: 1065 MAIN ST

Mailing Address: AGURKIS PROPERTY LLC

1065 MAIN STREET LEICEISTER, MA 01524

Parcel Number: CAMA Number: 20D-D14-0

20D-D14-0

Property Address: 19 PLEASANT ST

Mailing Address: WOLONS WILLIAM J WOLONS SHARON

18 BOND ST

SPENCER, MA 01562

Parcel Number: CAMA Number: 20D-D15-0 20D-D15-0

Property Address: 15 PLEASANT ST

Mailing Address: CORMIER SR BRIANT R

15 PLEASANT ST

LEICESTER, MA 01524

Parcel Number: CAMA Number: 20D-D16-0 20D-D16-0

Property Address: 6 SOUTH MAIN ST

Mailing Address: FAIRHAVEN REALTY ASSOC. LLC

519 MENDON RD

CUMBERLAND, RI 02864

Parcel Number: CAMA Number:

2/6/2024

20D-D18-0

20D-D18-0

Property Address: 10 SOUTH MAIN ST

Mailing Address: FAIRHAVEN REALTY ASSOC. LLC

519 MENDON RD

CUMBERLAND, RI 02864

Above is a certified list of abutters and abutters to abutters within 300 feet including across the street. Subject Property: 0 Main Street Map 20C A1 0 No Deed Reference Subject Owner: Town of Leicester Certified by Alyce D Johns, Interim Assessor

Alyce D Johns





Cirrus Outdoor Display Solutions

A revolutionary and cutting-edge digital display guaranteed to transform your on-premise advertising.

Our 9, 6, and 4mm BladeM ultra-high resolution displays are more than just screens —
they are effective communication tools that help you deliver impactful messaging.



COLOR	281 Trillion
RESOLUTION (PITCH)	12, 9, 6, and 4mm
BRIGHTNESS (NITS)	7000
PANEL DIMENSIONS	24"W / 12"H / 4 1/8"D / 9.82lbs
MODULE MATRIX	12mm 24x48 / 9mm 32x64 / 6mm 48x96 / 4mm 64x128
MAX WATTS PER PANEL	12mm 72W / 9mm 90W / 6mm 87W / 4mm 130W
MIN VIEWING DISTANCE	12mm 20 ft. / 9mm 12 ft. / 6mm 8 ft. / 4mm 4 ft.
VIEWING ANGLE	160° Horizontal / 90° Vertical
REFRESH RATE	24-60 FPS (dependant on display size)
AC INPUT	Universal AC input (90-264VAC input range)
TEMPERATURE RATING	-40° to 158° Fahrenheit
WIFI CONNECTION	TP Link long-range high power bridge
CELLULAR BROADBAND	5 Year cellular broadband available
DISPLAY LIFE SPAN	100,000 Hours
WARRANTY	5-year limited hardware / 5-year service (optional)

Features

Solid-state technology IP65 rated with built in power supply Future-proof modular architecture 24-48 hour turnaround time

Includes

Aluminum frames and hex bolts or Quick-Lock frames LED modules and controller Power and data cables ScreenHub software + lifetime training & support

A 4'x8' display can be assembled in as little as 20 min with no extra cabinet fabricated for install.





Leicester Police Department 90 South Main Street Leicester, MA 01524

www.leicesterpd.org



Chief Kenneth M. Antanavica

antanavicak@leicesterpd.org

Emergency: 911

Non-Emergency: 508-892-7009 Non-Emergency: 508-892-7010

Fax: 508-892-7012

February 23, 2024

Zoning Board of Appeals Town of Leicester 3 Washburn Square Leicester, MA 01524

RE: Lions Club Sign Review

Dear Zoning Board of Appeals:

I have conducted an on-site viewing of the sign located at 0 Main St (the current Lions Club sign) in Leicester. The recommendation, provided by the undersigned, is based upon my assumption that the proposed sign meets all local, state and federal requirements and my recommendation is not meant in any way to supersede those requirements.

My review of the proposed sign indicates that the sign is appropriate for public service announcements, emergency announcements and that the current placement is designed so that it does not impede the line of sight of any motor vehicle operators.

The final issue is whether the message board type is appropriate. In order to address this, we need to look at past signs of a similar nature that are currently in operation. There are numerous signs that I am aware of that are in use in Leicester. They are located at:

- 1. Pepin's Car Wash
- 2. Cumberland Farms (both locations)
- 3. Entwistle's Garage
- 4. Hank's Marina
- 5. Raul's Repair
- 6. Classic Automotive

Additionally, the Leicester Police Department had a portable digital sign which it utilized for community and emergency messages adjacent to Rt. 9 at the police station but has since gone into failure and was not repairable.

Driver Distraction

Drivers operate in an increasingly complex visual environment. The operation of this sign plays an important role in the number of glances that it will receive, thus potentially increasing possible driver distraction. This intersection has been the site of many serious motor vehicle crashes over the years, so I believe that we must use extreme caution in how this sign board will function. The current Lions Club sign uses passive illumination and printed messages. A review of this location indicates that it has not created any abnormality in the accident rate using this technology as other factors primarily contributed to intersection crashes.

Effect on Surrounding Properties, Residents and Traffic

An area of concern with any type of illuminated sign is the effect it will have on the surrounding neighbors and traffic flow. One important factor that separates this sign from the others previously mentioned is that it is at eve level to vehicle traffic rather than elevated like other signs.

I requested Mr. Robo (representing the Lions Club) to find out the capabilities of this particular sign which he did e-mail me the following response: Your Cirrus sign has capability of being dimmed to follow any schedule or be done manually. Programming allows any set hours and can also follow rules like sunset, sunrise, daylight savings, etc.

I would recommend that the following be included should the sign be granted:

- 1. The message portion of the sign should include transitioning messages only (i.e. no flashing or scrolling messages).
- 2. Nighttime lighting restrictions (sunrise to sunset) comprised of extreme dimming of the sign during nighttime hours.
- 3. Since this sign board operates off an app. and is susceptible to hacking or misuse the sign must have an emergency manual shut off in case the sign malfunctions or is misused so a town official can override and shut the sign off immediately.

The implementation of any or all of the aforementioned restrictions, on behalf of the neighbors or if traffic concerns arise, could be revisited after the sign has been in use for a period of time to see if they should be revised.

Recommendation

The undersigned supports the proposed sign, provided it meets all ZBA requirements. The LPD does not have any reservations as to the use of a digital sign replacement at this location so long as it does not have a negative effect on safe vehicle operation or cause undue hardship to residents.

Should you have any questions pertaining to this matter, please feel free to contact me personally at your convenience.

Sincerely,

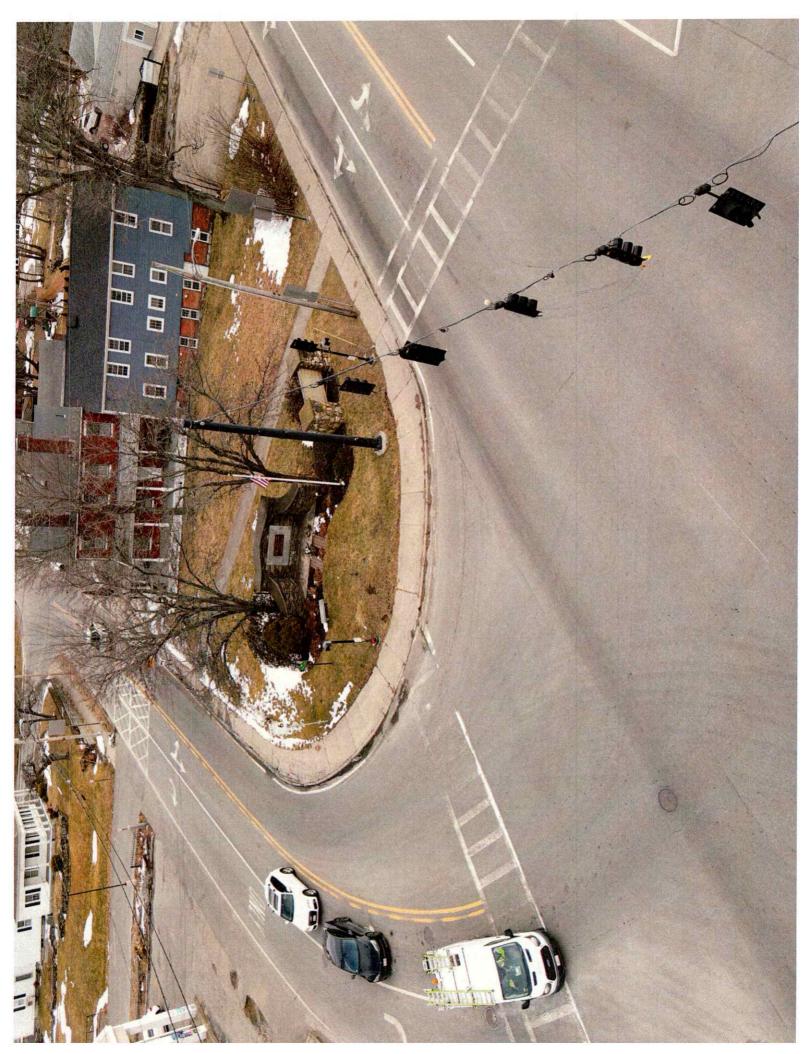
Kenneth M Antanavica

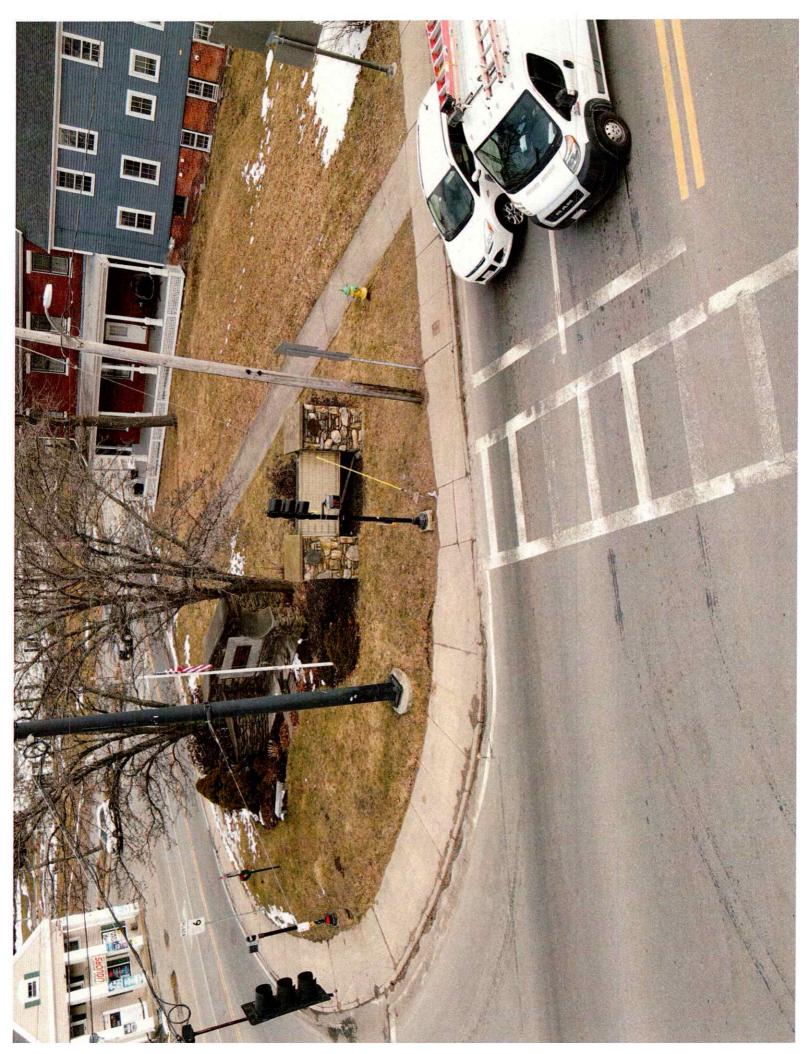
Chief of Police

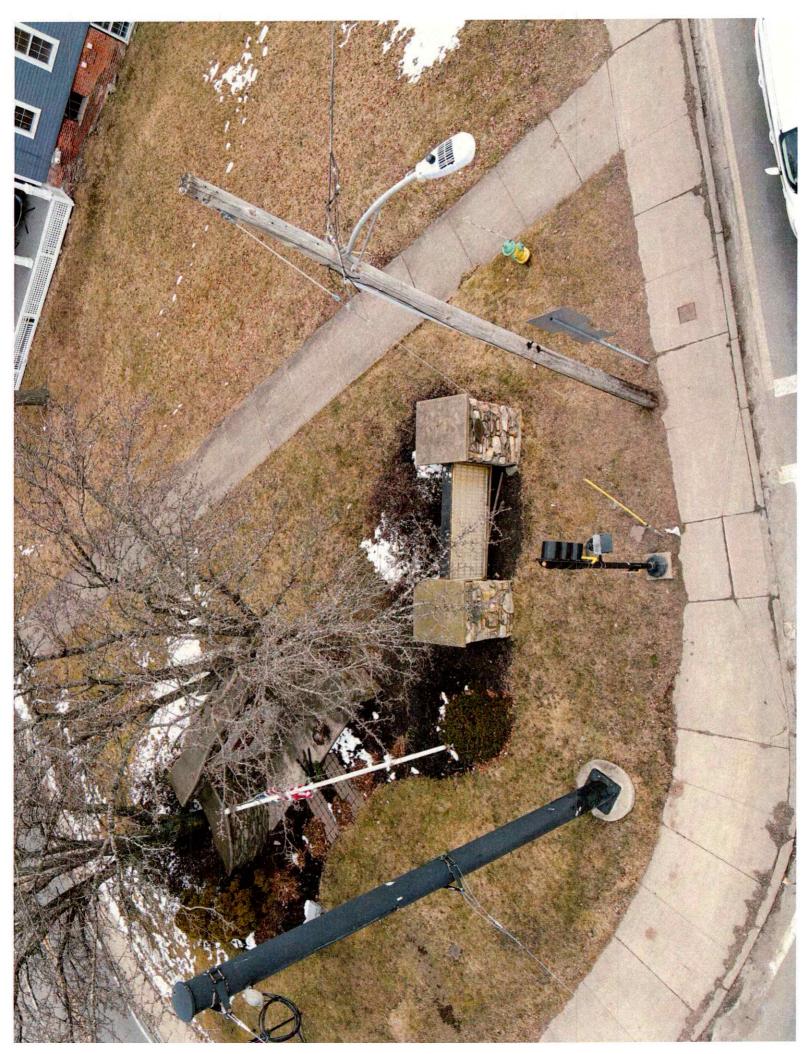
Attachments

- 1. Ariel View of Existing Sign Location
- 2. Photos of Existing Sign

cc: Selectmen Board
Town Administrator
Planning Board
Code Enforcement/Building Inspector









Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Acticle Addressed to: PAULINO ODILENY 1025 MAIN STREET LEICESTER, MA 01524 As Signature Print your name and address on the reverse so that we can return the card to you. Acticle Addressed to: PAULINO ODILENY 1025 MAIN STREET LEICESTER, MA 01524 As Signature As Signature A Signature A Signature A Signature A Signature A Signature B Received by (P) (R) (Name) C Date of Delivery address below: D Is delivery address different from item 17 Yes fives, enter delivery address below: Print your name and address on the reverse so that we can return the card to you. Article Addressed to: Article Addressed to: Article Addressed to: A Signature A Signature A Signature A Signature A Signature A Signature A Signature Confirmation Restricted Delivery in Restricted Delivery Bestricted Delivery Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. A signature A Signature A Signature A Signature Complete items 1, 2, and 3. B Print your name and address on the reverse so that we can return the card to you. A signature Print your name and address on the reverse so that we can return the card to you. A signature Complete items 1, 2, and 3. B Print your name and address on the reverse so that we can return the card to you. Complete items 1, 2, and 3. B Print your name and address on the reverse so that we can return the card to you. Complete items 1, 2, and 3. Complete	and the state of t	act of ord	aus &
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 maliplece, or on the front if space permits.		COMPLETE THIS SECTION ON D	DELIVERY
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 mailplece, or on the front if space permits. Article Addressed to: PAULINO ODILENY 1025 MAIN STREET LEICESTER, MA 01524 3. Service Type Adult Signature 1025 MAIN STREET LEICESTER, MA 01524 3. Service Type Adult Signature 1025 MAIN STREET LEICESTER, MA 01524 3. Service Type Adult Signature 1025 Adult Sign	Complete items 1, 2, and 3.	A. Signature	
so that we can return the card to you. Attach this card to the back of the maliplece, or on the front if space permits. Article Addressed to: PAULINO ODILENY 1025 MAIN STREET LEICESTER, MA 01524 Service Type		X Della Va.	//
Or on the front if space permits. Article Addressed to:		Merch Mills	
Article Addressed to: PAULINO ODILENY 1025 MAIN STREET LEICESTER, MA 01524 Service Type		B. Received by (Printed Name)	C. Date of Delivery
PAULINO ODILENY 1025 MAIN STREET LEICESTER, MA 01524 Service Type		D. In delivery address different from	** 40. T Voo
Service Type			
LEICESTER, MA 01524 Service Type	PAULINO ODILENY		
3. Service Type Adult Signature Restricted Delivery Registered Mail* Registered Mai	1025 MAIN STREET		
3. Service Type Adult Signature Restricted Delivery Registered Mail* Registered Mai	LEICESTER, MA 01524		
Adult Signature Registered Mail Registered			
Adult Signature Registered Mail Registered			
Adult Signature Restricted Delivery Signature Confirmation Signat			
9590 9402 6919 1104 4735 39 Cartified Mail® Cartified Mail® Power Confirmation* Signature C			☐ Registered Mail™ ☐ Registered Mail Restricte
Collect on Delivery Restricted Delivery 7022 2410 0003 2295 7998 if Restricted Delivery 8 Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt 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 mailplece, or on the front if space permits. Article Addressed to: NYE & NN MARIE PO BOX 142 WEST BROOKFIELD, MA 01585 Senon 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt Senon 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt Senon 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt Senon 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt Senon 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt Senon 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt Senon 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt Senon 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt Senon 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt Senon 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	0500 0400 6010 1104 4705 00	☐ Certified Mail®	Delivery
S Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receip COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature A. Signature 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. Article Addressed to: NYE ANN MARIE PO BOX 142 WEST BROOKFIELD, MA 01585 SENDER: COMPLETE THIS SECTION 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. COMPLETE THIS SECTION ON DELIVERY A. Signature A. Signature A. Signature A. Signature Addressed below: D. Is delivery address different from item 1? Registered Mail Restricted Delivery Collect on Delivery Restricted Delivery Signature Confirmation Signature Confirmation Signature Confirmation COMPLETE THIS SECTION ON DELIVERY A. Signature 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. COMPLETE THIS SECTION ON DELIVERY A. Signature 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. D. Is delivery address different from item 1? Yes If YES, enter delivery address below: D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No MEDINA PETER M 1033 MAIN STREET		☐ Collect on Delivery	☐ Signature Confirmation
Domestic Return Receip ENDER: COMPLETE THIS SECTION 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. Article Addressed to: NYE ANN MARIE PO BOX 142 WEST BROOKFIELD, MA 01585 3. Service Type Adult Signature Adult Signature Printity address below: D. Is delivery address different from item 1? Yes if YES, enter delivery address below: No Service Type Adult Signature Restricted Delivery Conflict on Deliver		in il	Hestricted Delivery
ENDER: COMPLETE THIS SECTION 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. Atticle Addressed to: NYE RENNETH NYE ANN MARIE POBOX 142 WEST BROOKFIELD, MA 01585 3. Service Type Adult Signature Priority Mail Express® Registered Mail® Priority Mail Express® Registered Mail® Restricted Delivery		1 (ever weee)	
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. Article Addressed to: NYE RENNETH NYE ANN MARIE PO BOX 142 WEST BROOKFIELD, MA 01585 Service Type Adult Signature Adult Signature Restricted Delivery Collect on Delivery Restricted Delivery Collect on Delivery Restricted Delivery TOZZ 2410 0003 2295 Form 3811, July 2020 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION ON DELIVERY A Signature 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. 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. 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. Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. A Signature Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. A Signature Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. A Signature Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. A Signature Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. A Signature Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. B Reserved by (Printed Name) C Date of Delivery Collect on Deliver	PS Form 3811, July 2020 PSN 7530-02-000-9053		
A. Signature Agent Addresses on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. Article Addressed to:			
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. Article Addressed to: NYE RENNETH NYE ANN MARIE PO BOX 142 WEST BROOKFIELD, MA 01585 3. Service Type Adult Signature Restricted Delivery address below: No	ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON D	ELIVERY
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. Article Addressed to: NYE RENNETH NYE ANN MARIE PO BOX 142 WEST BROOKFIELD, MA 01585 3. Service Type Adult Signature Restricted Delivery Certified Mail Restricted Delivery Collect on		A. Signature	
Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: NYE RNNETH NYE ANN MARIE PO BOX 142 WEST BROOKFIELD, MA 01585 Service Type		1 x 6	
or on the front if space permits. Article Addressed to: NYE RENNETH NYE ANN MARIE PO BOX 142 WEST BROOKFIELD, MA 01585 3. Service Type Adult Signature Restricted Delivery Certified Mall Restricted Delivery Certified Mall Restricted Delivery Certified Mall Restricted Delivery Certified Mall Restricted Delivery Certified Mall Restricted Delivery Certified Mall Restricted Delivery Registered Mall Restricted Delivery Signature Confirmation* Signature Confirmation* Restricted Delivery Restricted Delivery Restricted Delivery 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. Attach Addressed to: D. Is delivery address different from item 1?			
Article Addressed to: NYE ENNETH NYE ANN MARIE PO BOX 142 WEST BROOKFIELD, MA 01585 3. Service Type Adult Signature Restricted Delivery Cartified Mail Cartified Mail Restricted Delivery Collect on Delivery Restricted Delivery Collect on Delivery Restricted Delivery Collect on Delivery Restricted Delivery Restricted Delivery Signature Confirmation Restricted Delivery Signature Confirmation Restricted Delivery Signature Confirmation Restricted Delivery Signature Confirmation Restricted Delivery Collect on Delivery Restricted Delivery Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery Signature Confirmation Restricted Delivery Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery Signature Confirmation Restricted Delivery Signature Confirmation Restricted Delivery Signature Confirmation Restricted Delivery Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery Signatu		D. Neceived by (Finited Name)	G. Date of Delivery
If YES, enter delivery address below: No NYE ANN MARIE PO BOX 142 WEST BROOKFIELD, MA 01585 Service Type		D. Is delivery address different from	item 12
NYE ANN MARIE PO BOX 142 WEST BROOKFIELD, MA 01585		If YES, enter delivery address be	
WEST BROOKFIELD, MA 01585 3. Service Type	NIVE ANDINGARIE		
Service Type Adult Signature Priority Mail Express® Adult Signature Pegistered Mail™ Signature Confirmation ™ Signature Confirmation ™ Pegistered Delivery Pegistered Mail™ Pegistered Ma	NYE ANN MARIE		
3. Service Type Adult Signature Restricted Delivery Priority Mail Express® Registered Mail™ Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Collect on Delivery Restricted Delivery Signature Confirmation™ Signature Confirmation™ Signature Confirmation™ Signature Confirmation™ Signature Confirmation™ Restricted Delivery Signature Confirmation™ Restricted	TA-26		
Adult Signature Adult Signature Adult Signature Adult Signature Adult Signature Adult Signature Restricted Delivery Registered Mail Restricted Delivery Registered Mail Restricted Delivery Signature Confirmation Signature Confirmation Signature Confirmation Signature Confirmation Restricted Delivery	PO BOX 142		
Adult Signature Adult Adult Signature Adult Signature Restricted Delivery Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Collect on Delivery Registered Mail Restricted Delivery Collect on Delivery Signature Confirmation Restricted Delivery Restricted Delivery Domestic Return Receipt 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. Addressed to: Addressed to: Addressed to: Addressed to: Registered Mail Restricted Delivery Registered Mail Restricted Delivery	PO BOX 142		
9590 9402 6919 1104 4735 53 Certified Mail®	PO BOX 142	2 Santing Time	
9590 9402 6919 1104 4735 53 Control of the contr	PO BOX 142	☐ Adult Signature	
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. Article Addressed to: Collect on Delivery Restricted Delivery Complete items 1, 2, and 3. Restricted Delivery Restricted Delivery Domestic Return Receipt Restricted Delivery	PO BOX 142	☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐	☐ Registered Mail [™] ☐ Registered Mail Restricted
SENDER: COMPLETE THIS SECTION 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. Article Addressed to: MEDINA PETER M 1033 MAIN STREET Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY A. Signature A. Signature B. Received by (Printed Name) C. Date of Delive If YES, enter delivery address below: No	PO BOX 142 WEST BROOKFIELD, MA 01585	☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐	Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™
SENDER: COMPLETE THIS SECTION 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. Article Addressed to: D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No MEDINA PETER M 1033 MAIN STREET	PO BOX 142 WEST BROOKFIELD, MA 01585 9590 9402 6919 1104 4735 53	□ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery	Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation
SENDER: COMPLETE THIS SECTION 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. Article Addressed to: Complete this section on Delivery A. Signature X B. Received by (Printed Name) C. Date of Delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No MEDINA PETER M 1033 MAIN STREET	PO BOX 142 WEST BROOKFIELD, MA 01585 9590 9402 6919 1104 4735 53	□ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery	Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation
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. A. Signature A. Signature A. Signature A Agent A Address B. Received by (Printed Name) C. Date of Delive The print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delive The print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delive The print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delive The print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delive The print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delive The print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delive The print your name and address on the reverse so that we can return the card to you. The print your name and address on the reverse so that we can return the card to you. The print your name and address on the reverse so that we can return the card to you. The print your name and address on the reverse so that we can return the card to you. The print your name and address on the reverse so that we can return the card to you. The print your name and address on the reverse so that we can return the card to you. The print your name and address on the reverse so that we can return the card to you. The print your name and address on the reverse so that we can return the card to your name and address on the print the	PO BOX 142 WEST BROOKFIELD, MA 01585 9590 9402 6919 1104 4735 53 7022 2410 0003 2295 75	□ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Restricted Delivery	I Registered Mail™ I Registered Mail Restricted Delivery I Signature Confirmation™ I Signature Confirmation Restricted Delivery
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. 1. Article Addressed to: D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No MEDINA PETER M 1033 MAIN STREET	PO BOX 142 WEST BROOKFIELD, MA 01585 9590 9402 6919 1104 4735 53 7022 2410 0003 2295 75 S Form 3811, July 2020 PSN 7530-02-000-9053	□ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery □ Restricted Delivery	Registered Mail™ Registered Mail Restricter Delivery Signature Confirmation™ Signature Confirmation Restricted Delivery mestic Return Receipt
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. 1. Article Addressed to: D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No MEDINA PETER M 1033 MAIN STREET	PO BOX 142 WEST BROOKFIELD, MA 01585 9590 9402 6919 1104 4735 53 7022 2410 0003 2275 75 Form 3811, July 2020 PSN 7530-02-000-9053	Adult Signature Colored Colore	Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation Restricted Delivery mestic Return Receipt
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. 1. Article Addressed to: D. Is delivery address different from item 1?	PO BOX 142 WEST BROOKFIELD, MA 01585 9590 9402 6919 1104 4735 53 7022 2410 0003 2275 75 S Form 3811, July 2020 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION	Adult Signature Adult Signature Adult Signature Adult Signature Complete Adult Signature Complete Complet	Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation Restricted Delivery mestic Return Receipt
or on the front if space permits. 1. Article Addressed to: D. Is delivery address different from item 1?	PO BOX 142 WEST BROOKFIELD, MA 01585 9590 9402 6919 1104 4735 53 7022 2410 0003 2275 75 Form 3811, July 2020 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3.	Adult Signature Adult Signature Adult Signature Adult Signature Control Mail® Certified Mail® Certified Mail® Collect on Delivery Collec	Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation Restricted Delivery mestic Return Receipt DELIVERY
D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No MEDINA PETER M 1033 MAIN STREET	PO BOX 142 WEST BROOKFIELD, MA 01585 9590 9402 6919 1104 4735 53 7022 2410 0003 2275 75 Form 3811, July 2020 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you.	Adult Signature Adult Signature Adult Signature Adult Signature Complete Adult Signature Complete Complet	Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation Restricted Delivery Mestricted Delivery Agent Addresse
MEDINA PETER M 1033 MAIN STREET	PO BOX 142 WEST BROOKFIELD, MA 01585 9590 9402 6919 1104 4735 53 7022 2410 0003 2275 75 Form 3811, July 2020 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION 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,	Adult Signature Adult Signature Adult Signature Adult Signature Complete Adult Signature Complete Complet	Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation Restricted Delivery Mestricted Delivery Agent Addresse
MEDINA PETER M 1033 MAIN STREET	PO BOX 142 WEST BROOKFIELD, MA 01585 9590 9402 6919 1104 4735 53 7022 2410 0003 2275 75 Form 3811, July 2020 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION 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.	Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Restricted Delivery Restricted Delivery Restricted Delivery COMPLETE THIS SECTION ON A. Signature X B. Received by (Printed Name)	Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation™ Restricted Delivery Mestic Return Receipt Agent Addresse C. Date of Delivery
1033 MAIN STREET	PO BOX 142 WEST BROOKFIELD, MA 01585 9590 9402 6919 1104 4735 53 7022 2410 0003 2295 75 Form 3811, July 2020 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION 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.	Adult Signature Adult Signature Adult Signature Adult Signature Control Mail Signature Control Mail Signature Control Mail Restricted Delivery Collect on Delivery Complete This Section on Complete This Sectio	Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation Restricted Delivery Mestricted Delivery Mestricted Delivery Agent Addresse C. Date of Delivery
1033 MAIN STREET	PO BOX 142 WEST BROOKFIELD, MA 01585 9590 9402 6919 1104 4735 53 7022 2410 0003 2295 75 Form 3811, July 2020 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION 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.	Adult Signature Adult Signature Adult Signature Adult Signature Control Mail Signature Control Mail Signature Control Mail Restricted Delivery Collect on Delivery Complete This Section on Complete This Sectio	Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation Restricted Delivery Mestricted Delivery Mestricted Delivery Agent Addresse C. Date of Delivery
	PO BOX 142 WEST BROOKFIELD, MA 01585 9590 9402 6919 1104 4735 53 7022 2410 0003 2275 75 S Form 3811, July 2020 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION 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. Article Addressed to:	Adult Signature Adult Signature Adult Signature Adult Signature Control Mail Signature Control Mail Signature Control Mail Restricted Delivery Collect on Delivery Complete This Section on Complete This Sectio	Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation Restricted Delivery Mestricted Delivery Mestricted Delivery Agent Addresse C. Date of Delivery
ALIG IIII 0132T	PO BOX 142 WEST BROOKFIELD, MA 01585 9590 9402 6919 1104 4735 53 7022 2410 0003 2275 75 Form 3811, July 2020 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION 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. Article Addressed to: MEDINA PETER M	Adult Signature Adult Signature Adult Signature Adult Signature Control Mail Signature Control Mail Signature Control Mail Restricted Delivery Collect on Delivery Complete This Section on Complete This Sectio	Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation Restricted Delivery Mestricted Delivery Mestricted Delivery Agent Addresse C. Date of Delivery
	PO BOX 142 WEST BROOKFIELD, MA 01585 9590 9402 6919 1104 4735 53 7022 2410 0003 2295 75 Form 3811, July 2020 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION 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. Article Addressed to: MEDINA PETER M 1033 MAIN STREET	Adult Signature Adult Signature Adult Signature Adult Signature Control Mail Signature Control Mail Signature Control Mail Restricted Delivery Collect on Delivery Complete This Section on Complete This Sectio	Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation Restricted Delivery Mestricted Delivery Mestricted Delivery Agent Addresse C. Date of Delivery
3. Service Type ☐ Priority Mail Express®	PO BOX 142 WEST BROOKFIELD, MA 01585 9590 9402 6919 1104 4735 53 7022 2410 0003 2295 75 S Form 3811, July 2020 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION 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. Article Addressed to: MEDINA PETER M 1033 MAIN STREET	Adult Signature Adult Signature Adult Signature Adult Signature Control Mail Signature Control Mail Signature Control Mail Restricted Delivery Collect on Delivery Complete This Section on Complete This Sectio	Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation Restricted Delivery Mestricted Delivery Mestricted Delivery Agent Addresse C. Date of Delivery
☐ Adult Signature ☐ Registered MailTM	PO BOX 142 WEST BROOKFIELD, MA 01585 9590 9402 6919 1104 4735 53 7022 2410 0003 2295 75 S Form 3811, July 2020 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION 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. Article Addressed to: MEDINA PETER M 1033 MAIN STREET	Adult Signature Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Collect on Delivery Collect on Delivery Restricted Delivery I Restricted Delivery COMPLETE THIS SECTION ON A. Signature X B. Received by (Printed Name) D. Is delivery address different from If YES, enter delivery address I	Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation™ Restricted Delivery Mestricted Delivery Agent Addresse C. Date of Delivery Item 1? ☐ Yes Delow: ☐ No
☐ Certified Mail® Delivery	PO BOX 142 WEST BROOKFIELD, MA 01585 9590 9402 6919 1104 4735 53 7022 2410 0003 2295 75 Form 3811, July 2020 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION 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. Article Addressed to: MEDINA PETER M 1033 MAIN STREET	Adult Signature Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Certified Mail® Cellect on Delivery Restricted Delivery Restricted Delivery Restricted Delivery Do COMPLETE THIS SECTION ON A. Signature X B. Received by (Printed Name) D. Is delivery address different from If YES, enter delivery address	Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation™ Signature Confirmation Restricted Delivery Mestricted Delivery Agent Addresse C. Date of Delivery I item 1? ☐ Yes Delow: ☐ No
L Signature Confirmation	PO BOX 142 WEST BROOKFIELD, MA 01585 9590 9402 6919 1104 4735 53 7022 2410 0003 2275 75 Form 3811, July 2020 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION 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. Article Addressed to: MEDINA PETER M 1033 MAIN STREET LEICESTER, MA 01524	Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Certified Mail® Cellect on Delivery Cellect on Delivery I Restricted Delivery CoMPLETE THIS SECTION ON A. Signature X B. Received by (Printed Name) D. Is delivery address different from If YES, enter delivery address If YES,	Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation™ Signature Confirmation™ Restricted Delivery Agent Addressed C. Date of Delivery Priority Mail Express® Registered Mail™ Registered Mail™ Registered Mail™ Registered Mail™ Registered Mail Restricted Delivery
	PO BOX 142 WEST BROOKFIELD, MA 01585 9590 9402 6919 1104 4735 53 7022 2410 0003 2295 75 Form 3811, July 2020 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION 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. Article Addressed to: MEDINA PETER M 1033 MAIN STREET	Adult Signature Adult Signature Adult Signature Adult Signature Certified Mail® Certified Mail® Certified Mail® Cellect on Delivery Collect on Delivery Cellect on Delivery Collect on Delivery Complete Certified Mail®	Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation™ Restricted Delivery Mestricted Delivery Agent Addresse C. Date of Delivery I ltem 1? ☐ Yes Delow: ☐ No
7022 2410 0003 2295 7950	PO BOX 142 WEST BROOKFIELD, MA 01585 9590 9402 6919 1104 4735 53 7022 2410 0003 2295 75 Form 3811, July 2020 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION 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. Article Addressed to: MEDINA PETER M 1033 MAIN STREET LEICESTER, MA 01524	Adult Signature Adult Signature Adult Signature Adult Signature Adult Signature Adult Signature Certified Mail® Certified Mail® Certified Mail® Cellect on Delivery Collect on Delivery Collect on Delivery Complete Cellect Complete Cellect Complete Cellect Complete Cellect	Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation Restricted Delivery Mestricted Delivery Agent Addresse C. Date of Delivery Priority Mail Express® Registered Mail™ Registered Mail™ Registered Mail™ Registered Mail Restrict Delivery Signature Confirmation™

4 6 9	ZBA SP O Main S.
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse	X Agent
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
CORMIER SR BRIANT R	
15 PLEASANT STREET	
LEICESTER, MA 01524	
	3. Service Type ☐ Priority Mail Express®
	☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail Restricted ☐ Registered Mail Restricted
9590 9402 6919 1104 4736 45	☐ Certified Mail® Delivery ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™
- Land Land	☐ Collect on Delivery ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery Restricted Delivery
7022 2410 0003 2295 78	an restricted belivery
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
	ZBA SP O Mais &
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	A. Signature
Complete items 1, 2, and 3.Print your name and address on the reverse	Agent
so that we can return the card to you.	X OU Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes
DIMUCCI LAURIE ANN	If YES, enter delivery address below:
DIMUCCI LUCIA ANGELINA	
1058 MAIN STREET	
LEICESTER, MA 01524	
	O Combine Trans
	3. Service Type □ Priority Mail Express® □ Adult Signature □ Registered Mail™
	☐ Adult Signature Restricted Delivery ☐ Certified Mail®
9590 9402 6919 1104 4736 38	☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation ☐ Signature Confirmation ☐ Figure 1 ☐ Collect on Delivery Restricted Delivery Restricted Delivery
² . 7022 2410 0003 2295 7	BBB Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053	(over good)
PS Form 36 11, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
SENDED, COMPLETE THE SECTION	ZBA SP OMAINS
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.Print your name and address on the reverse	A. Signature
so that we can return the card to you.	A Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes
AGURKIS PROPERTY LLC	If YES, enter delivery address below:
1065 MAIN STREET	
LEICESTER, MA 01524	
	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Certified Mail®
9590 9402 6919 1104 4736 83	☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation
7022 2410 0003 2295 78	37 Restricted Delivery Restricted Delivery
	(over \$500) Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domostic Patura Pagaint

4 6 9	ZBA SP O Main S.
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse	X Agent
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
CORMIER SR BRIANT R	
15 PLEASANT STREET	
LEICESTER, MA 01524	
	3. Service Type ☐ Priority Mail Express®
	☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail Restricted ☐ Registered Mail Restricted
9590 9402 6919 1104 4736 45	☐ Certified Mail® Delivery ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™
- Land Land	☐ Collect on Delivery ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery Restricted Delivery
7022 2410 0003 2295 78	an restricted belivery
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
	ZBA SP O Mais &
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	A. Signature
Complete items 1, 2, and 3.Print your name and address on the reverse	Agent
so that we can return the card to you.	X OU Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes
DIMUCCI LAURIE ANN	If YES, enter delivery address below:
DIMUCCI LUCIA ANGELINA	
1058 MAIN STREET	
LEICESTER, MA 01524	
	O Combine Trans
	3. Service Type □ Priority Mail Express® □ Adult Signature □ Registered Mail™
	☐ Adult Signature Restricted Delivery ☐ Certified Mail®
9590 9402 6919 1104 4736 38	☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation ☐ Signature Confirmation ☐ Figure 1 ☐ Collect on Delivery Restricted Delivery Restricted Delivery
² . 7022 2410 0003 2295 7	BBB Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053	(over good)
PS Form 36 11, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
SENDED, COMPLETE THE SECTION	ZBA SP OMAINS
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.Print your name and address on the reverse	A. Signature
so that we can return the card to you.	A Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes
AGURKIS PROPERTY LLC	If YES, enter delivery address below:
1065 MAIN STREET	
LEICESTER, MA 01524	
	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Certified Mail®
9590 9402 6919 1104 4736 83	☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation
7022 2410 0003 2295 78	37 Restricted Delivery Restricted Delivery
	(over \$500) Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domostic Patura Pagaint

	ZBA SP O Main &
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse	Agent
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	15 Charles DZ 17 2.29
. Article Addressed to:	D. Is delivery address different from item 1? Yes
BOULETTERICHARD	If YES, enter delivery address below: No
50 BREAKNECK ROAD	
STURBRIDGE, MA 01566	
, , , , , , , , , , , , , , , , , , , ,	
D. B. W. (1984) 1984	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Delivery ☐ Delivery
9590 9402 6919 1104 4736 69	☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation
Article Number (Transfer from service label)	Collect on Delivery Restricted Delivery
7022 2410 0003 2295 78	B 5 1 Restricted Delivery
S Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
The state of the s	TRASP O Marin So
ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature AN Hamont
Print your name and address on the reverse	/ FI Acoust
so that we can return the card to you.	X Mx/Jonnant Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes
COLDV DE ALTYLLO	If YES, enter delivery address below:
COLBY REALTY LLC 626 PLEASANT STREET	
ROCHDALE, MA 01542	
ROCHDALE, MA 01342	
	3. Service Type ☐ Priority Mail Express®
	☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail Restricted ☐ Registered Mail Restricted
9590 9402 6919 1104 4736 52	☐ Certified Mail® Delivery ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™
Article Number (Transfer from service label)	☐ Collect on Delivery ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery Restricted Delivery
7022 2410 0003 2295 78	ui riestricted Delivery
S Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
1145 1148 (L.	ZRASP DIM
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON A
Demonstrated in the contract of the property of the contract o	COMPLETE THIS SECTION ON D
Complete items 1, 2, and 3.Print your name and address on the reverse	A. Signature
so that we can return the card to you.	X //m/try
Attach this card to the back of the mailpiece,	B. Réceived by (Printed Name) C. D.
or on the front if space permits. 1. Article Addressed to:	
, , and o Addiessed to.	D. Is delivery address different from item 1? If YES, enter delivery address below:
ARSENAULT RICHARD	
ARSENAULT ERIKA	
1029 MAIN STREET	
LEICESTER, MA 01524	
	3 Service Type
	3. Service Type ☐ Priority Mall Express® ☐ Adult Signature ☐ Registered Mail™
	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted ☐ Certified Mail® ☐ Delivery
9590 9402 6919 1104 4736 76	☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation
2. 7022 2410 0003 2295 7	Collect on Delivery Restricted Delivery Restricted Delivery
	7 B 4 4 Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

	ZBASP OMainSL
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse	Y Agent
so that we can return the card to you.	Addressee
Attach this card to the back of the mailpiece,	B. Réceived by (Printed Name) C. Date of Delivery
or on the front if space permits. 1. Article Addressed to:	MARCY HAGGIUM 129/24
1. Article Addressed to:	D. Is delfvery address different from item 1? Yes If YES, enter delivery address below: No
LEICESTER HOUSING	
AUTHORITY	
1075 MAIN STREET	
LEICESTER, MA 01524	
	3. Service Type □ Priority Mail Express®
	□ Adult Signature □ Registered Mail™ □ Adult Signature Restricted Delivery □ Registered Mail Restricted
9590 9402 6919 1104 4735 84	☐ Certified Mail® Delivery ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™
	☐ Collect on Delivery ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery Restricted Delivery
7022 2410 0003 2295 79	
	크 b il Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
276 A .	ZHSA SP O Main &
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X/WC M Addressee
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	William Wolons 3-1-24
1. Article Addressed to:	D. Is delivery address different from item 1? Yes
	If YES, enter delivery address below: No
WOLONS WILLIAM J	
WOLONS SHARON L	
18 BOND STREET	
SPENCER, MA 01562	
8) S MINING HOLD IN COLUMN 1 TO 1 T	3. Service Type ☐ Priority Mail Express®
	□ Adult Signature □ Registered Maii™ □ Registered Maii™ □ Registered Maii ™ □ Registered Maii Restricted
9590 9402 6919 1104 4744 06	☐ Certified Mail® Delivery
9590 9402 6919 1104 4744 06	☐ Collect on Delivery ☐ Signature Confirmation
7022 2410 0003 2295 801	Delivery Restricted Delivery Restricted Delivery
	ail Restricted Delivery (over \$500)
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
	ZBA SP O May So
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse	TI Agam
so that we can return the card to you.	Addressee
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: □ No
PLAKA REALTY LLC	
251 SALISBURY STREET	
WORCESTER, MA 01609	
11 M 1 M 1 M 1 1 M 1 1 M 1 M 1 M 1 M 1	3. Service Type ☐ Priority Mail Express®
	☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail Restricted
9590 9402 6919 1104 4735 22	☐ Certified Mail® Delivery ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™
2 Article Number (Transfer from convice Jabel)	☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Restricted Delivery
	In a second
	I Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt



icester of Appeals Square 4 01524



ZIP 01524

THE REFUGE CHRISTIAN CENT 16 PLEASANT STREET LEICESTER, MA 01524

MIXIE

CE 1 015

7283/11/24

RETURN TO SENDER UNCLAIMED UNABLE TO FORWARD

*1821-08574-27-43

MINUTES

ZONING BOARD OF APPEALS MEETING MINUTES December 27, 2023

Location: Leicester Town Hall, Meeting Room 3

Member Present: Jim Buckley, Kurt Parliment, Vaughn Hathaway, Richard Johnston

Members Absent: James Reinke

Staff Members Present: Kristen Jacobsen, Town Planner

Members of the Public in Attendance: Timothy Wells, Jason Kurtz

Call to Order: Chairman Buckley called the meeting to order at 6:17 p.m.

Public Hearing Continued – V-2023-12 – Tim and Denise Wells, 69 Burncoat Ln.

Applicants seek a variance relating to the side yard setback requirement to construct an addition and garage.

Mr. Jason Kurtz, Applicant's Architect, said they redesigned the addition plan The side yard setback was reduced to comply, but the front yard setback is more complicated to reduce down. He said there is no request for a side yard setback and the front yard setback request is for 1.8'. Mr. Kurtz said he reviewed other projects approved and the most pertinent one was from 3/6/2019 at 6 Lake Shore Drive that needed a variance for the front of a garage on a private road and they stated that the center of road should be considered. If they follow the same line of measurement, they are within the 40' setback on the front yard.

Mr. Hathaway said on one hand they are saying they don't need a variance if they are using the center of the road so they either need one for the front yard setback or they don't. Mr. Kurtz said the town bylaw doesn't say anything about measuring to the center of a private road. Mr. Hathaway said they are here for a variance so he wants to know what changes were made that would say why the variance was needed. Mr. Buckley said they are talking 1.8'. Mr. Buckley asked why they can't adjust the plan by 1.8' and asked what is the hardship. Mr. Kurtz said it's because it's not large enough to fit an interior staircase and a full size vehicle. The garage is necessary because the individual that they are creating the majority of this addition for can't be parking outside because it would create a hazard if there is snow or ice on the ground for her to traverse across. Mr. Kurtz said that there is the potential that staircase would have to be converted to a ramp so they can get her into the home and the garage won't be deep enough without a variance due to setback from property line. If it's set back from center of road, it's not an issue.

Mr. Hathaway asked about the bedroom being downstairs. Mr. Kurtz said the downstairs office would be the primary bedroom for the Applicants' mother and the hardship for the garage would be to get her into the house safely as she doesn't walk well and has stability issues. Mr. Kurtz said that in the future, she may need some assistance like a wheelchair so the garage allows for parking and for safely getting her in and out of the house.

Mr. Johnston asked if the side setbacks are within the 40' and Mr. Kurtz said yes. Mr. Johnston asked if they are 37.7' from the property line. Mr. Buckley said it's 37.2' on the revised plan. Mr. Johnston said his point was that if they add to the center line of the road, they won't need a variance. Mr. Hathaway agreed that if that's the way it's measured, there is no need to vote on a

variance. Mr. Kurtz said he is confused as to how the measurement is taken and if it's by the variance or allowed by right as it's not spelled out in the bylaws even though it's been used in previous decisions.

Mr. Buckley asked Ms. Jacobsen if it's in the bylaws. Ms. Jacobsen said it is not stipulated in the bylaw but there may be precedent for it. Mr. Hathaway said they are not a "precedent board." Mr. Buckley said in the other case, the applicant owned property on both sides of the street but he understands what Mr. Hathaway is saying about whether they need a variance. Mr. Parliment said that the issues with their elderly mother speaks to the hardship. Mr. Johnston said that was an issue at 6 Lake Shore Drive. Mr. Hathaway is fine as long as they talk to the reasons for the variance.

Mr. Buckley asked if there was further discussion and there was none.

Motion by Mr. Johnston to grant a variance to 69 Burncoat Lane as requested.

Second: Mr. Hathaway

Discussion: Ms. Jacobsen asked if there were any conditions the Board wanted to place on the

variance. The Board had none.

Record of Vote:

Jim Buckley	Aye
James Reinke	Absent
Kurt Parliment	Aye
Vaughn Hathaway	Aye
Richard Johnston	Aye
Four (4) in Favor. None (0) Opposed	
Approved 4 to 0	

Motion by Mr. Johnston to close the public hearing.

Second: Mr. Parliment **Discussion:** None

Record of Vote:

Jim Buckley	Aye
James Reinke	Absent
Kurt Parliment	Aye
Vaughn Hathaway	Aye
Richard Johnston	Aye
Four (4) in Favor. None (0) Opposed	
Approved 4 to 0	

The Public Hearing was closed at 6:33 pm.

Public Hearing – SP-2023-11 – Tim and Denise Wells, 69 Burncoat Ln., 27A-E34 & 27A-E35 The petitioners are seeking a Special Permit to add an addition, garage, and porch to a pre-existing non-conforming single-family home.

Chairman Buckley opened the public hearing at 6:33 p.m. Mr. Parliment read the public hearing notice into the record. Mr. Buckley confirmed with Ms. Jacobsen that we had the green cards from the certified mailings.

Mr. Kurtz said the property is SA zoned which requires 80,000 s.f. minimum lot size and the lot is less than 20,000 s.f. make it a non-confirming lot. The existing side set back is non-conforming at 15.1'. The other sides – front, back, and rear - are conforming. The addition meets the rear and side setback. There is one non-conforming side set back and they are looking for a continuation of that non-conformance and the front set back was already discussed with the variance.

Mr. Buckley asked if this was private water/sewer. Mr. Kurtz said yes, they have a well and septic. Mr. Buckley asked if it's adequate for the addition that's being done. Mr. Kurtz said yes, they have spoken to Board of Health and gone through Conservation and they both gave approval.

Mr. Buckley asked if there were any comments and there were none.

Motion by Mr. Hathaway to grant the Special Permit for 69 Burncoat Lane.

Second: Mr. Johnston **Discussion:** None.

Record of Vote:

Jim Buckley	Aye	
James Reinke	Absent	
Kurt Parliment	Aye	
Vaughn Hathaway	Aye	
Richard Johnston	Aye	
Four (4) in Favor. None (0) Opposed		
Approved 4 to 0		

Motion by Mr. Johnston to close the public hearing.

Second: Mr. Parliment **Discussion:** None

Record of Vote:

Jim Buckley	Aye	
James Reinke	Absent	
Kurt Parliment	Aye	
Vaughn Hathaway	Aye	
Richard Johnston	Aye	
Four (4) in Favor. None (0) Opposed		
Approved 4 to 0		

The Public Hearing was closed at 6:36 pm.

Approval of Minutes: 1/25/23, 4/26/23, 5/17/23, 6/28/23, 7/26/23, 8/30/23, 10/25/23, 11/29/23

Motion by Mr. Parliment to approve the 1/25/23 meeting minutes.

Second: Mr. Johnston **Discussion:** None.

Record of Vote:

Jim Buckley	Aye	
James Reinke	Absent	
Kurt Parliment	Aye	
Vaughn Hathaway	Aye	
Richard Johnston	Aye	
Four (4) in Favor. None (0) Opposed		
Approved 4 to 0		

Motion by Mr. Parliment to approve the 4/26/23 meeting minutes.

Second: Mr. Johnston **Discussion:** None.

Record of Vote:

Jim Buckley	Aye
James Reinke	Absent
Kurt Parliment	Aye
Vaughn Hathaway	Aye
Richard Johnston	Aye
Four (4) in Favor. None (0) Opposed	
Approved 4 to 0	

Motion by Mr. Parliment to approve the 5/17/23 meeting minutes.

Second: Mr. Johnston **Discussion:** None.

Record of Vote:

Jim Buckley	Aye
James Reinke	Absent
Kurt Parliment	Aye
Vaughn Hathaway	Aye
Richard Johnston	Aye
Four (4) in Favor. None (0) Opposed	
Approved 4 to 0	

Motion by Mr. Parliment to approve the 6/28/23 meeting minutes.

Second: Mr. Johnston

Discussion: Mr. Hathaway noted that Mr. Parliment left the room, but minutes didn't reflect why so if member leaves the room, they need to state why.

Record of Vote:

Jim Buckley	Aye
James Reinke	Absent
Kurt Parliment	Aye
Vaughn Hathaway	Aye
Richard Johnston	Aye
Four (4) in Favor. None (0) Opposed	
Approved 4 to 0	

Motion by Mr. Parliment to approve the 7/26/23 meeting minutes.

Second: Mr. Johnston **Discussion:** None.

Record of Vote:

Jim Buckley	Aye
James Reinke	Absent
Kurt Parliment	Aye
Vaughn Hathaway	Aye
Richard Johnston	Aye
Four (4) in Favor. None (0) Opposed	
Approved 4 to 0	

Motion by Mr. Parliment to approve the 8/30/23 meeting minutes.

Second: Mr. Johnston **Discussion:** None.

Record of Vote:

Jim Buckley	Aye
James Reinke	Absent
Kurt Parliment	Aye
Vaughn Hathaway	Aye
Richard Johnston	Aye
Four (4) in Favor. None (0) Opposed	
Approved 4 to 0	

Motion by Mr. Parliment to approve the 10/25/23 meeting minutes.

Second: Mr. Johnston **Discussion:** None.

Record of Vote:

Jim Buckley	Aye	
James Reinke	Absent	
Kurt Parliment	Aye	
Vaughn Hathaway	Aye	
Richard Johnston	Aye	
Four (4) in Favor. None (0) Opposed Approved 4 to 0		

Motion by Mr. Parliment to approve the 11/29/23 meeting minutes.

Second: Mr. Johnston **Discussion:** None.

Record of Vote:

Jim Buckley	Aye
James Reinke	Absent
Kurt Parliment	Aye
Vaughn Hathaway	Aye
Richard Johnston	Aye
Four (4) in Fover None (0) Onneged	

Four (4) in Favor. None (0) Opposed Approved 4 to 0

Motion by Mr. Parliment to adjourn.

Second: Mr. Johnston **Discussion:** None.

Record of Vote:

Jim Buckley	Aye
James Reinke	Absent
Kurt Parliment	Aye
Vaughn Hathaway	Aye
Richard Johnston	Aye

Four (4) in Favor. None (0) Opposed Approved 4 to 0

Meeting adjourned at 6:44 p.m.

Respectfully Submitted by: Lisa Westwell, Administrative Assistant to the Planning Department	
Date Approved:	
Zoning Board of Appeals Signatures	
Jim Buckley, Chair	Vaughn Hathaway
James Reinke, Vice Chair	Richard Johnston
Kurt Parliment, Clerk	