

HEARINGS, MEETINGS, LICENSES

8-8-11

(TOWN SEAL)

A hearing will be held by the Board of Selectmen on Monday, August 8, 2011 at 7:20 PM in the Selectmen's Meeting Room at the Town Hall, located at 10 Nickerson Avenue, Middleborough, MA for the purpose of discussing application made by Christopher Mastrangelo for a Transfer of an All Alcoholic Restaurant Liquor license from Richard Lapham, d.b.a. Lisa's U.S.A. Pizza, to Buddy's Pizza Pub, Inc., d.b.a. Buddy's Pizza Pub, on property located at 547 West Grove Street, Middleboro, MA Assessors Map 048, Lot 395, Middleborough, MA. Anyone desiring to be heard on this matter should appear at the time and place designated.

BOARD OF SELECTMEN
Alfred P. Rullo, Jr.
Stephen J. McKinnon
Steven P. Spataro
Allin Frawley
Ben Quelle

Publish: July 21, 2011
Middleborough Gazette

Please bill: Board of Selectmen, 10 Nickerson Ave.

August 5, 2011

Board of Selectmen:

There is nothing in the CORI background records to cause concern in appointing the proposed manager Christopher Mastrangelo.

Jackie Shanley, Secretary



**Town of Middleborough
Massachusetts**

BOARD OF SELECTMEN

**APPLICATION FOR LICENSE
(PLEASE TYPE OR PRINT CLEARLY)**

DATE 7/14/11
NAME OF APPLICANT CHRISTOPHER MASTRANGELO
ADDRESS OF APPLICANT 201 HEMLOCK SHORE RD. LAREVILLE, MA. 02347
ASSESSORS MAP & LOT MAP 45 BLOCK 2
DAYTIME TELEPHONE 508-930-0391 (CELL)

NAME OF BUSINESS BUDDY'S PIZZA PUB
OWNER OF PROPERTY TO BE LICENSED COFFMAN REALTY INC.
ADDRESS OF PROPERTY TO BE LICENSED 547 WEST GRANGE ST.
ASSESSORS MAP & LOT 048-395

TYPE OF LICENSE REQUESTED (Check One)

2nd Hand Furniture _____ 2nd Hand Clothing _____
Class I License _____ Class II License _____
Class III License _____ Liquor License TRANSFER
Common Victualler _____ Automatic Amusement _____
Entertainment _____ Other _____

Anticipated Start Date for Business 08/15/2011
Hours requested: 11 AM TO 10 PM (MON) - THRU - SUNDAY

Has the Applicant previously held a similar license in the Town of Middleborough or elsewhere?
If yes, explain:

NO

Signature [Handwritten Signature]

DATE OF HEARING 8.8.11

APPROVED/DENIED

Do not write below line: To be Completed by Treasurer/Collector:

Please inform this department, as well as the Board of Selectmen, as to whether or not the above listed property owner/applicant/petitioner owes the Town of Middleborough any outstanding taxes and/or municipal charges that remain unpaid for more than one year.

Does Property Owner/Applicant/Petitioner owe Taxes/Municipal Charges? no

[Handwritten Signature: D. M. MacNeil]

The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

Manager Application

All proposed managers are required to complete a Personal Information Form, and attach a copy of the corporate vote authorizing this action and appointing a manager.

1. Licensee Information:

Legal Name of Licensee: Business Name (d/b/a)

Address:

City/Town State Zip Code

ABCC License Number: (If existing licensee) Phone Number of Premise

2. Manager Information:

Name: Cell Phone Number:

Are you a U.S. Citizen: Yes No Court and Date of Naturalization:

(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

List the number of hours per week you will spend on the licensed premises:

Have you ever been charged or convicted of a state, federal or military crime? Yes No

If yes, attach an affidavit as to all charges and disposition.

Do you now, or have you ever, held any direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages? Yes No

If yes, please describe:

Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled? Yes No

If yes, please describe:

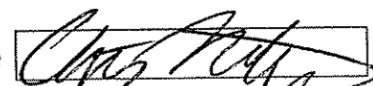
Have you ever been the Manager of Record of a license that was issued by this Commission? Yes No

If yes, please describe:

Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):

If additional space is needed, please use the last page

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature 

Date

The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

For Reconsideration

FORM 43
MUST BE SIGNED BY LOCAL LICENSING AUTHORITY

ABCC License Number City/Town Local Approval Date

TRANSACTION TYPE (Please check all relevant transactions):

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> New License | <input type="checkbox"/> New Officer/Director | <input type="checkbox"/> Pledge of License | <input type="checkbox"/> Change Corporate Name |
| <input checked="" type="checkbox"/> Transfer of License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Pledge of Stock | <input type="checkbox"/> Seasonal to Annual |
| <input checked="" type="checkbox"/> Change of Manager | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Transfer of Stock | <input type="checkbox"/> Change of License Type |
| <input type="checkbox"/> Cordials/Liqueurs Permit | <input type="checkbox"/> Issuance of Stock | <input type="checkbox"/> New Stockholder | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> 6-Day to 7-Day License | <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Wine & Malt to All Alcohol | |

Name of Licensee: EIN of Licensee:

D/B/A: Manager:

ADDRESS: CITY/TOWN: STATE: ZIP CODE:

Annual or Seasonal Category: (All Alcohol- Wine & Malt- Wine, Malt & Cordials) Type: (Restaurant, Club, Package Store, General On Premises, Etc.)

Complete Description of Licensed Premises:

Application Filed: Advertised: Abutters Notified: Yes No
Date & Time Date & Attach Publication

Contact Person for Transaction: Phone:

ADDRESS: CITY/TOWN: STATE: ZIP CODE:

Remarks:

The Local Licensing Authorities By:

Alcoholic Beverages Control Commission
Ralph Sacramone
Executive Director

ABCC Remarks:

U.S. POSTAL SERVICE CERTIFICATE OF MAILING
MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL. DOES NOT PROVIDE FOR INSURANCE-POSTMASTER
Received From: Foresight Engineering Inc.
88 West Grove Street
Middleborough, MA 02346
One piece of ordinary mail addressed to:
David & Everett Lawson
11 Grove Avenue
Middleboro, MA 02346

1000
U.S. POSTAGE
PAID
MIDDLEBORO, MA
02346
JUN 29 11
AMOUNT
\$1.15
00100392-05

Engineering

PS Form 3817, January 2001

June 27, 20011

David & Everett Lawson
11 Grove Avenue
Middleboro, MA 02346

RE: Septic System Upgrade 1 Grove Ave

Dear Abutter:

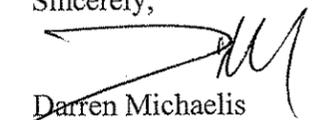
On behalf of my client, the McMahon Family, I am requesting the following Local Upgrade Request for the septic system upgrade at 1 Grove Avenue. The site is very limited with area available outside of the existing well 100' setbacks. The request that affects your property is listed below.

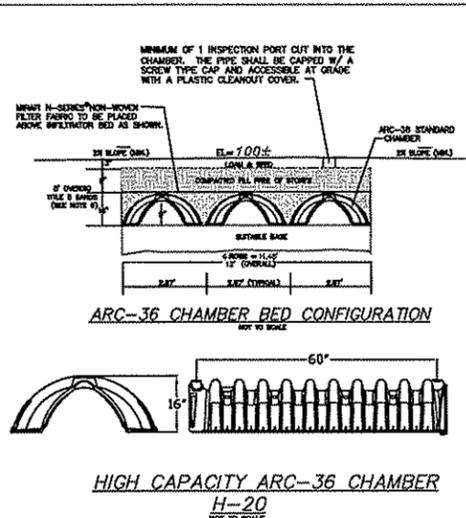
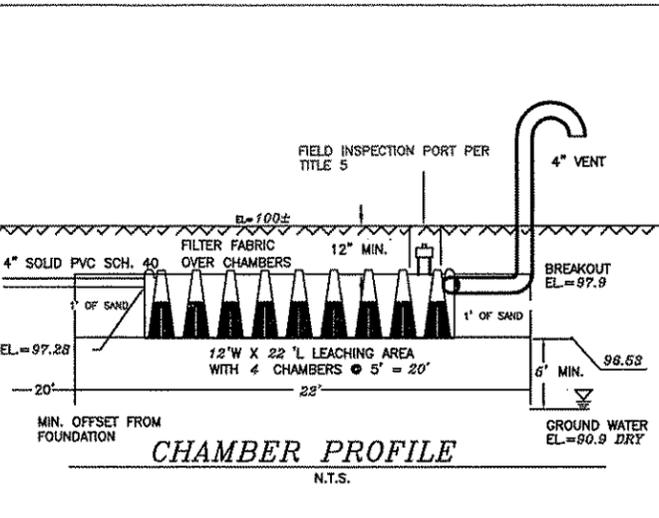
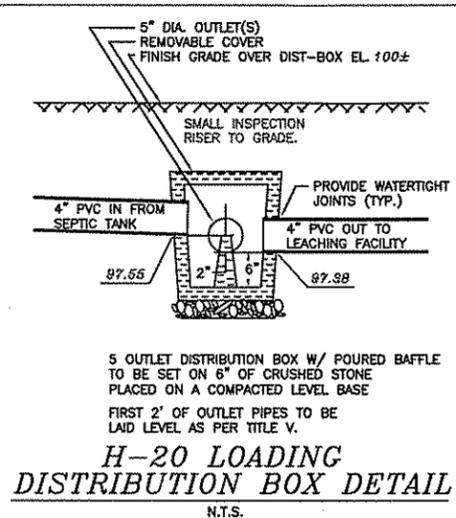
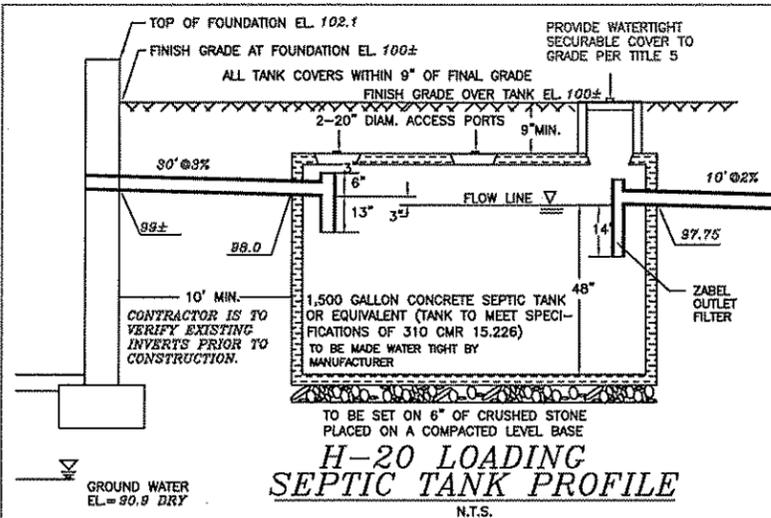
Local Upgrade Requests:

1. A reduction of the setback of the proposed leach field from the property line from 10' to 5' per 310CMR Section 15.405(1)(a).

If you wish to have a public hearing for this request and come before the Board of Health to discuss the granting of the request, please contact Jean Spalding, the Health Director, so she can set up a public hearing with the Selectmen. If you should have any questions, please contact my office. I have enclosed a small version of the plan on file at the Board of Health for review. The setback is simply due to limited area available on the property located at 1 Grove Ave and will have no adverse affect on your property.

Sincerely,


Darren Michaelis
Design Engineer



SOIL DATA
INSPECTOR: CATHERINE HASSETT
DATE: 4/19/11
PERFORMED BY: DARREN MICHAELS

TEST PIT # : 1
EL. TOP = 100.1
EL. WATER = 90.6 DRY
PERC RATE = < 2 MPI
DEPTH OF PERC = 48-66"

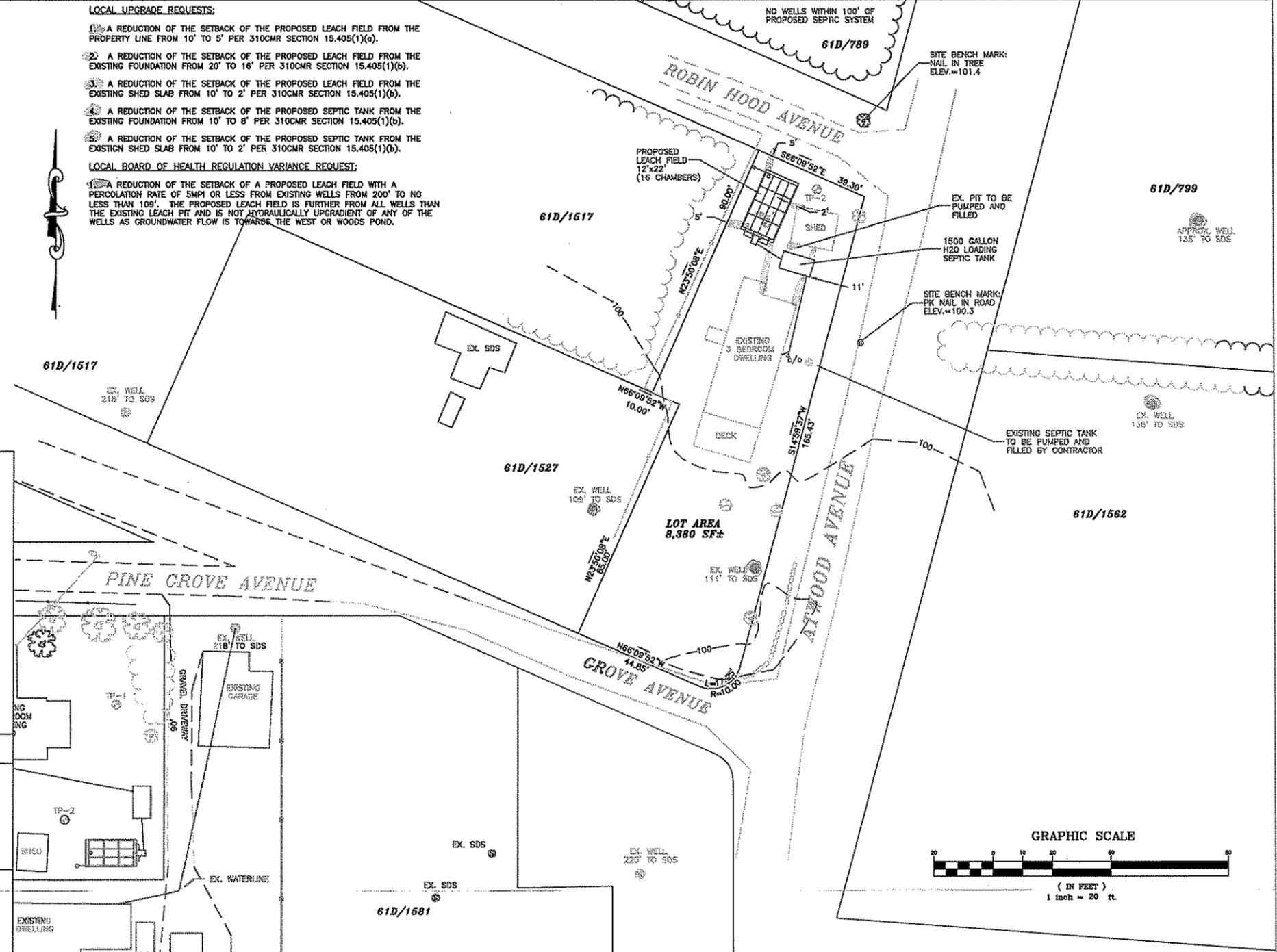
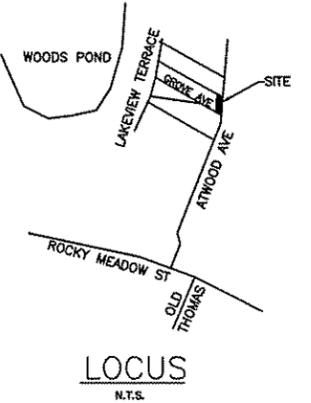
TEST PIT # : 2
EL. TOP = 99.9
EL. WATER = 90.9 DRY
PERC RATE = NO TEST

0"	~C FILL	0"	~C FILL
54"	A ₅ SANDY LOAM 10YR 4/2	14"	A ₅ SANDY LOAM 10YR 4/2
66"	C MED. SANDS 2.5Y 6/4 20% COBBLES	18"	C ₁ T. FINE SANDS 2.5Y 6/3
		48"	C ₂ MED. SANDS 2.5Y 6/4 20% COBBLES
114"		108"	

GENERAL NOTES

- THIS SEWAGE DISPOSAL SYSTEM SHALL BE CONSTRUCTED IN CONFORMANCE WITH THE REGULATIONS OF TITLE 5 OF THE STATE ENVIRONMENTAL CODE AND THE REGULATIONS OF THE LOCAL BOARD OF HEALTH.
- THE LOCAL BOARD OF HEALTH AND THIS FIRM ARE TO BE NOTIFIED:
 - PRIOR TO BEGINNING CONSTRUCTION IN THE EXCAVATION FOR THE PURPOSE OF SOIL EXAMINATION TO INSURE CONTINUITY OF PERMEABLE MATERIAL.
 - PRIOR TO BACKFILLING THE COMPLETED SYSTEM FOR THE PURPOSE OF PERFORMING AN AS-BUILT INSPECTION.
 - PRIOR TO CONSTRUCTING THE SYSTEM IN A MANNER OTHER THAN SHOWN ON THIS DESIGN.
- CONTRACTOR TO VERIFY ALL UTILITY LOCATIONS PRIOR TO CONSTRUCTION THROUGH DIG SAFE AND OTHER APPROPRIATE AGENCIES. REPORT ANY DISCREPANCIES TO THE ENGINEER.
- ALL SEPTIC SYSTEM COMPONENTS SHALL WITHSTAND H-10 LOADING UNLESS LOCATED IN AREAS UNDER PAVEMENT, DRIVES OR TRAVELED WAY IN WHICH CASE THEY SHALL WITHSTAND H-20 LOADING.
- WHERE REQUIRED CONTRACTOR WILL REMOVE ALL LOAM, SUBSOIL AND OTHER UNSUITABLE MATERIAL IN THE AREA BENEATH AND FOR 5 FEET ON ALL SIDES OF THE LEACHING FACILITY. THE CONTRACTOR SHALL REPLACE ALL UNSUITABLE MATERIAL WITH CLEAN COARSE SAND FREE FROM CLAY, FINES OR OTHER UNSUITABLE MATERIAL. REPLACEMENT MATERIAL TO HAVE AN INPLACE PERC RATE OF TWO MINUTES
- 4" SCHEDULE 40 PVC PIPE WITH TIGHT JOINTS TO BE USED IN DISPOSAL SYSTEM UNLESS OTHERWISE NOTED.
- THIS SYSTEM IS NOT DESIGNED FOR USE WITH A GARBAGE DISPOSAL OR WATER CONDITIONERS. WATER CONDITIONERS SHALL DISCHARGE TO A DRYWELL.
- CONTRACTOR IS TO VERIFY BENCH MARK, EXISTING INVERTS, AND TOP OF FOUNDATION PRIOR TO ANY EXCAVATION AND REPORT ANY DISCREPANCIES TO THE DESIGN ENGINEER.
- CONTRACTOR IS MARK ALL ELBOWS AND INSPECTION PORT WITH MAGNETIC TAPE.
- ALL COVERS TO GRADE ARE TO BE WATERTIGHT AND SECURABLE.
- THE EFFLUENT FILTER INSTALLED REQUIRES ROUTINE MAINTENANCE TO PREVENT BACKUP.

- LOCAL UPGRADE REQUESTS:**
- A REDUCTION OF THE SETBACK OF THE PROPOSED LEACH FIELD FROM THE PROPERTY LINE FROM 10' TO 5' PER 310CMR SECTION 15.405(1)(a).
 - A REDUCTION OF THE SETBACK OF THE PROPOSED LEACH FIELD FROM THE EXISTING FOUNDATION FROM 20' TO 16' PER 310CMR SECTION 15.405(1)(b).
 - A REDUCTION OF THE SETBACK OF THE PROPOSED LEACH FIELD FROM THE EXISTING SHED SLAB FROM 10' TO 2' PER 310CMR SECTION 15.405(1)(b).
 - A REDUCTION OF THE SETBACK OF THE PROPOSED SEPTIC TANK FROM THE EXISTING FOUNDATION FROM 10' TO 8' PER 310CMR SECTION 15.405(1)(b).
 - A REDUCTION OF THE SETBACK OF THE PROPOSED SEPTIC TANK FROM THE EXISTING SHED SLAB FROM 10' TO 2' PER 310CMR SECTION 15.405(1)(b).
- LOCAL BOARD OF HEALTH REGULATION VARIANCE REQUEST:**
- A REDUCTION OF THE SETBACK OF A PROPOSED LEACH FIELD WITH A PERCOLATION RATE OF 5MPI OR LESS FROM EXISTING WELLS FROM 200' TO NO LESS THAN 109'. THE PROPOSED LEACH FIELD IS FURTHER FROM ALL WELLS THAN THE EXISTING LEACH PIT AND IS NOT HYDRAULICALLY UPGRADIENT OF ANY OF THE WELLS AS GROUNDWATER FLOW IS TOWARDS THE WEST OR WOODS POND.



LEGEND

---	EXISTING CONTOUR
---	PROPOSED CONTOUR
⊙	TEST PIT
⊙	SEPTIC TANK
⊙	PUMP CHAMBER
□	DIST. BOX
⊙	WELL
---	LIMIT OF WETLAND
---	WATER LINE
---	RESERVED FOR BOARD OF HEALTH USE

DESIGN CAPACITY REQUIRED
2 BEDROOMS* AT 110 GAL./DAY/BDRM. = 220
*SEE DEFINITION OF BEDROOM PER 310CMR 15.002

SEPTIC TANK VOLUME
220 GALS X 200% = 440 GALS. DESIGN CAPACITY
MINIMUM OF 1500 GALLON TANK REQUIRED

SYSTEM CAPACITY PROVIDED
ADS ARC CAPACITY = 4.80 S.F./L.F.
CAPACITY REQUIRED = 220 GPD / 0.74 GPD/SF = 298 S.F.
298 S.F. / 4.80 S.F./L.F. = 62 L.F.
62 L.F. / 4 ROWS = 16' = 4 ROWS OF (4) 5' CHAMBERS + (2) 2' ENDCAPS/ROW
PROPOSED LEACH FIELD = 13'D x 12'W x 22'L = 264 SF
CAPACITY PROVIDED = (16) 5' CHAMBERS + (8) 2' ENDCAPS = 81 L.F.
81 L.F. (4.80 S.F./L.F.) = 389 S.F. x 0.74 GPD/SF. = 287 GPD

PROPERTY INFORMATION
DEED BOOK/PAGE: 3839 / 267
PLAN BOOK/PAGE: 5 / 297
ASSESSORS MAP/LOT: 61D/1528
PLAN TITLE: WOODS LAKE TERRACE
PLAN DATE: APRIL 1931

SEWAGE DISPOSAL SYSTEM UPGRADE DESIGN
ADS ARC36 CHAMBERS GENERAL USE APPROVAL

PREPARED FOR: ANTONINA McMAHON
1 GROVE AVENUE
MIDDLEBORO, MA 02846

LOCATED AT: 1 GROVE AVENUE
MIDDLEBORO, MASSACHUSETTS

REVISIONS
NO. DATE DESCRIPTION BY

DATE: 6/27/11 SCALE: 1" = 20' DESIGN ENG.: DJM P.E. REVIEW: KW JOB NO.: FS11-051 DWG. NO.: FS11-051SDS

FORESIGHT ENGINEERING INC.
88 WEST GROVE STREET SUITE 2
MIDDLEBOROUGH, MA 02846 TEL: (508) 245-2148



Town of Middleborough
Office of the Town Clerk
Bank Building 20 Centre Street
Middleborough, Massachusetts 02346-2250
508-946-2415
508-946-2308 fax

Allison J. Ferreira
Town Clerk

MEMORANDUM

TO: Board of Selectmen
FROM: Allison J. Ferreira, Town Clerk
DATE: August 3, 2011
RE: Online Transactions for Town Clerk's Office

In an effort to serve our residents more efficiently, I have worked with our Treasurer/Collector Judy MacDonald and Unibank to provide services online within the Town Clerk's Office. Unibank offers an online collections system referred to as Unipay Gold which allows municipalities to have an electronic capability for collecting taxes, fees and other charges. Our Treasurer/Collector's office has been utilizing Unipay Gold for the past six years and has found this to be a great service to the residents of Middleborough.

The Town Clerk's office will be offering the following through Unipay Gold for residents to purchase online: birth certificates, death certificates, dog license renewals, marriage certificates, replacement dog tags, resident listing books, zoning by laws, and zoning maps. Residents will have the ability to purchase these items by electronic debit of their checking account or by credit card.

I have asked to be placed on your upcoming agenda of Monday, August 8, 2011 to request your permission to establish postage fees to provide these online services to residents. I do not have adequate funding within my budget to cover the cost for postage and handling. Please note our office currently requires those who are submitting requests by mail to include a self-addressed postage prepaid envelope.

For your convenience, I have attached a spreadsheet reflecting postage fees other municipalities are charging for their online transactions. I compiled a list of ten municipalities, and based on the results, I am requesting your approval on the following postage fees:

- | | |
|--------------------------|--------------------|
| ➤ Birth Certificate | \$1.00 postage fee |
| ➤ Death Certificate | \$1.00 postage fee |
| ➤ Dog License Renewal | \$1.00 postage fee |
| ➤ Marriage Certificate | \$1.00 postage fee |
| ➤ Replacement Dog Tag | \$1.00 postage fee |
| ➤ Resident Listing Books | \$7.00 postage fee |
| ➤ Zoning By Laws | \$7.00 postage fee |
| ➤ Zoning Maps | \$7.00 postage fee |

Should you have any questions or concerns, please do not hesitate to contact me. I sincerely appreciate your consideration in this regard.

POSTAGE FEES CHARGED BY OTHER MUNICIPALITIES FOR ONLINE TRANSACTIONS

Municipality	Transaction	Postage Fee
Town of Bourne	Birth Certificate Death Certificate Dog License Renewal Marriage Certificate	\$1.50
	Resident Listing Book	\$2.50
Town of Plymouth	Birth Certificate Death Certificate Dog License Renewal Marriage Certificate Replacement Dog Tag	\$1.50
	Resident Listing Book Zoning Maps	\$7.00
Town of Hanson	Dog License Renewal	\$1.50
Town of Randolph	Birth Certificate Death Certificate Dog License Renewal Marriage Certificate	\$1.50
Town of Concord	Birth Certificate Death Certificate Dog License Renewal Marriage Certificate	\$1.00
Town of Easton	Birth Certificate Death Certificate Dog License Renewal Marriage Certificate	\$1.00
Town of Hopkinton	Birth Certificate Death Certificate Dog License Renewal Marriage Certificate	\$1.00
Town of Montague	Birth Certificate Death Certificate Dog License Renewal Marriage Certificate	\$1.00
Town of Lancaster	Birth Certificate Death Certificate Dog License Renewal Marriage Certificate	\$1.00
Town of Northbridge	Birth Certificate Death Certificate Dog License Renewal Marriage Certificate	\$1.00