



## Town of Arlington Select Board

### Meeting Agenda

November 4, 2024

7:15 PM

Members of the public may access the hybrid meeting via Select Board Chambers, Zoom, or  
ACMI

1. Legislative Provision for Remote Participation

#### **CONSENT AGENDA**

2. Holiday Stroll in Arlington Heights on December 14, 2024  
Janet O'Riordan  
Arlington Heights Community Association
3. Request: Special (One Day) Beer & Wine License, 11/7/2024 @ Arlington Community Center  
for Private Event  
Joe Zeff
4. Request: Special (One Day) Beer & Wine License, 11/07/2024 @ 23 Maple Street for Save MA  
Wildlife Fundraiser Opening Reception  
Shasha Kingston
5. Request: Contractor/Drainlayer License  
D&D Excavating Inc.  
Daniel Cechinel  
Woburn, MA 01801  
  
Osorio Brothers Landscaping & Construction Corp.  
Arvin Osorio  
Newton, MA 02466

#### **APPOINTMENTS**

6. Zoning Board of Appeals  
Adam LeBlanc (term to expire: 10/31/2027)
7. Open Space Committee  
Emily Myron (Term expires 06/30/2027)

#### **LICENSES & PERMITS**

8. For Approval: Wine & Malt Alcohol License  
The Vintage Tea and Cake Company LLC, The Vintage Tea and Cake Company, Idil Donegan,

677 Massachusetts Avenue

## **OPEN FORUM**

Except in unusual circumstances, any matter presented for consideration of the Board shall neither be acted upon, nor a decision made the night of the presentation in accordance with the policy under which the Open Forum was established. It should be noted that there is a three minute time limit to present a concern or request.

## **TRAFFIC RULES & ORDERS / OTHER BUSINESS**

9. Vote: Date for 2025 Annual Town Election  
Michael Cunningham, Town Counsel
10. For Approval: Opening of Warrant for Annual Town Meeting 2025  
Michael Cunningham, Town Counsel
11. For Approval: Crab Apple Tree Removal @ 149 Pleasant Street  
James Mackey
12. Approval: Temporary Repairs to Hazel Terrace  
James Feeney, Town Manager
13. Request for New Memorial & Memorial Edit for Alan Hovhaness  
Alan Jones
14. TAC Recommendations: Gloucester, Endicott, and Churchill Intersections  
Jim Stubbe, Transportation Advisory Committee
15. Request: Handicap Parking Space on Medford Street for Fidelity House Gymnasium  
Gary Santini, Santini inc.
16. For Review and Discussion: Package Store Licenses  
Stephen W. DeCoursey, Chair
17. For Review and Discussion: Host Community Agreement Calyx Peak of MA  
James Feeney, Town Manager
18. Request: Proposed Amendments to Schedule 1 (Parking) on Winter Street

## **NEW BUSINESS**

Next Scheduled Meeting of Select Board November 18, 2024

You are invited to a Zoom webinar.

When: Nov 4, 2024 07:15 PM Eastern Time (US and Canada)

Topic: Select Board Meeting

Register in advance for this webinar:

[https://town-arlington-ma-us.zoom.us/webinar/register/WN\\_Tku--UkDTvSkfQ2YgWwUsg](https://town-arlington-ma-us.zoom.us/webinar/register/WN_Tku--UkDTvSkfQ2YgWwUsg)

After registering, you will receive a confirmation email containing information about joining the webinar.

\*Notice to the Public on meeting privacy\* In the interests of preventing abuse of videoconferencing technology (i.e. Zoom Bombing) all participants, including members of the public, wishing to engage via the Zoom App must register for each meeting and will notice multi-step authentication protocols. Please allow additional time to join the meeting. Further, members of the public who wish to participate without providing their name may still do so by telephone dial-in information provided above.



## **Town of Arlington, Massachusetts**

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**Legislative Provision for Remote Participation**



## Town of Arlington, Massachusetts

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### Holiday Stroll in Arlington Heights on December 14, 2024

**Summary:**

Janet O'Riordan

Arlington Heights Community Association

**ATTACHMENTS:**

Type	File Name	Description
▢ Reference Material	Heights_Holiday_Stroll_Special_Event_Permit_Application_.pdf	Reference



TOWN OF ARLINGTON  
SPECIAL EVENT PERMIT APPLICATION

**Applicant and Sponsoring Organization Information**

Name of Organization / Sponsor: Arlington Heights Community Association (AHCA)  
Address: Arlington Heights City: Arlington State: MA Zip: 02416  
Applicant Name: Janet O'Riordan Tel#: 781-641-2119  
E-mail: joriordan@comcast.net  
Event Manager: Janet O'Riordan Contact Info: 781-641-2119  
Other Contact Person/s: Both Locke Contact Info: 781 643.4600

**Event Information**

Run/Walk  Parade  Event  
Event Title: Arlington Heights Holiday Stroll  
Start Date & Time(s): Saturday Dec 14 End Date & Time(s): 2:00 - 5:15 PM  
Estimated Attendance: # 500 Admission Fee: Free  
Open to the Public:  Yes  No

Requested Location: Street (specify): Sidewalk space in front of Hts Bus Depot for kids games  
Other (specify): 5-6 parking spaces in front of ACM (85 Park Ave) to be closed off 3pm-5:30pm for tree lighting  
Set Up Date/Time & Description: Dec 14, 2pm. Set up kids beanbag toss  
Breakdown Date/Time & Description: 3-5:30. Close off parking spaces at ACM. Will contact officer Conroy for no parking signs + Dan Walmen for traffic cones

**NOTE: ATTACH DIAGRAM OF ROUTE WITH SPECIFICS**

**Event Details**

YES  NO   
Will you set up table(s) and/or chair(s)? Approximate number : \_\_\_\_\_  
Booth(s), Exhibit(s), Display(s) and/or Enclosure(s): \_\_\_\_\_  
Canopy(ies) and/or Tent(s)- describe dimensions: \_\_\_\_\_

The following is required by your organization to insure the safety and health of all participating in this event: Note: You do not need to contact the departments below if it is not required.

YES  NO   
Police Detail: \_\_\_\_\_ (contact police)



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## Town of Arlington, Massachusetts

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**Request: Special (One Day) Beer & Wine License, 11/7/2024 @ Arlington Community Center for Private Event**

**Summary:**

Joe Zeff

**ATTACHMENTS:**

	Type	File Name	Description
▢	Reference Material	Zeff_J_One_Day_License_redact.pdf	Reference

OFFICE OF THE SELECT BOARD  
TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Joe Zeff

Address, phone & e-mail contact information:

[REDACTED]

Name & address of Organization for which license is sought:

\_\_\_\_\_

Does this Organization hold nonprofit status under the IRS Code? \_\_\_\_\_ Yes  No

Name of Responsible Manager of Organization (if different from above):

Beaujolais Catering, Michelle Noska

Address, phone & e-mail contact information:

207 Broadway, Arlington, Ma. 02474 617-519-6081 Michelle@beaujolaiscatering.com

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? YES If so, please give date(s) of Special Licenses and/or applications and title of event(s)

\_\_\_\_\_

Is this event an annual or regular event? If so, when was the last time this event was held and at what location?

One-time event

24-Hour contact number for Responsible Manager of Alcohol Event date:

617-519-6081

Title of Event: Bat Mitzvah

Date/time of Event: Saturday, November 16, 2024

Location of Event: Arlington Community Center

Location/Event Coordinator: Chris Angell

Method(s) of invitation/publicity for Event: private invitation

Number of people expected to attend: 80 people

Expected admission/ticket prices: N/A

Expected prices for food and beverages (alcoholic and non-alcoholic):  
N/A

Will persons under age 21 be on premises? yes

If "yes," please detail plan to prevent access of minors to alcoholic beverages.

Bartending Service will check I.d's for anyone having alcohol

Have you consulted with the Department of Police Services about your security plan for the Event?

YES

**OFFICE USE ONLY**

*For Police Chief, Operations Commander, or designee:*

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

[Signature]  
Printed name/title

Date: 10/22/24

POLICE COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



What types of food and non-alcoholic beverages do you plan to serve at the Event?

Full dinner including seltzers, juices.

Who will be responsible for serving alcoholic beverages at the Event?

Beaujolais bartending staff

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

TIPS certification

Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.

attached

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: [www.mass.gov/abcc](http://www.mass.gov/abcc))

Kappy's Everett

Date of Delivery: Friday, November 15, 2024

Alcohol Serving Time (s): 7:00 pm - 10:00 pm

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?

Kappy's will pick up excess alcohol.

Date of Pick-Up: Monday, November 18, 2024

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability Insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.)

attached

Please submit this completed form and filing fee to the Select Board at least 21 days before your Event. Failure to provide complete information may delay the processing of your application.

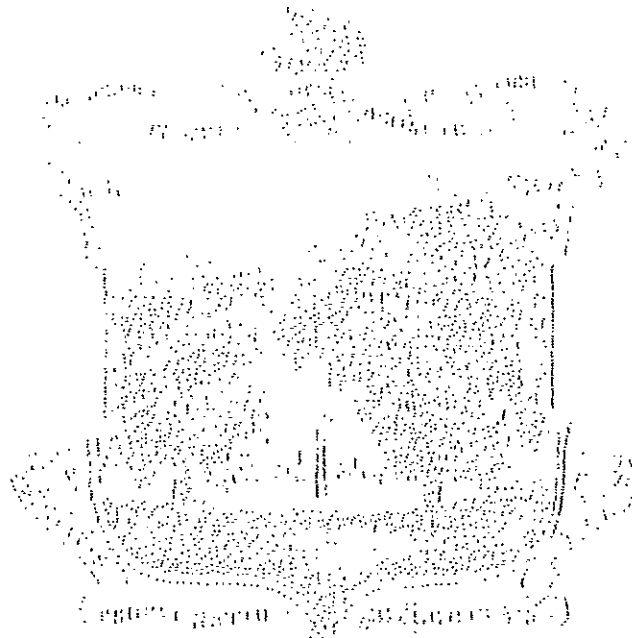
I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature: \_\_\_\_\_

Printed name: Joe Zeff

Printed title & Organization name: \_\_\_\_\_

Email: [REDACTED]





**ROBBINS MEMORIAL TOWN HALL AUDITORIUM  
730 Massachusetts Avenue, Arlington, Ma. 02476**

15 October 2024

**SECURITY PLAN FOR ZEFF BAT MITZVAH**

The Zeff family is holding a Bat Mitzvah event for their daughter. The event is to be held Saturday November 16, 2024, at the Arlington Community. . The party time is 7:00pm – 11:00 pm. A One-Day Permit has been submitted to the Select Board.

This is the Security Plan.

We anticipate approximately 80 people to attend including both adults and youth.

Christine Angell will be the event coordinator for the event. Food and bartending service will be provided by Beaujolais Catering. Michael Carney will be the custodian for the event. The Zeff family will be responsible for ensuring that the party runs smoothly.

Parking for the event will be available in the Community Center parking lot, and on the side streets.

Please advise if there are other items that we need to consider.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/01/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Prescott and Son Insurance Agency, Inc. 003 Eastern Avenue Malden MA 02148		<b>CONTACT NAME:</b> Commercial Lines <b>PHONE (A/C, H/c, Ext):</b> (781) 322-2360 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> Michelle C Noska 207a Broadway Arlington MA 02474		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Twin City Fire Ins Co <b>INSURER B:</b> Safety Insurance Co <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 29459 39454	

**COVERAGES**      **CERTIFICATE NUMBER:** Master 2024-2025      **REVISION NUMBER:**

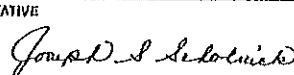
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SURR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		08SBAAA8363	04/09/2024	04/09/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 6,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS ONLY <input checked="" type="checkbox"/> IRON-OWNED AUTOS ONLY				6227097	01/21/2024	01/21/2025
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in RI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			08SBAAA8363	04/09/2024	04/09/2025	Each Common Cause \$1,000,000 Aggregate \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Per written contract, the Town of Arlington is an additional insured with respect to general liability.

**CERTIFICATE HOLDER****CANCELLATION**

Town of Arlington 730 Mass Ave Arlington MA 02476	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF COMPLETION

This certifies that

Aldarico De Oliveira

is awarded this certificate for

**TIPS On-Premise Alcohol Server Training**

Hours  
3.00

Completion Date  
06/14/2024

Expiration Date  
06/14/2027

Certificate #  
ON-000033785252

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | [www.360training.com](http://www.360training.com)

(CUT HERE)

(CUT HERE)

**TIPS** On-Premise  
 Issued: 06/14/2024  
 Certificate #: ON-000033785252

Aldarico De Oliveira

CERTIFIED  
Expires: 06/14/2027

**TIPS** | **360** TRAINING  
 Phone: 800-438-0477  
[www.gettips.com](http://www.gettips.com)

This card was issued for successful completion of the TIPS program.

Signature \_\_\_\_\_



## Town of Arlington, Massachusetts

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**Request: Special (One Day) Beer& Wine License, 11/07/2024 @ 23 Maple Street for Save MA Wildlife Fundraiser Opening Reception**

**Summary:**

Shasha Kingston

**ATTACHMENTS:**

Type	File Name	Description
▢ Reference Material	Kingston_S_One_Day_LicenseRedact_Redact.pdf	Reference

OFFICE OF THE SELECT BOARD  
TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: ShaSha Kingston

Address, phone & e-mail contact information: \_\_\_\_\_

23 Maple St Arlington, MA 02476, [REDACTED]

Name & address of Organization for which license is sought: \_\_\_\_\_

Mystic River Watershed Association, 23 Maple St. Arlington, MA 02476

Does this Organization hold nonprofit status under the IRS Code?  Yes  No

Name of Responsible Manager of Organization (if different from above): Darla Clark

Address, phone & e-mail contact information: \_\_\_\_\_

23 Maple St Arlington, MA 02476, [REDACTED]

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year?  No  If so, please give date(s) of Special Licenses and/or applications and title of event(s). \_\_\_\_\_

Is this event an annual or regular event? If so, when was the last time this event was held and at what location?  No \_\_\_\_\_

24-Hour contact number for Responsible Manager of Alcohol Event date: (310) 427-5441

Title of Event: Save Massachusetts Wildlife Fundraiser Opening Reception

Date/time of Event: November 7th, 6:30-8pm

Location of Event: 23 Maple St. Arlington, MA 02476

Location/Event Coordinator: Daria Clark

Method(s) of invitation/publicity for Event: Newletters

Number of people expected to attend: 50-60

Expected admission/ticket prices: \$0

Expected prices for food and beverages (alcoholic and non-alcoholic): \$0

Will persons under age 21 be on premises? Possibly

If "yes," please detail plan to prevent access of minors to alcoholic beverages. \_\_\_\_\_

Michelle will check IDs of anyone we are serving alcohol to. The only reason there would be people under 21 is if their parent(s)/guardian(s) brought them to the fundraiser.


Have you consulted with the Department of Police Services about your security plan for the Event? \_\_\_\_\_

Attached is a brief security plan

**OFFICE USE ONLY**

*For Police Chief, Operations Commander, or designee:*

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

  
DPC Radocau  
Printed name/title

Date: 10/29/24

POLICE COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.) \_\_\_\_\_

Wine

What types of food and non-alcoholic beverages do you plan to serve at the Event? \_\_\_\_\_

Light refreshments- chips, popcorn, fruit, cookies. Non-alcoholic beverages such as sparkling water and lemonade.

Who will be responsible for serving alcoholic beverages at the Event? \_\_\_\_\_

Michelle Liebetreu

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

TIPS Certified

Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.

Michelle Liebetreu, [REDACTED]

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: [www.mass.gov/abcc](http://www.mass.gov/abcc)) \_\_\_\_\_

Ideal Wine and Spirits

Date of Delivery: November 7th, 2024

Alcohol Serving Time (s): 6:30-8pm, offering one glass of wine to people who come into the fundraiser

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of? \_\_\_\_\_

At 8pm when the event ends, Michelle will throw the rest of the wine not used away.

Date of Pick-Up: N/A

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.) \_\_\_\_\_

We have filed a special event policy with our insurance company, Great American Insurance Group for this event.

Once we get this specific event approved for liquor liability, I can send in a copy.

Please submit this completed form and filing fee to the Select Board at least 21 days before your Event. Failure to provide complete information may delay the processing of your application.

**I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:**

Signature: ShaSha Kingston

Printed name: ShaSha Kingston

Printed title & Organization name: Ecology Engagement Associate, Mystic River Watershed Association

Email: [REDACTED]



# CERTIFICATE OF COMPLETION

This certifies that

Michelle Liebetreu

is awarded this certificate for

**TIPS On-Premise Alcohol Server Training**

Hours  
3.00

Completion Date  
10/13/2024

Expiration Date  
10/13/2027

Certificate #  
ON-000034980206

Official Signature

**THIS CERTIFICATE IS NON-TRANSFERABLE**

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | [www.360training.com](http://www.360training.com)

(CUT HERE)

(CUT HERE)



Issued: 10/13/2024  
Certificate #: ON-000034980206

Michelle Liebetreu  
Arlington 34A 02476

**CERTIFIED**

Expires: 10/13/2027



Phone: 800-438-8477  
[www.gattips.com](http://www.gattips.com)

*This card was issued for successful completion of the TIPS program.*

Signature \_\_\_\_\_





*Save Massachusetts Wildlife Fundraiser*  
*November 7th, 6:30-8:00pm*  
*23 Maple St. Arlington, MA 02476*

### MyRWA Security Plan

*Crowd Control:* A maximum of 50-60 people are expected to attend this event. We will not allow more than 75 people to enter the building. ShaSha Kingston, Ecology Engagement Associate, will be at the door greeting guests and will count the crowd using a clicker. Unlikely, but if we reach 75 people, those who are arriving will be asked to wait until someone leaves before they can enter the building.

*Unruly Patrons:* We are limiting one glass of wine per guest, so there likely will not be any unruly patrons. However, if there are, they will be asked to leave. If they do not leave, they will be kindly escorted out of the building by MyRWA staff members. If they still do not comply, we would call the Arlington Police for back up.

*Emergency Evacuations:* Our office has clearly marked emergency exits and maps on the walls that guide people towards an exit in case of an emergency. Our event lead, Daria Clark, will be responsible for leading an evacuation. Daria has talked to other staff who will be at the event to ensure everyone is on the same page.

*Traffic/Parking:* MyRWA shares a large parking lot with the Arlington Center for the Arts. This parking lot can easily hold our maximum number of guests (60 cars), if everyone drove separately.

*Controlling Alcohol Access to People under 21:* Michelle Liebetreu, our designated TIPS certified server and staff member, will be checking IDs of those who would like a glass of wine.





## Town of Arlington, Massachusetts

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### Request: Contractor/Drainlayer License

#### Summary:

D&D Excavating Inc.  
Daniel Cechinel  
Woburn, MA 01801

Osorio Brothers Landscaping & Construction Corp.  
Arvin Osorio  
Newton, MA 02466

#### ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	110424_Contractor_Drainlayer_packets.pdf	Reference

## OFFICE OF THE SELECT BOARD

STEPHEN W. DECOURCEY, CHAIR  
DIANE M. MAHON, VICE CHAIR  
JOHN V. HURD  
LENARD T. DIGGINS  
ERIC D. HELMUTH



730 MASSACHUSETTS AVENUE  
TELEPHONE 781-316-3020  
FAX 781-316-3029

TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

October 30, 2024

D & D Excavating Inc.  
Daniel Cechinel  
[REDACTED]  
Woburn, MA 01801

Dear Daniel:

The Select Board will be discussing your request for a License to do Drainlaying in the Town of Arlington by hybrid format on Monday, November 4, 2024, at 7:15 p.m. Although it is not a requirement that you attend this meeting, you are invited to do so.

The meeting will take place in the Select Board Chambers. The link to the meeting and other information will be available at the bottom of the Select Board Agenda as well as on the Town Calendar when the meeting is posted Thursday, October 31<sup>st</sup> by 7:00 p.m.

Please contact this office by email, [ckalogeropoulos@town.arlington.ma.us](mailto:ckalogeropoulos@town.arlington.ma.us), if you have any questions.

Very truly yours,  
SELECT BOARD

A handwritten signature in black ink, appearing to read "Caroline Kalogeropoulos".

Caroline Kalogeropoulos  
Administrative Assistant



Engineering Division

TOWN OF ARLINGTON  
Department of Public Works  
51 Grove Street  
Arlington, Massachusetts 02476  
Office (781) 316-3320 Fax (781) 316-3281

**MEMORANDUM**

To: Select Board  
From: Engineering Division  
Re: Approved Contractor License  
Date: October 28, 2024

Dear Board Members,

Reference is hereby made to an application by Daniel Cechinel of D&D Excavating Inc., to be accepted as an Approved Contractor in the Town of Arlington.

Contact information is as follows:

D&D Excavating Inc.  
Daniel Cechinel



Upon review of the application supplied by the contractor, we recommend approval and issuance of an Approved Contractor license.

Regards,

Wolfgang G. Kirstein, E.I.T.  
Civil Engineer

CC: William C. Copithorne, P.E., Town Engineer  
File



# TOWN OF ARLINGTON DEPARTMENT OF PUBLIC WORKS

## APPLICATION FOR TOWN OF ARLINGTON DPW CONTRACTOR LICENSE

Directions: Please complete ALL fields below and deliver the completed application to the Department of Public Works Engineering Department at 51 Grove Street for Processing and Submission to the Select Board. Please also include in your submission a \$75.00 application fee in the form of a check payable to the "Town of Arlington". Any questions regarding this application form or procedure should be directed to the Town of Arlington Engineering Department at 781-316-3320.

### Scope of Work

Please indicate the scope of work you intend to perform as a DPW Approved Contractor in the Town of Arlington (check all that apply):

Water     Sanitary Sewer     Stormwater Drainage     Sewer/Drain Inspection     Driveway Work     Curb/Sidewalk Work

### Applicant Information

Applicant/Firm Name: DSD EXCAVATING INC

Select One:     Corporation     Partnership     Proprietorship     Other:

Street Address: \_\_\_\_\_ City/Town: WOBURN State: MA Zip Code: 01801

Primary Phone: \_\_\_\_\_ E-mail: DD EXCAVATING 80@YAHOO.COM

Length of Time in Business under the same Firm Name: 3 YRS

Full Name(s) of Principal(s): DANIEL CECHINEL / DIOVANE MARQUES

Primary Contact Person: DANIEL CECHINEL / DIOVANE MARQUES

### Experience/Previous Work

Nature of Typical/Standard Work: \_\_\_\_\_

Have you ever performed this type of work in Arlington:     Yes     No

If Yes, Please provide Location: \_\_\_\_\_ Approximate Date: \_\_\_\_\_

Total Amount of such construction this year: 1.2 M

Total Amount of such construction last year: 980,000

Total Amount of such construction next previous year: \_\_\_\_\_

### Municipal References - Please Attach Written Reference Letters or Provide Contact Information

Municipality: MICHAEL LAVECCHIA

Primary Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Municipality: RAFAEL J. PARRA

Primary Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Municipality: \_\_\_\_\_  
Primary Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

### Banking/Financial References - Please Attach Written Reference Letters if Available

Bank Reference: TD BANK Phone: 781 336 0100

Federal Tax ID or Social Security #: \_\_\_\_\_

Your social security number or federal identification number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.

**Note to Town Staff: Redact Social Security # before releasing document**

### Signature/Endorsement

By signing below, I certify that under the penalties of perjury that to the best of my knowledge and belief all information on this application is true and correct. I also certify by signature below that I/we have filed all state tax returns and paid all state taxes as required by law. I also hereby agree to conform in all respects to the conditions governing such license as printed in the By/Laws of the Town, and such other rules and regulations as the Select Board and/or Department of Public Works may establish.

Applicant Signature: \_\_\_\_\_

Date: 10.23.24



Boston MA, December 7, 2023

To Whom It May Concern:

This letter is my personal recommendation to Diovane Marques, Owner of D&D Excavation [REDACTED] Woburn Ma. 01801.

Until just recently, I have been Diovane's immediate City Inspector for several years. I found him to be consistently pleasant taking all assignments with dedication and professionalism.

Besides being a joy to work with, Diovane is a take-charge person who is able to present creative ideas and communicate the benefits.

I highly recommend Diovane for employment. He is a team player and would make a great asset to any organization.

If you have any question please do not hesitate to contact me at 617 438 0282

Sincerely,



Rafael J. Parra

Boston City Inspector

Boston Water Commission

December 27, 2023

To Whom It May Concern:

This is a recommendation for Diovane Marques, is the foreman for D&D Excavation located ■■■■■■■■■■, Woburn Ma. 01801.

Mr. Marques has done some private work for property owners in the area and I was very impressed with his work. He was able to explain his thought process and his knowledge is on point with his contemporaries.

I would recommend Diovane for employment.

Feel free to contact me at ■■■■■■■■■■.

Sincerely,

*Michael La Vecchia*

Michael LaVecchia

Saugus Building Commissioner

## OFFICE OF THE SELECT BOARD

STEPHEN W. DECOURCEY, CHAIR  
DIANE M. MAHON, VICE CHAIR  
JOHN V. HURD  
LENARD T. DIGGINS  
ERIC D. HELMUTH



730 MASSACHUSETTS AVENUE  
TELEPHONE 781-316-3020  
FAX 781-316-3029

TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

October 30, 2024

Osorio Brothers Landscaping & Construction Corp.  
Arvin Osorio  
[REDACTED]  
Newton, MA 02466

Dear Arvin:

The Select Board will be discussing your request for a License to do Drainlaying in the Town of Arlington by hybrid format on Monday, November 4, 2024, at 7:15 p.m. Although it is not a requirement that you attend this meeting, you are invited to do so.

The meeting will take place in the Select Board Chambers. The link to the meeting and other information will be available at the bottom of the Select Board Agenda as well as on the Town Calendar when the meeting is posted Thursday, October 31<sup>st</sup> by 7:00 p.m.

Please contact this office by email, [ckalogeropoulos@town.arlington.ma.us](mailto:ckalogeropoulos@town.arlington.ma.us), if you have any questions.

Very truly yours,  
SELECT BOARD

A handwritten signature in cursive script, appearing to read "Caroline Kalogeropoulos".

Caroline Kalogeropoulos  
Administrative Assistant





Engineering Division

TOWN OF ARLINGTON  
Department of Public Works  
51 Grove Street  
Arlington, Massachusetts 02476  
Office (781) 316-3320 Fax (781) 316-3281

### MEMORANDUM

To: Select Board  
From: Engineering Division  
Re: Approved Contractor License  
Date: October 28, 2024

Dear Board Members,

Reference is hereby made to an application by Arvin Osorio of Osorio Brothers Landscaping & Construction Corp., to be accepted as an Approved Contractor in the Town of Arlington.

Contact information is as follows:

Osorio Brothers Landscaping & Construction Corp.  
Arvin Osorio  
[REDACTED]  
Newton, MA 02466  
Phone: [REDACTED]  
Email: [REDACTED]

Upon review of the application supplied by the contractor, we recommend approval and issuance of an Approved Contractor license.

Regards,

Wolfgang G. Kirstein, E.I.T.  
Civil Engineer

CC: William C. Copithorne, P.E., Town Engineer  
File





# TOWN OF ARLINGTON DEPARTMENT OF PUBLIC WORKS

## APPLICATION FOR TOWN OF ARLINGTON DPW CONTRACTOR LICENSE

Directions: Please complete ALL fields below and deliver the completed application to the Department of Public Works Engineering Department at 51 Grove Street for Processing and Submission to the Select Board. Please also include in your submission a \$75.00 application fee in the form of a check payable to the "Town of Arlington". Any questions regarding this application form or procedure should be directed to the Town of Arlington Engineering Department at 781-316-3320.

### Scope of Work

Please indicate the scope of work you intend to perform as a DPW Approved Contractor in the Town of Arlington (check all that apply):

- Water     Sanitary Sewer     Stormwater Drainage     Sewer/Drain Inspection     Driveway Work     Curb/Sidewalk Work

### Applicant Information

Applicant/Firm Name: Arvin Osorio Brothers Landscaping / Construction  
Select One:     Corporation     Partnership     Proprietorship     Other: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/Town: Newton State: MA Zip Code: 02466  
Primary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Length of Time in Business under the same Firm Name: 2016  
Full Name(s) of Principal(s): Arvin Osorio  
Primary Contact Person: Arvin Osorio

### Experience/Previous Work

Nature of Typical/Standard Work: Driveway / curbs / patio / fences  
Have you ever performed this type of work in Arlington:     Yes     No  
If Yes, Please provide Location: \_\_\_\_\_ Approximate Date: \_\_\_\_\_  
Total Amount of such construction this year: \$36,000  
Total Amount of such construction last year: \$40,000  
Total Amount of such construction next previous year: \$30,000

### Municipal References - Please Attach Written Reference Letters or Provide Contact Information

Municipality: Newton Town Greg V.  
Primary Contact Name: Greg V. Email: \_\_\_\_\_  
Municipality: Bolton Town Jerry.  
Primary Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Municipality: Alena  
Primary Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

### Banking/Financial References - Please Attach Written Reference Letters if Available

Bank Reference: Citizens Bank Phone: \_\_\_\_\_

Federal Tax ID or Social Security #: \_\_\_\_\_

**Note to Town Staff: Redact Social Security # before releasing document**

Your social security number or federal identification number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.

### Signature/Endorsement

By signing below, I certify that under the penalties of perjury that to the best of my knowledge and belief all information on this application is true and correct. I also certify by signature below that I/we have filed all state tax returns and paid all state taxes as required by law. I also hereby agree to conform in all respects to the conditions governing such license as printed in the By-Laws of the Town, and such other rules and regulations as the Select Board and/or Department of Public Works may establish.

Applicant Signature: \_\_\_\_\_

Date: 10/21/24



## Town of Arlington, Massachusetts

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### Zoning Board of Appeals

#### Summary:

Adam LeBlanc (term to expire: 10/31/2027)

#### ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	LeBlanc_A_ZBA_apptmt_ltr.pdf	Reference

OFFICE OF THE SELECT BOARD

STEPHEN W. DECOURCEY, CHAIR  
DIANE M. MAHON, VICE CHAIR  
JOHN V. HURD  
LENARD T. DIGGINS  
ERIC D. HELMUTH



730 MASSACHUSETTS AVENUE  
TELEPHONE  
781-316-3020  
781-316-3029 FAX

TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

October 31, 2024

Adam LeBlanc  
Arlington, MA 02474

Re: Appointment: Zoning Board of Appeals Committee

Dear Adam:

As a matter of the standard appointment procedure, the Select Board requests that you attend the Select Board meeting conducted by hybrid format, on Monday, November 4, 2024, at 7:15 p.m.

It is a requirement of the Select Board that you join this hybrid meeting. This will give the Board an opportunity to meet and discuss matters with you about the area of activity in which you will be involved.

You may attend the meeting in-person or virtually. The meeting will take place in the Select Board Chambers. The link to the meeting and other information will be available at the bottom of the Select Board Agenda as well as on the Town Calendar when the meeting is posted on Thursday, October 31, at 7:00 p.m.

Please do not hesitate to contact me by e-mail, [ckalogeropoulos@town.arlington.ma.us](mailto:ckalogeropoulos@town.arlington.ma.us), if you have any questions.

Thank you.

Very truly yours,  
SELECT BOARD

Ashley Maher  
Board Administrator



## Town of Arlington, Massachusetts

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### Open Space Committee

#### Summary:

Emily Myron (Term expires 06/30/2027)

#### ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	Myron_E_apptmt_ltr.pdf	Reference

OFFICE OF THE SELECT BOARD

STEPHEN W. DECOURCEY, CHAIR  
DIANE M. MAHON, VICE CHAIR  
JOHN V. HURD  
LENARD T. DIGGINS  
ERIC D. HELMUTH



730 MASSACHUSETTS AVENUE  
TELEPHONE  
781-316-3020  
781-316-3029 FAX

TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

October 30, 2024

Emily Myron  
Arlington, MA 02476

Re: Appointment: Open Space Committee

Dear Emily:

As a matter of the standard appointment procedure, the Select Board requests that you attend the Select Board meeting conducted by hybrid format, on Monday, November 4, 2024, at 7:15 p.m.

It is a requirement of the Select Board that you join this hybrid meeting. This will give the Board an opportunity to meet and discuss matters with you about the area of activity in which you will be involved.

You may attend the meeting in-person or virtually. The meeting will take place in the Select Board Chambers. The link to the meeting and other information will be available at the bottom of the Select Board Agenda as well as on the Town Calendar when the meeting is posted on Thursday, October 31, at 7:00 p.m.

Please do not hesitate to contact me by e-mail, [ckalogeropoulos@town.arlington.ma.us](mailto:ckalogeropoulos@town.arlington.ma.us), if you have any questions.

Thank you.

Very truly yours,  
SELECT BOARD

Ashley Maher  
Board Administrator



## Town of Arlington, Massachusetts

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### For Approval: Wine & Malt Alcohol License

#### Summary:

The Vintage Tea and Cake Company LLC, The Vintage Tea and Cake Company, Idil Donegan, 677 Massachusetts Avenue

#### ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	Vintage_Tea_and_Cake_WM_App_Ref.pdf	Reference
▢	Reference Material	Vintage_Tea_and_Cake_IR.pdf	Inspection Reports





*Alcoholic Beverages Control Commission*  
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358  
 www.mass.gov/abcc

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION  
 MONETARY TRANSMITTAL FORM**

**APPLICATION FOR A NEW LICENSE**

**APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY.**

ECRT CODE: RETA

Please make \$200.00 payment here: [ABCC PAYMENT WEBSITE](#)

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN

STATE

ZIP CODE

For the following transactions (Check all that apply):

- |  |   |   |   |
|--|---|---|---|
| <input checked="" type="checkbox"/> New License                        | <input type="checkbox"/> Change of Location   | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal)         | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License                           | <input type="checkbox"/> Alteration of Licensed Premises  | <input type="checkbox"/> Change of License Type (i.e. club / restaurant)  | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock)    |
| <input type="checkbox"/> Change of Manager                             | <input type="checkbox"/> Change Corporate Name  | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement               |
| <input type="checkbox"/> Change of Officers/<br>Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest<br>(LLC Members/ LLP Partners,<br>Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder       | <input type="checkbox"/> Change of Hours                              |
|  |   | <input type="checkbox"/> Other <input type="text"/>                       | <input type="checkbox"/> Change of DBA                                |

**THE LOCAL LICENSING AUTHORITY MUST SUBMIT THIS APPLICATION ONCE APPROVED VIA THE ePLACE PORTAL:**

**Alcoholic Beverages Control Commission**  
 95 Fourth Street, Suite 3  
 Chelsea, MA 02150-2358



The Commonwealth of Massachusetts  
 Alcoholic Beverages Control Commission  
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358  
 www.mass.gov/abcc

APPLICATION FOR A NEW LICENSE

Municipality

**1. LICENSE CLASSIFICATION INFORMATION**

ON/OFF-PREMISES	TYPE	CATEGORY	CLASS
<input type="text" value="On-Premises-12"/>	<input type="text" value="\$12 Restaurant"/>	<input type="text" value="Wines and Malt Beverages"/>	<input type="text" value="Annual"/>

Please provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description of the intended theme or concept of the business operation. Attach additional pages, if necessary.

Is this license application pursuant to special legislation?  Yes  No Chapter  Acts of

**2. BUSINESS ENTITY INFORMATION**

The entity that will be issued the license and have operational control of the premises.

Entity Name  FEIN

DBA  Manager of Record

Street Address

Phone  Email

Alternative Phone  Website

**3. DESCRIPTION OF PREMISES**

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. You must also submit a floor plan.

Total Square Footage:  Number of Entrances:  Seating Capacity:

Number of Floors:  Number of Exits:  Occupancy Number:

**4. APPLICATION CONTACT**

The application contact is the person whom the licensing authorities should contact regarding this application.

Name:  Phone:

Title:  Email:



**APPLICATION FOR A NEW LICENSE**

**5. CORPORATE STRUCTURE**

Entity Legal Structure	LLC	Date of Incorporation	05/20/2012
State of Incorporation	Massachusetts	Is the Corporation publicly traded?	<input type="radio"/> Yes <input checked="" type="radio"/> No

**6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST**

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:  
**On Premises (E.g. Restaurant/ Club/Hotel) Directors or LLC Managers** - At least 50% must be US citizens;  
**Off Premises(Liquor Store) Directors or LLC Managers** - All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

Name of Principal	Residential Address	SSN	DOB
Idil Donegan			
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Owner LLC Manager	100	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached?  Yes  No

**CRIMINAL HISTORY**

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions.

Yes  No

## APPLICATION FOR A NEW LICENSE

### 6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 6, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality
The Vintage Tea and Cake Company	Wines & Malt	Vintage Tea and Cake Lexington	Lexington

### 6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 6, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

### 6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled? Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

## 7. OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises.

- If the applicant entity owns the premises, a deed is required.
- If leasing or renting the premises, a signed copy of the lease is required.
- If the lease is contingent on the approval of this license, and a signed lease is not available, a copy of the unsigned lease and a letter of intent to lease, signed by the applicant and the landlord, is required.
- If the real estate and business are owned by the same individuals listed in question 6, either individually or through separate business entities, a signed copy of a lease between the two entities is required.

Please indicate by what means the applicant will occupy the premises

Lease

Landlord Name

Landlord Phone

Landlord Email

Landlord Address

Lease Beginning Date

Rent per Month

Lease Ending Date

Rent per Year

Will the Landlord receive revenue based on percentage of alcohol sales?

Yes  No

## 8. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	<input type="text"/>
B. Purchase Price for Business Assets	<input type="text"/>
C. Other * (Please specify below)	<input type="text"/>
D. Total Cost	<input type="text"/>

\*Other Cost(s): (i.e. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):"

### SOURCE OF CASH CONTRIBUTION

Please provide documentation of available funds. (E.g. Bank or other Financial Institution Statements, Bank Letter, etc.)

Name of Contributor	Amount of Contribution
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<b>Total</b>	<input type="text"/>

### SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

### FINANCIAL INFORMATION

Provide a detailed explanation of the form(s) and source(s) of funding for the cost identified above.

## 9. PLEDGE INFORMATION

Please provide signed pledge documentation.

Are you seeking approval for a pledge?  Yes  No

Please indicate what you are seeking to pledge (check all that apply)  License  Stock  Inventory

To whom is the pledge being made?

**10. MANAGER APPLICATION****A. MANAGER INFORMATION**

The individual that has been appointed to manage and control the licensed business and premises.

Proposed Manager Name

Residential Address

Email

Phone

Please indicate how many hours per week you intend to be on the licensed premises

**B. CITIZENSHIP/BACKGROUND INFORMATION**

Are you a U.S. Citizen?  Yes  No \*Manager must be a U.S. Citizen

If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.

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

If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

**C. EMPLOYMENT INFORMATION**

Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

Start Date	End Date	Position	Employer	Supervisor Name
05/01/2012	Present	Owner/Manager	Vintage Tea and Cake	N/A
06/01/2010	06/01/2013	Administrative Assistant	MIT Sloan School of Management	Pam Liu

**D. PRIOR DISCIPLINARY ACTION**

Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action?  Yes  No If yes, please fill out the table. Attach additional pages, if necessary,utilizing the format below.

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

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

Manager's Signature  Date

## 11. MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement?  
If yes, please fill out section 11.

Yes  No

Please provide a narrative overview of the Management Agreement. Attach additional pages, if necessary.

**IMPORTANT NOTE:** A management agreement is where a licensee authorizes a third party to control the daily operations of the license premises, while retaining ultimate control over the license, through a written contract. *This does not pertain to a liquor license manager that is employed directly by the entity.*

### 11A. MANAGEMENT ENTITY

List all proposed individuals or entities that will have a direct or indirect, beneficial or financial interest in the management Entity (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name	Address	Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

### CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?  
If yes, attach an affidavit providing the details of any and all convictions.

Yes  No

### 11B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 11A, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages; and or have an active management agreement with any other licensees?

Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

**11C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE**

Has any individual or entity identified in question 11A, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held?

Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

**11D. PREVIOUSLY HELD MANAGEMENT AGREEMENT**

Has any individual or entity identified in question 11A, and applicable attachments, ever held a management agreement with any other Massachusetts licensee?

Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Licensee Name	License Type	Municipality	Date(s) of Agreement

**11E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION**

Has any of the disclosed licenses listed in questions in section 11B, 11C, 11D ever been suspended, revoked or cancelled?

Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

**11F. TERMS OF AGREEMENT**

- a. Does the agreement provide for termination by the licensee? Yes  No
- b. Will the licensee retain control of the business finances? Yes  No
- c. Does the management entity handle the payroll for the business? Yes  No

d. Management Term Begin Date  e. Management Term End Date

f. How will the management company be compensated by the licensee? (check all that apply)

- \$ per month/year (indicate amount)
- % of alcohol sales (indicate percentage)
- % of overall sales (indicate percentage)
- other (please explain)

**ABCC Licensee Officer/LLC Manager**

**Management Agreement Entity Officer/LLC Manager**

Signature:

Signature:

Title:

Title:

Date:

Date:



Please utilize this space to provide any additional information that will support your application or to clarify any answers provided above.

A large, empty rectangular box with a thin black border, occupying most of the page below the instruction. It is intended for the applicant to provide additional information or clarify previous answers.

**APPLICANT'S STATEMENT**

I, Idil Donegan the:  sole proprietor;  partner;  corporate principal;  LLC/LLP manager  
Authorized Signatory

of The Vintage Tea and Cake Company LLC  
Name of the Entity/Corporation

hereby submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises are in compliance with state and local laws and regulations;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the ownership as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.
- (10) I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature: 

Date: 09/01/2024

Title: Owner

ARLINGTON POLICE DEPARTMENT

Juliann Flaherty  
Chief of Police



POLICE HEADQUARTERS  
112 Mystic Street  
Telephone 781-316-3900

*Town of Arlington*  
MASSACHUSETTS 02474

October 30, 2024

After conferring with other Detectives and conducting a check of the business address and the owner, the Police Department finds no issues with granting a license for Vintage Tea and Cake Company, 677 Massachusetts Avenue.

Please call me with any questions.

Thank You,

Bryan Gallagher  
Detective Lieutenant  
Arlington Police Department

---

APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Select Board; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: \_\_\_\_\_

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

10/31/24

*"Proactive and Proud"*



Town of Arlington  
Department of Health and Human Services  
Office of the Board of Health  
27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
Fax: (781) 316-3175

**MEMO**

To: Select Board  
From: Charlotte Breef-Pilz, Health Compliance Officer  
Date: October 29, 2024  
RE: Board of Health Comments for Select Board's Meeting on November 4, 2024

---

Please accept the following as comments from the Office of the Board of Health:

**Vintage Tea and Cake Company – 677 Massachusetts Avenue  
Wine and Malt Beverage License**

- This Establishment was issued a Permit to Operate a Food Establishment by the Health Department on October 4, 2024. The permit number is FP-24-178 and it will expire on December 31, 2024.

---

**APPLICANT SIGNATURE SECTION:**

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Select Board; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: \_\_\_\_\_

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

10/31/24



Town of Arlington  
Inspectional Services Department  
23 Maple Street  
Arlington, MA 02476  
781-316-3390

[Inspectionalservices@town.arlington.ma.us](mailto:Inspectionalservices@town.arlington.ma.us)

To: Office of the Select Board  
From: Michael Ciampa, Building Commissioner  
Date: October 16, 2024  
RE: Wine and Malt Alcohol License

Please accept the following comments from the Inspectional Services Department regarding the Wine and Malt Alcohol License application for Vintage Tea and Cake Company.

#### **Building**

- All building changes need permits.
- All sign changes need approval and a sign permit.
- Window signs cannot exceed 25% of the window.
- Certificate of Occupancy is required.

#### **Plumbing**

- All plumbing and gas fitting work requires licensed contractors to obtain permits from this office for their respective trades.

#### **Electrical**

- All electrical work requires that permits be obtained from this office for their respective trades by licensed contractors, and any new wiring must conform to the Mass. Electrical Code. Notify the Inspector of Wires in accordance with Chapter 143, Section 3L.

**Please note that the Inspectional Services Department has no objection to the issuance of this license.**

---

#### APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Select Board; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: \_\_\_\_\_

Date: 10/31/24

**OFFICE OF THE SELECT BOARD  
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Select Board by Wednesday, October 30, 2024  
**ONE REPORT IS REQUIRED FROM EACH DEPARTMENT**

Location: 677 Massachusetts Avenue  
Applicant's Name: Vintage Tea and Cake Company LLC, Adel Donegan  
D/B/A: Vintage Tea and Cake Company  
Telephone: (617)-470-4321  
Department: Sent Via E-mail Date: October 16, 2024

---

**MEETING DATE: November 4, 2024**

**RE: WINE AND MALT ALCOHOL LICENSE**

Inspected By: Planning – Economic Development Coordinator

**INSPECTION REPORT SECTION:**

This application is for a new wine and beer license for Vintage Tea and Cake Company at 677 Mass Ave which is in a B3 Village Business District. The proposed use is a 20-seat teahouse/café serving afternoon tea during the day and small plates in the evening. The alcohol license is appropriate in this zone.

The Department has no objection to the issuance of this license to this business.

---

**APPLICANT SIGNATURE SECTION:**

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Select Board; furthermore, any work done is done at the applicant's risk.

Applicant's Signature:  \_\_\_\_\_

Date: 10/29/24 \_\_\_\_\_





## Arlington Fire Department Town of Arlington

Administrative Office  
411 Massachusetts Ave, Arlington, MA 02474  
Phone: (781) 316-3803 Fax: (781) 316-3808  
Email: rmelly@town.arlington.ma.us

Ryan Melly  
Deputy Fire Chief

### Checklist for food sales ownership conversion.

- For a new liquor license, it is recommended to have the building inspected by both the Inspectional Services Department and the Fire Department.
  - There are no outstanding violations.
- All exit signs and emergency lights must be tested and in good working order
- FACP **must** have annual test paperwork on hand and be free of trouble and alarm signals
- Sprinkler system (if present) shall have current inspection tag
- All extinguishers must be hung with signs and a current inspection tag
- "K" extinguisher mounted and tagged in the kitchen area if using fat to cook
- All exits and exit paths must be in proper working order and free from storage
- No storage of excess combustibles allowed inside building or near exit ways
- Hoods must have current inspection/cleaning sticker attached
- Kitchen extinguishing systems must have current inspection tags
- If Ansul or Sprinklers present FACP must report to monitoring company
- Address must be clearly visible from the street
- Electrical panels must be accessible from floor to ceiling for the entire width
- Call for inspection after all has been completed 781-316-3803

---

### APPLICANT SIGNATURE SECTION:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Select Board; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: \_\_\_\_\_

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

10/24/31



## Town of Arlington, Massachusetts

---

**Vote: Date for 2025 Annual Town Election**

**Summary:**

Michael Cunningham, Town Counsel



## Town of Arlington, Massachusetts

---

### For Approval: Opening of Warrant for Annual Town Meeting 2025

#### Summary:

Michael Cunningham, Town Counsel

#### ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	Opening_of_2025_Warrant.pdf	Reference



**Town of Arlington  
Legal Department**

Michael C. Cunningham  
Town Counsel

50 Pleasant Street  
Arlington, MA 02476  
Phone: 781.316.3152  
Fax: 781.316.3159  
E-mail:  
[mcunningham@town.arlington.ma.us](mailto:mcunningham@town.arlington.ma.us)  
Website: [www.arlingtonma.gov](http://www.arlingtonma.gov)

To: Select Board

Cc: James Feeney, Town Manager  
Greg Christiana, Town Moderator  
Juli Brazile, Town Clerk

Date: November 1, 2024

Re: Opening of the Annual Town Warrant for the 2025 Annual Town Meeting

---

Members of the Board, please receive this Memorandum as a refresher and/or primer for your votes to set the opening and closing dates of the 2025 Annual Town Meeting Warrant and the date of the 2025 Annual Town Election.

**Legal Timeline: the Warrant, Town Elections and Town Meeting**

1. Opening and Closing of the Warrant

Pursuant to the Town Bylaws, the warrant of the 2025 Annual Town Meeting must open no later than the first week in December, 2024 (December 6, 2024 at the latest), and may not close earlier than the last Friday in January of 2025 (January 31, 2025). See Title 1, Article 1, §2 of the Town Bylaws.

## 2. Posting of the Warrant

The warrant must be available at least seven (7) days before the Town Election. See Title I, Article 1, Section 2 of the Town Bylaws; see also G.L. c. 39, §10. However, as a practical matter, the warrant must also be submitted to the printer at least two weeks ahead of the date targeted for distribution.

## 3. Election

Under the Town Bylaws, the Annual Town Election shall be held on the first Saturday in April (April 5, 2025) unless the Select Board votes, on or before February 1, 2025, to choose another date, “in order to better suit the public convenience for reasons it shall determine including, but not limited to, conflicts with the observance of religious holidays.” See Title I, Article 1, Section 1 of the Town Bylaws.

Any other date may be chosen as long as the election occurs before Town Meeting begins, so that Town Meeting members are in place.

## 4. Town Meeting

Town Meeting shall start the fourth Monday in April (April 28, 2025), unless “ the Select Board votes not later than February 1 to establish another date and time in order to better suit the public convenience for reasons it shall determine including, but not limited to, conflicts with the observance of religious holidays.” See Title I, Article 1, Section 1 of the Town Bylaws. As you know, last year’s Annual Town Meeting amended this section of the Town Bylaws so that the Select Board has increased flexibility to avoid conflicts when it sets the start date for the Annual Town Meeting. As a point of information for the Board, a review of an interfaith religious calendar does not reveal any readily evident conflicts with the possible April 28, 2025 start date for the Annual Town Meeting.

It is noted that in no case shall the Annual Town Meeting begin later than the second Monday in May at eight o'clock in the evening. See Title I, Article 1, Section 1 of the Town Bylaws

Based on the information set forth above, I recommend the following motion, mindful of the Board's discretion in these areas:

*Moved: That the warrant for the 2025 Annual Town Meeting, to commence business on April 28, 2025, be opened on December 5, 2024 and close on January 31, 2025.*

You will take a separate vote to approve the anticipated date of the 2025 Annual Town Election when you approve the Town's Election calendar. I am happy to discuss any practical or legal concerns regarding the setting of the Town Election date during the Board's November 3, 2024 meeting. In the meantime, I hope that this memorandum proves useful in your consideration of warrant and election dates.





## Town of Arlington, Massachusetts

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### For Approval: Crab Apple Tree Removal @ 149 Pleasant Street

#### Summary:

James Mackey

#### ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	Tree_Warden_Reference.pdf	Tree Warden Reference
▢	Reference Material	Tree_Removal_Appeal_Request.pdf	Tree Removal Appeal Request
▢	Reference Material	Arl_Hist_cert_of_appr.pdf	Historic District Cert of Appropriateness
▢	Reference Material	149_Pleasant_Street_Updated_Site_Plan_8-22-2024.pdf	Site Plan

# **Tree Hearing 2024**

**Tim Lecuivre MCA, MQTW**

**Arlington Tree Warden**

Mr. James Mackey,

149 Pleasant Street

Removal of 4" DBH Crabapple "to install new driveway"

10/16/24

10:00am

51 Groove St. Lower Floor Meeting Room

Attendance: Tree Warden

Time: 10:00-10:15

There were no attendees. There were six objections letters sent via email to the Tree Warden before the start of the hearing. The Tree Warden had correspondence via email and phone call conversation with James Mackey after the hearing regarding the objection letters. Since, there was an objection to the removal the tree is not permitted to be removed at this time, per M.G.L.Chapter 87. James Mackey has appealed the objection to the Select Board.



## TOWN OF ARLINGTON

Department of Public Works  
Office of Tree Warden  
51 Grove Street  
Arlington, Massachusetts 02476  
Telephone (781) 316-3114

September 12, 2024

James Mackey  
51 Riverdale Ave  
Tewksbury, MA 01876

RE: Request for Tree Removal at 149 Pleasant Street; 4"(DBH) Crabapple

Dear Mr. Mackey;

I have received your request for the removal of the tree located in the vicinity of 149 Pleasant Street. A hearing will be required according to Massachusetts General Law, Chapter 87. The tree removal will have to be advertised in the local newspaper for two (2) weeks after which time a hearing will be held at 51 Grove Street. Interested parties may attend and if no objection arises the removal can be scheduled.

The hearing process is as follows:

- A \$200 posting fee must be made to the DPW at 51 Grove Street. This fee covers the advertisement in the local newspaper and the posting of the scheduled hearing on the tree itself per Massachusetts General Law;

*a notice of the time and place of such hearing thereof, which shall identify the size, type and location of the shade tree or trees to be cut down or removed, to be posted in two or more public places in the town and upon the tree at least seven days before such hearing and published in a newspaper of general circulation in the city or town once in each of two successive weeks, the first publication to be not less than seven days before the day of the hearing*

- If at the hearing no objections to the removal are made, the tree can be removed. You will be required to obtain the services for the removal from a list of Town approved contractors. The work must include the removal of the tree and stump (6-8 inches below grade).
- The tree must be replaced with additional trees equaling 100% of the diameter of the removed tree at 4 feet off the ground; or a fee paid to the Town for replacement trees equaling \$375 per inch of diameter of the removed tree at 4 feet off the ground.
  - For example, if a 12" diameter tree was removed, 3-4" trees or 4-3" trees, etc., would need to be planted in close proximity to the tree removed;
  - Or, a payment of \$375 x 12 (\$4,500) would be made to the Town for use in planting trees elsewhere;
  - Or a combination of both of the above.

Please contact me at your earliest convenience with how you would like to proceed.

Sincerely,

Tim Lecuire MCA, MQTW  
Arlington Tree Warden

tree removal at 149 Pleasant Str

---

From Marina Popova <ppine7@gmail.com>

Date Thu 10/10/2024 9:58 AM

To Tim Lecuivre <tlecuivre@town.arlington.ma.us>

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Tree Warden,

I am writing to you regarding the proposed removal of a public crabapple tree at 149 Pleasant St.

I would like to respectfully object to the removal of this tree.

Public trees are a public good, they benefits th whole community and stand between us and the devastating effects of the Climate Change.

Please do not allow removal of this tree.

Thank you!

Marina Popova

255 Ridge Str, Arlington

TMM Precinct 13

**Objection to tree removal at 149 Pleasant Street - 10/16 Public hearing**

---

From Olivier Aries <oaries145@gmail.com>

Date Thu 10/10/2024 8:47 AM

To Tim Lecuivre <tlecuivre@town.arlington.ma.us>

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Tree Warden,

I saw the notice for the Oct. 16 public hearing about the proposed crabapple tree removal at 149 Pleasant St.

**I object to the removal of this tree.**

This tree is on the sidewalk's public section. It belongs to the Arlington community and to all the neighbors, not to a particular private interest. This tree adds much to our community—providing shade, cleaner air for our kids, and the natural beauty that we moved to this neighborhood for. Sections of Pleasant Street nearby are heat islands and it is critical to preserve as much canopy as possible in this part of town. The builder should know trees will add to the value of their property.

I urge you and the decision-makers to do the right thing, which is to:

- decline the builder's request for removal
- have them adapt their plan
- request protective measures for the tree during construction, so that the builder does not damage it to later claim the crabapple is unhealthy or dangerous and requires removal.

Thank you for your support in protecting Arlington's trees.

Best

-Olivier Aries

145 Pleasant St, Arlington, MA 02476

---

149 Pleasant St street tree removal hearing

---

From Wynelle Evans <evco7@rcn.com>  
Date Sat 10/12/2024 12:38 PM  
To Tim Lecuire <tlecuivre@town.arlington.ma.us>  
Cc ArlTreeCmte@gmail.com <ArlTreeCmte@gmail.com>

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Tim—

I understand there's to be a hearing about the small street tree in front of 149 Pleasant St next Tuesday at 10am. I'll be unable to attend, so am submitting this letter for the record.

This may seem like an inconsequential tree, at only 4" DBH per the hearing notice, but the accretion of trees removed in town to facilitate development is the issue, to me.

- Over 80 trees were removed to make way for a large 40B development at 1021-1025 Mass. Ave.
- An acquaintance told me 2 street trees near him on Edgehill Rd. were cut down this past week, apparently without notice or a hearing, for an unknown reason
- A lot at 10 Stony Brook was sub-divided to build two houses, resulting in the removal of at least 7 trees
- An ADU is going up at 9-11 Revere St. and has so far removed two mature trees
- The stalled mixed-use project at 1500 Mass. Ave. began with the removal of 8 trees per the tree plan, but more trees were later removed along the eastern lot line
- The proposed mixed-use project at 1513-1515 Mass Ave. will mean the removal of at least three large trees, a couple of which appear to be within the front setback
- A project at 2 Reservoir Rd, currently before the ARB, proposes to remove 8 trees

These are only the parcels that come to mind right now; there are undoubtedly many more throughout town. These seven projects alone have meant the removal of over 100 trees, both protected and not—an unsustainable trend.

This small street tree at 149 Pleasant St. can be saved by a re-positioning or eliminating of the second driveway, which is poorly planned to allow access from busy Pleasant St.

I respectfully request that the removal of this tree be denied.

Thank you, and best wishes,  
Wynelle

---

Wynelle Evans



Arlington, MA 02476  
781.859.9291 cell  
evco7@rcn.com

## Objection to tree removal on 149 pleasant street

---

From Metta Munches <mettasrey@gmail.com>

Date Mon 10/14/2024 11:25 AM

To Tim Lecuire <tlecuivre@town.arlington.ma.us> -

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

I object to the removal of the tree that the developers are proposing to remove. I'd prefer all trees in that address instead of a 3 unit building but that won't happen so I'd like to save that tree.

Get [Outlook for iOS](#)

Tree 149 Pleasant st

---

From Mary TenPas <mctenpas@hotmail.com>

Date Tue 10/15/2024 6:17 PM

To Tim Lecuire <tlecuivre@town.arlington.ma.us>

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Tim:

I live on Pleasant Street and I object to the removal of the town crabapple tree.

Mary TenPas

Get [Outlook for iOS](#)

**STOP TREE REMOVAL at 149 PLEASANT STREET**

---

From Kathy Eckles <kathy@kathyeckles.com>

Date Tue 10/15/2024 10:24 PM

To Tim Lecuire <tlecuivre@town.arlington.ma.us>

Cc Arthur\_public@yahoo.com <Arthur\_public@yahoo.com>; Mary Tenpas <jhtenpas@gmail.com>; Marina Toman <mtoman100@hotmail.com>

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

TO: Tim Lecuire, Arlington Tree Warden

FROM: Kathy Eckles on behalf of Arthur Wilding-White at 150 Pleasant Street, Arlington, MA

SUBJECT: Proposed Tree Removal at 149 Pleasant St., Arlington, MA

---

Dear Tim,

I'm writing on behalf of my employer Arthur Wilding-White to oppose the proposed removal of the public crabapple tree at 149 Pleasant St., Arlington in order to build a driveway for a new 3-unit construction with parking for 6 cars.

This tree is on the sidewalk's public section. It belongs to all of the surrounding residents. This tree adds much to the surrounding community-providing shade, cleaner air for everyone, and the natural beauty inspired people to live here.

Please STOP this tree removal.

Thank You,  
Kathy Eckles for Arthur Wilding-White



---

**Tree removal appeal #149 Pleasant St**

---

**From** James Mackey <mlake4@aol.com>  
**Date** Thu 10/17/2024 1:19 PM  
**To** Ashley Maher <amaher@town.arlington.ma.us>

2 attachments (2 MB)

Updated Site Plan 8-22-2024 (1).pdf; Arl Hist cert of appr (2).pdf;

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Selectboard,

I would like to move forward with filing an appeal against the tree removal hearing which occurred yesterday, 10/16/2024.

It was the decision of the hearing to not allow the removal of a small public DBH= 4"-inch crab apple tree between the sidewalk and curb of 149 Pleasant St. in the proposed driveway.

History of this site-149 Pleasant St, at present, is a 1950's single family ranch style house located in a R4 zoning.

The property is located in the Pleasant St Historical District.

After a year of Historic District Commission Hearings, a Certificate of Appropriateness was issued on March 21, 2024

(see attached) for a 3-unit building of Architectural and Historical character and aspects for the District.

The plan approved by the Historic District Commission (see attached) shows the driveway entering Pleasant St. The small 4inch crabapple tree is in the driveway access point and needs to be removed so the driveway can remain a straight shot to Pleasant St. My main concern with this that I don't believe is being highlighted properly is the safety concerned associated with this. If the small crabapple tree has to remain in it's current place, the driveway would have to curve around the tree causing a safety issue for cars entering and leaving the busy traffic of Pleasant St.

An Arborist has been consulted and recommends removing the small crab apple tree and replanting a new crab apple tree of similar size approximately 10 ft to either side of the proposed driveway. Instead of replacing this tree 1:1, I would like to plant two.

This young 4 inch crab apple tree is not a mature shade tree and can easily be replicated by replacing.

Again, I would be willing to replace the single crab apple tree with two newly planted crab apple trees.

Thank you,  
Respectfully, Jim Mackey cell 508 423 2468



**TOWN OF ARLINGTON**  
**PLEASANT STREET**  
**HISTORIC DISTRICT COMMISSION**  
**CERTIFICATE OF APPROPRIATENESS**

AT A MEETING OF THE COMMISSION DULY HELD ON

Date: March 21, 2024

IT WAS VOTED TO GRANT THIS CERTIFICATE OF APPROPRIATENESS (24-14P) TO:

Name: FTO Realty Trust  
 Address: 109 Blanchard Street, Lawrence, MA 01843

WITH RESPECT TO THE PROPERTY LOCATED IN SAID DISTRICT AT  
 Address: 149 Pleasant Street, Arlington MA

FOR THE FOLLOWING WORK ONLY, WHICH HAS BEEN DEEMED NOT TO HAVE AN INCONGRUOUS EFFECT ON THE HISTORIC ASPECTS OR ARCHITECTURAL CHARACTER OF THE BUILDING OR DISTRICT.

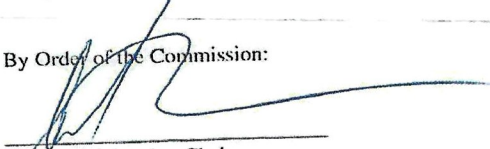
AS DESCRIBED IN APPLICATION, REVISED DRAWINGS PRESENTED AT THE 3/21/24 HEARING, AND DISCUSSION AT HEARINGS FOR DEMOLITION OF AN EXISTING STRUCTURE AND CONSTRUCTION OF A NEW STRUCTURE SUBJECT TO THE FOLLOWING CONDITIONS THAT MUST BE APPROVED INDIVIDUALLY BY THE MONITOR PRIOR TO PURCHASE OR INSTALLATION: 1) THE VISIBLE FOUNDATION WILL BE A BRICK VENEER OR SOME SORT OF MASONRY AND 2) CHANGES OF GRADE AND ALL IMPLICATIONS OF SUCH CHANGES (INCLUDING LANDSCAPE WALLS AND PARKING AREA) TO BE APPROVED BY MONITOR WITH THE POTENTIAL THAT APPLICANT MAY HAVE TO COME BACK TO COMMISSION FOR APPROVAL IF MONITOR FEELS SCOPE OF WORK EXCEEDS THEIR DISCRETION. IN ADDITION, FINAL SELECTION FOR GUTTERS AND DOWNSPOUTS, OPTIONAL WROUGHT IRON RAILING ON THE THREE STEPS TO THE STREET SIDEWALK (IF REQUIRED) AND RECOMMENDED SOLID STONE BOTTOM RISER AT THE BOTTOM OF THE MAIN FRONT STAIRS ARE ALL SUBJECT TO APPROVAL BY THE MONITOR PRIOR TO INSTALLATION. ALSO, FINAL PLANS AND SPECIFICATIONS AND ELEVATIONS INCORPORATING ALL CHANGES CALLED OUT IN PRESENTATION AND DISCUSSED AT THE HEARING TO BE FORWARDED TO COMMISSION FOR INCLUSION IN FILES.

NOTE: All work shall be carried out strictly as illustrated and specified in the application hereto and as may have been modified by the Commission. The term "match" if used herein means the exact replication in material, dimension, configuration, spacing, pattern, texture, finish and (where appropriate) color. Any additional work outside the scope of this certificate, or material deviation therefrom, may NOT be initiated without a new certificate or modification of this certificate by the Commission. The Project Monitors for this certificate are Charles Barry (617) 680-4399, email [charles@thoughtforms-corp.com](mailto:charles@thoughtforms-corp.com) and Brian LaBau (617) 480-1954; email: [blabau@comcast.net](mailto:blabau@comcast.net)

Any further modifications of design or construction documents must be consistent with this certificate. Such documents shall be submitted to, and all work is subject to final acceptance by, the Project Monitor. Said Monitor may approve substitutions or modifications arising from unforeseen circumstances only to the extent they do not deviate from the intent of this certificate. Such approvals shall in no way relieve the applicant from other appropriate regulations or necessary permits and shall not be construed as professional advice in any form. The Commission reserves the right to report all significant deviations from this certificate to the Director of Home Improvement Contractor Registration.

This certificate is granted with the conditions that, unless noted, the work shall be completed within one year from the date of this certificate and that it shall be incorporated into any agreements between the applicant and his contractors. Although the Building Permit may be general in nature, it does not override the particularity of this Certificate which is to be considered incorporated into the Permit whether or not a copy of it is actually attached thereto.

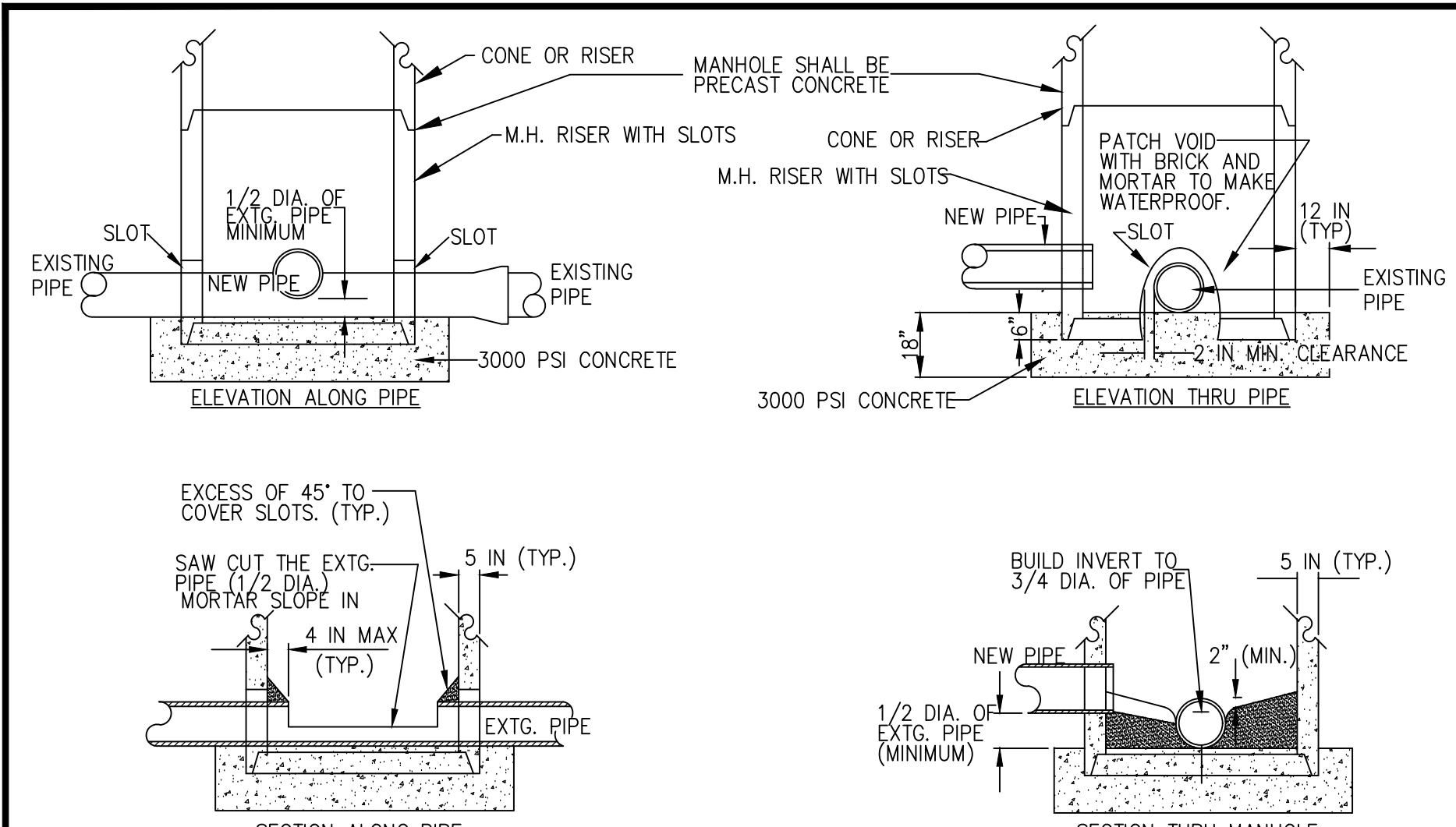
By Order of the Commission:

  
 Stephen Makowka, Chair

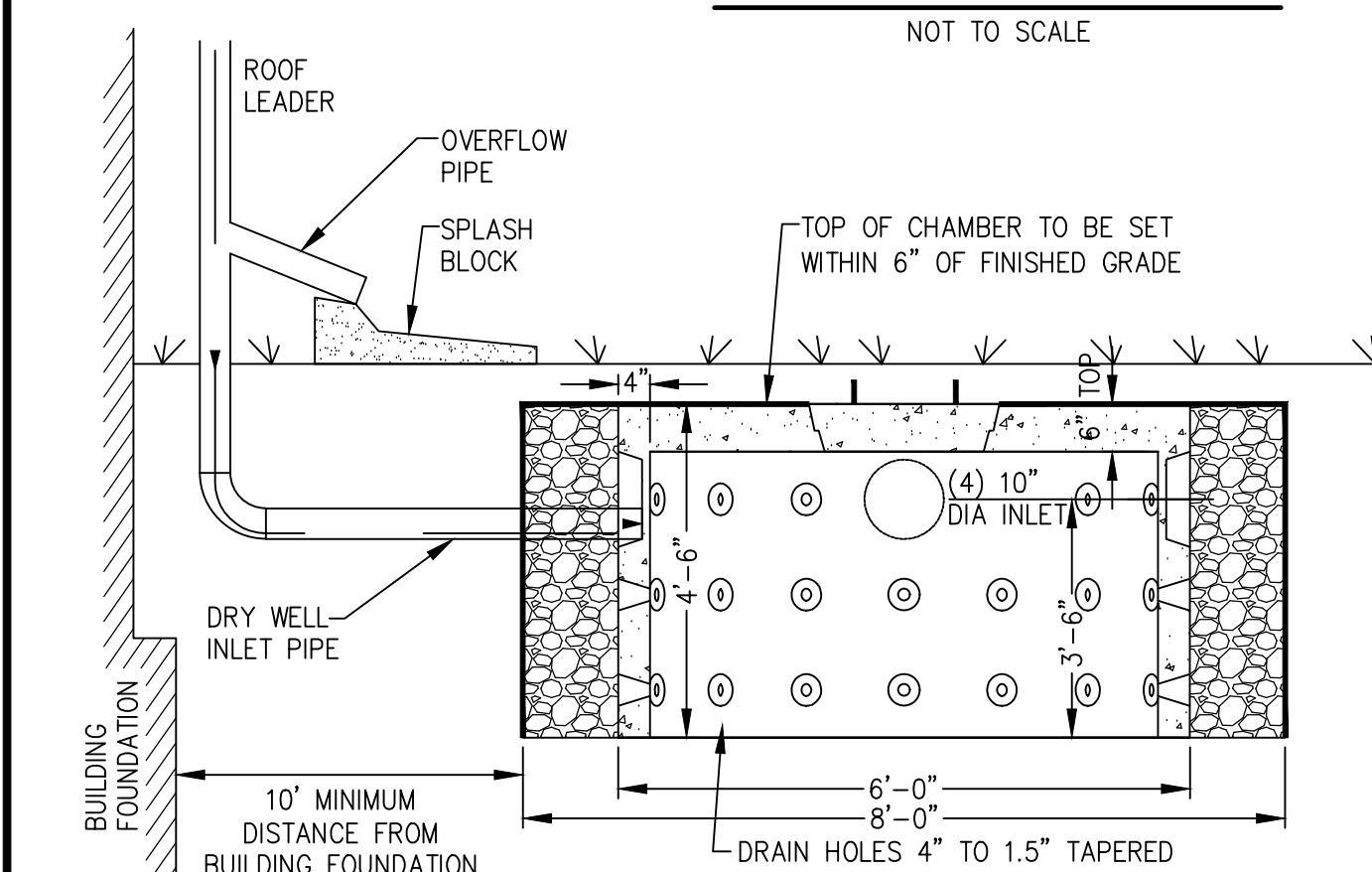
4/11/24  
 Dated \_\_\_\_\_

Applicant  Building Insp. \_\_\_ Orig./Exec. Sec. \_\_\_ Monitor \_\_\_ Town Clerk \_\_\_ Chair \_\_\_ File \_\_\_



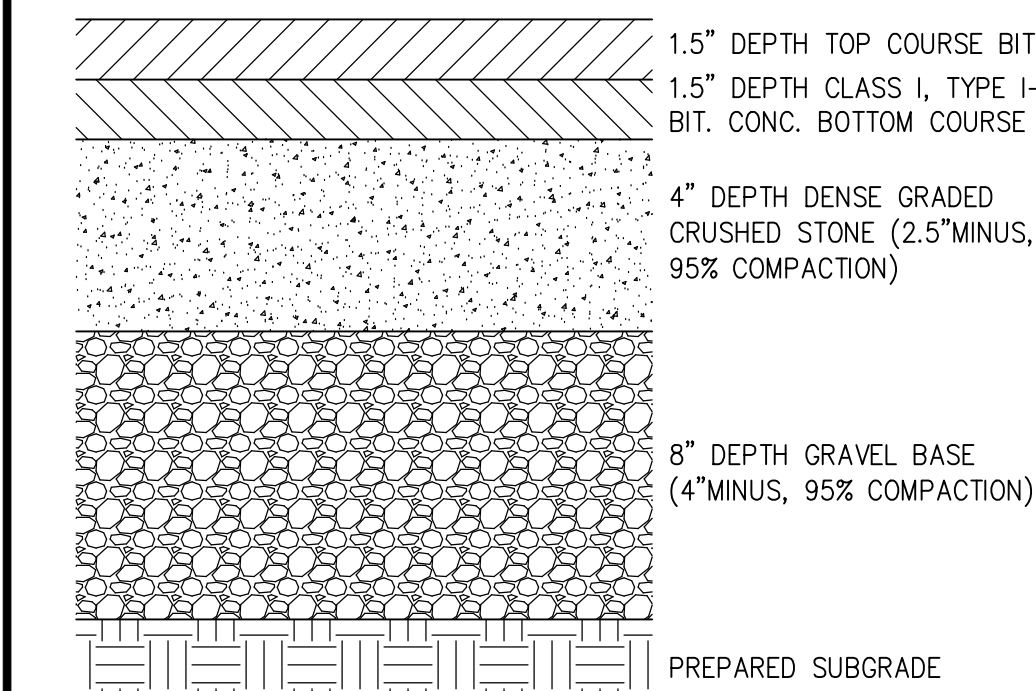


**DOGHOUSE MANHOLE DETAIL**  
NOT TO SCALE

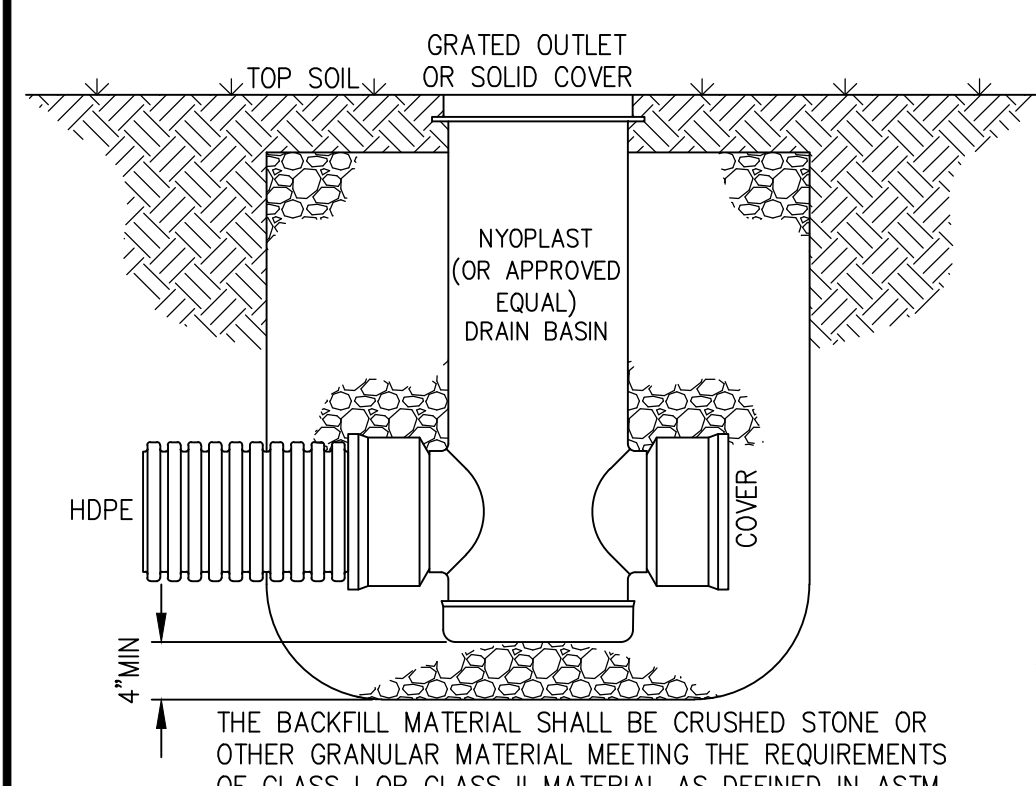


- NOTES:**
1. CONCRETE: 4,000 PSI MINIMUM AFTER 28 DAYS.
  2. AVAILABLE IN H-20 LOADING.
  3. CAPACITY INCREASES IN INCREMENTS OF 500 GALLONS FOR EACH 3' SECTION ADDED.
  4. ITEMS TO BE SHEA CONCRETE AS OR APPROVED EQUIVALENT.

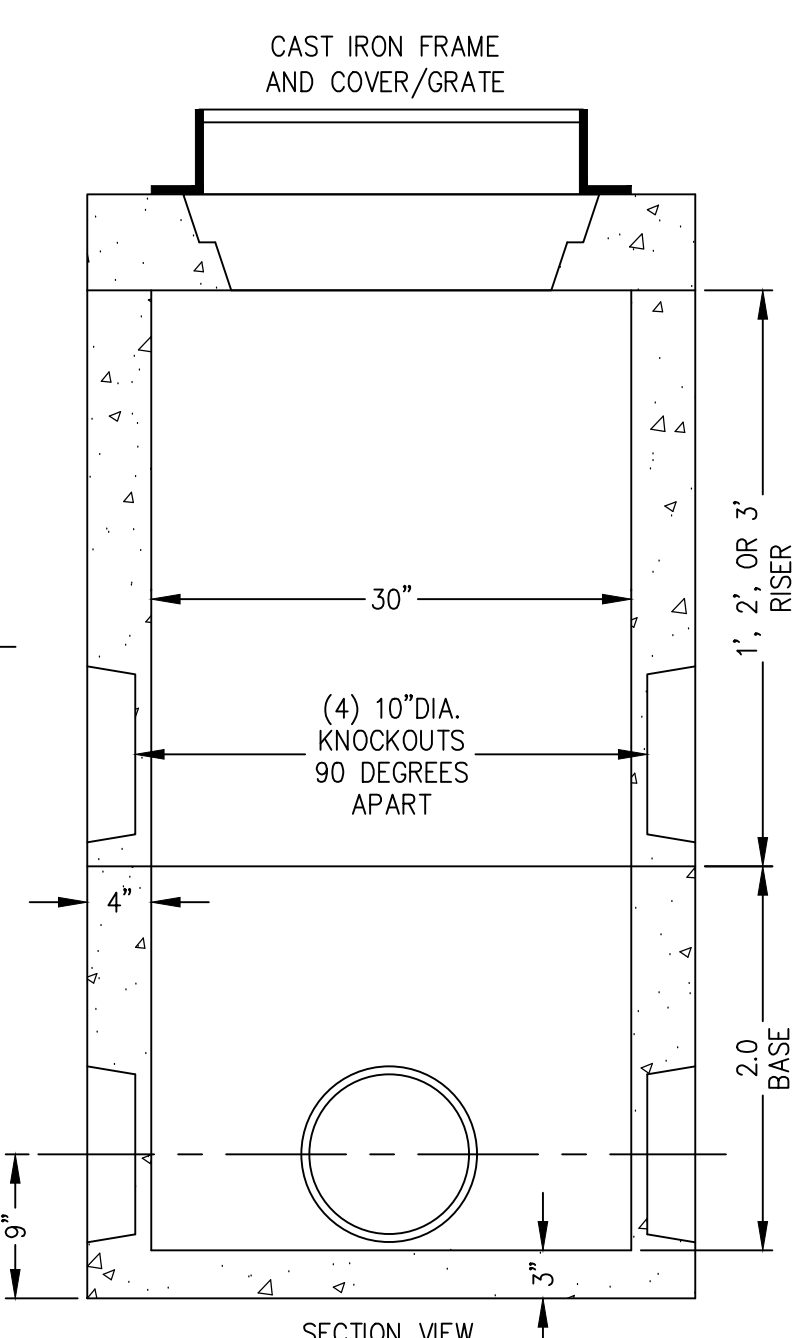
**ROOF DRAIN CYLINDRICAL DRY WELL LEACHING CHAMBER**  
NOT TO SCALE



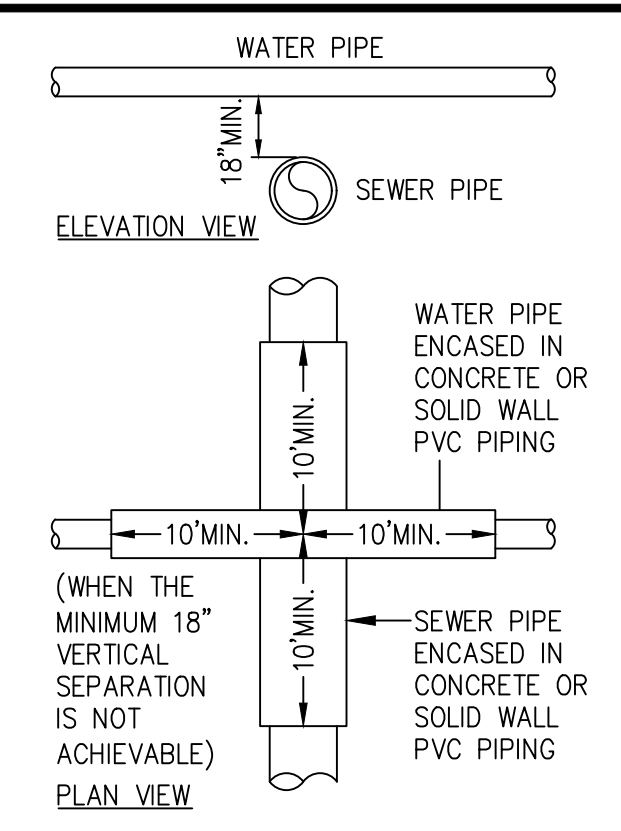
**TYPICAL BITUMINOUS CONCRETE PAVEMENT**  
CROSS SECTION NOT TO SCALE



**CLEAN-OUT YARD DRAIN OUTLET**  
(NYOPLAST, OR EQUAL)  
NOT TO SCALE

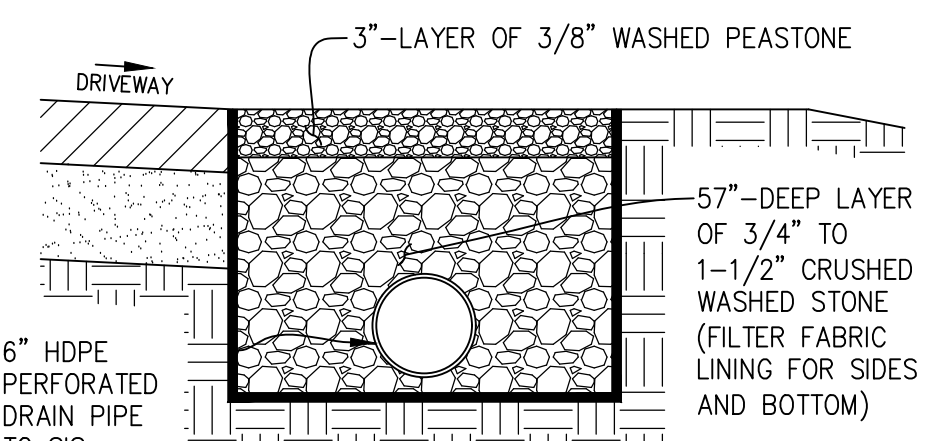


**MINI CATCH BASIN MANHOLE (H-20)**  
NOT TO SCALE

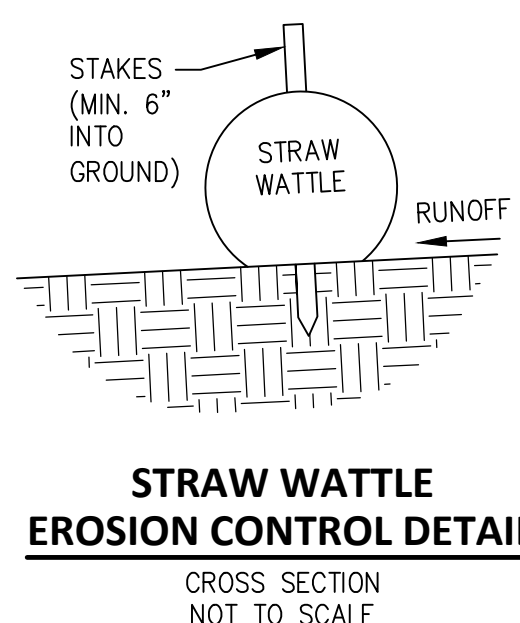


- NOTES:**
1. THE SEWER PIPE CROWN SHALL BE 18" MINIMUM BELOW THE INVERT OF THE WATER PIPE. BOTH PIPES SHALL BE CLASS 150 PRESSURE PIPE.
  2. WHERE AN 18" SEPARATION AS DESCRIBED ABOVE IS NOT POSSIBLE, BOTH PIPES SHALL BE ENCASED IN CONCRETE OR SOLID WALL PVC PIPING FOR 10 FEET MINIMUM TO EITHER SIDE OF THE CROSSING, AND ALL WATER PIPE JOINTS WITHIN THAT DISTANCE SHALL HAVE MECHANICAL FITTINGS.

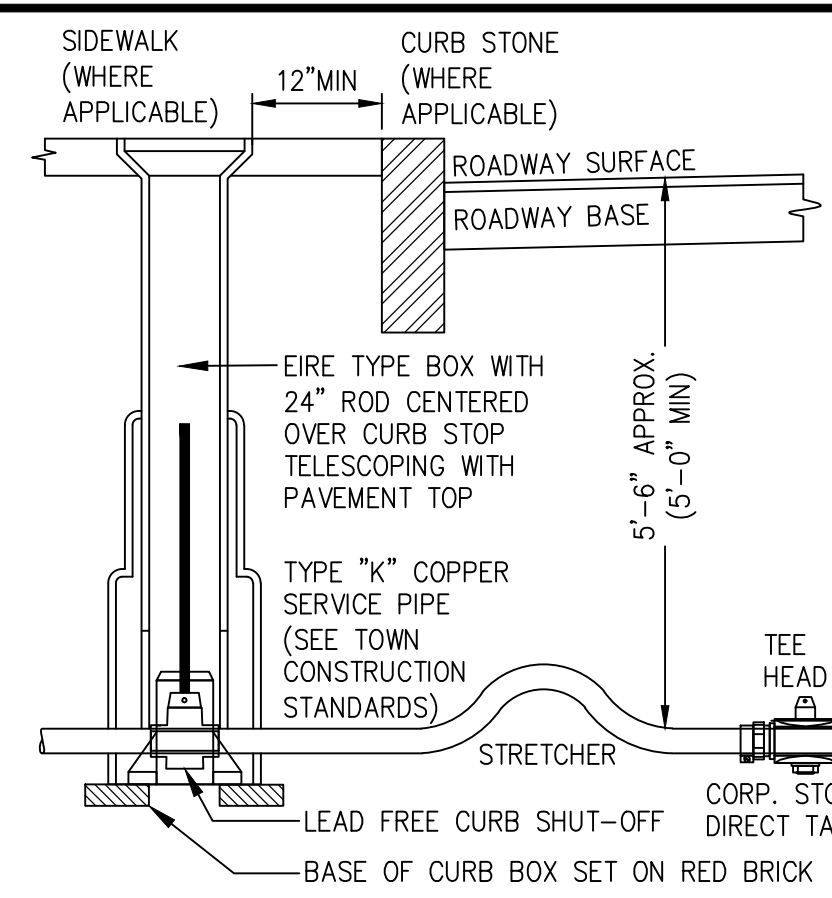
**PIPE CROSSING DETAIL**  
NOT TO SCALE



**FILTER AND INFILTRATION TRENCH CROSS SECTION**  
NOT TO SCALE



**STRAW WATTLE EROSION CONTROL DETAIL**  
CROSS SECTION NOT TO SCALE



**TYPICAL WATER SERVICE CONNECTION**  
CROSS SECTION NOT TO SCALE

**ABBREVIATIONS**

BIT	BITUMINOUS
CCB	CAPE COD BERM
CONC	CONCRETE
FF	FIRST FLOOR ELEVATION
GF	GROUND FLOOR ELEVATION
INV	INVERT
L/S	LANDSCAPING AREA
RET.WALL	RETAINING
SF	SQUARE FEET
TOP	TOP OF FOUNDATION ELEVATION
VGC	VERTICAL GRANITE CURB

**LEGEND**

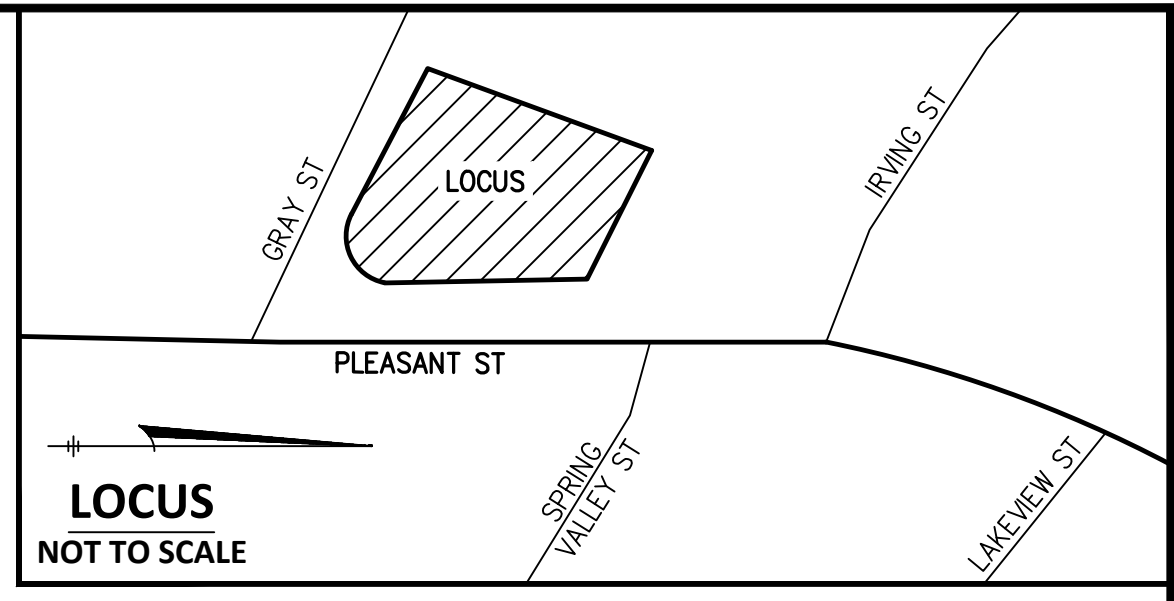
	SEWER MANHOLE
	DRAIN MANHOLE
	CATCH BASIN
	HYDRANT
	WATER GATE VALVE
	GAS GATE VALVE
	UTILITY POLE
	UNDERGROUND WATER LINE
	UNDERGROUND SEWER LINE
	UNDERGROUND DRAIN LINE
	OVERHEAD WIRE LINE
	UNDERGROUND GAS LINE
	IRON ROD

**SOIL TEST DATA**

PERFORMED BY: NORSE ENVIRONMENTAL  
DATE: JUNE 6, 2024

TH-1 (ELEV=106.6)  
0-37", Ab, FINE SANDY LOAM, 10YR2/2  
37-58", Bw, SANDY LOAM, 10YR5/6  
58-84", C, MEDIUM-COARSE SAND, 2.5YR5/3  
NO REDOX, NO ESHWT  
BOTTOM OF TESTHOLE=99.6

TH-2 (ELEV=105.5)  
0-37", Ab, FINE SANDY LOAM, 10YR2/2  
37-58", Bw, SANDY LOAM, 10YR5/6  
58-84", C, MEDIUM-COARSE SAND, 2.5YR5/3  
NO REDOX, NO ESHWT  
BOTTOM OF TESTHOLE=98.2



**ASSESSORS**

MAP 131, BLOCK 2, LOT 1.A

**PROPERTY OWNER**

STEPHEN DOHERTY / TRUSTEE  
FTO REALTY TRUST  
109 BLANCHARD RD  
LAWRENCE, MA 01843

**GENERAL NOTES**

1. EXISTING CONDITIONS AND BOUNDARY LOCATION SHOWN HEREON FROM ARCHITECTURAL DRAWINGS BY MARTHA PENZENIK ARCHITECTS OF ARLINGTON, MA, DATED 12/15/2023. NO SURVEY HAS BEEN PERFORMED
2. NO PORTION OF THE PREMISES SHOWN HEREON IS LOCATED WITHIN A FLOOD HAZARD AREA AS SHOWN ON DEPARTMENT H.U.D. FEDERAL INSURANCE ADMINISTRATION MAPS, PER COMMUNITY PANEL 25017C0416E, EFFECTIVE JUNE 4, 2010.
3. UTILITIES OTHER THAN THOSE SHOWN MAY EXIST. CALL DIG-SAFE AT LEAST 72 HOURS PRIOR TO ANY EXCAVATION OR CONSTRUCTION. CONTRACTOR TO FIELD VERIFY LOCATION OF UTILITIES PRIOR TO INSTALLATION OF SERVICE LINES AND SHALL ADJUST ACCORDINGLY.
4. DEEP HOLE SOIL TESTING REQUIRED FOR DETERMINATION OF SEASONAL HIGH GROUNDWATER PRIOR TO CONSTRUCTION.
5. REFER TO ARCHITECTURAL DRAWINGS PREPARED BY MARTHA PENZENIK ARCHITECTS FOR BUILDING DETAILS AND SPECIFICATIONS.
6. CONTRACTOR TO REFER TO DRAWINGS PREPARED BY MARTHA PENZENIK ARCHITECTS FOR ALL LANDSCAPING AND PLANTING DETAILS.
7. CONTRACTOR TO REFER TO ALL PERMITS AND CONDITIONS OF APPROVAL ISSUED BY ALL BOARDS BY THE TOWN OF ARLINGTON.

**ZONING**

DISTRICT: RESIDENCE 4 (R4)  
(PLEASANT STREET HISTORIC DISTRICT)

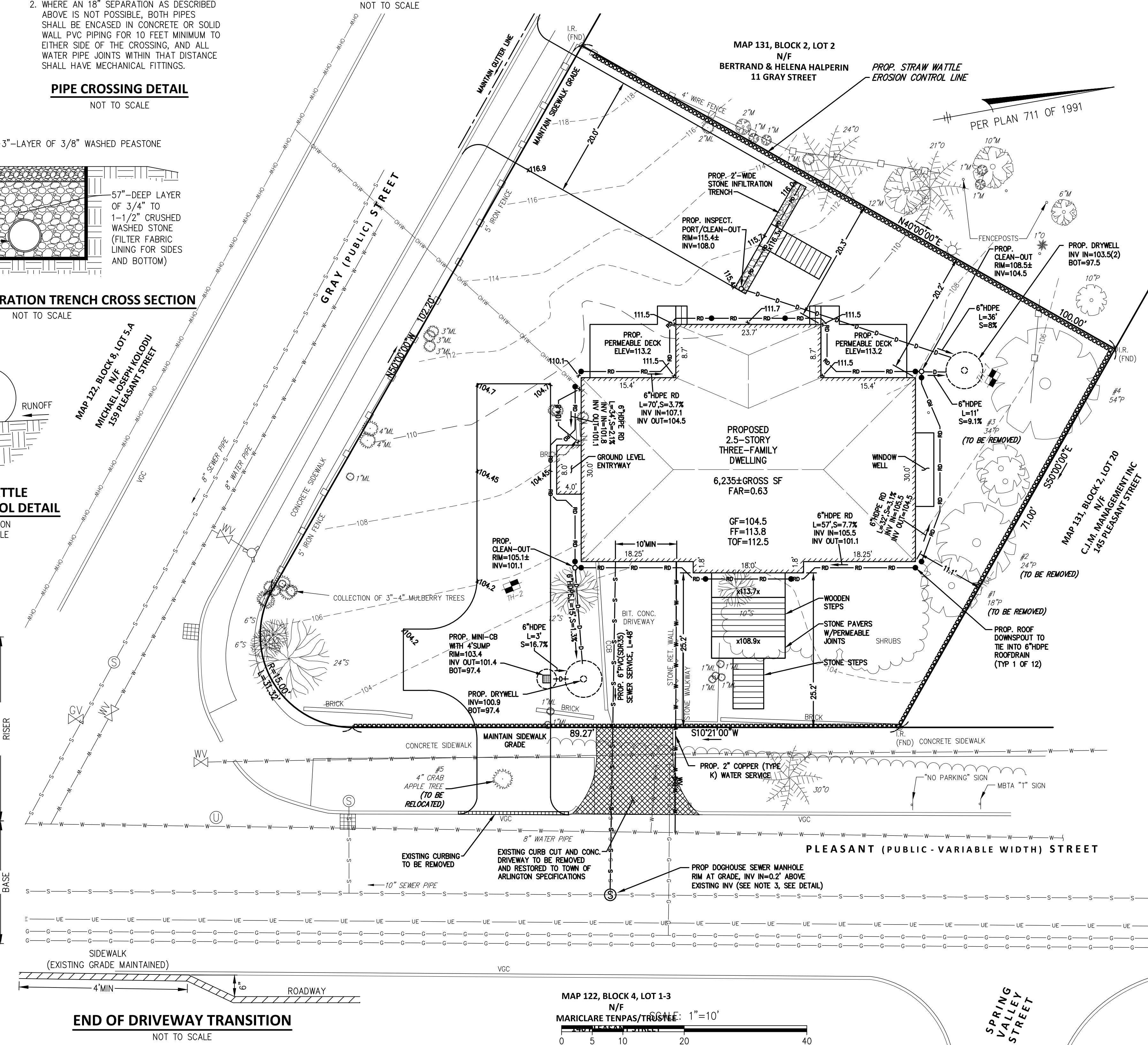
DESCRIPTION	REQUIRED	EXISTING	PROPOSED
LOT AREA (3-FAM)	7,500±SF	9,805±SF	9,805±SF
FRONTAGE (3-FAM)	70'	89.27'	89.27'
FRONT YARD	25'	26.9'	25.2'
SIDE YARD	10'	10.2'	11.1'
REAR YARD	20'	20.1'	20.2'
BDG. HEIGHT	35'(MAX)	N/A	33.5'
STORIES	2.5(MAX)	2	2.5
LOT COVER.	35%(MAX)	17.1%	19.1%
USABLE OPEN SPACE	30%	12.0%*	13.6%**
FAR	-	N/A	0.63

\*PRE-EXISTING NONCONFORMING  
\*\*WAIVER REQUIRED

**PARKING REQUIREMENTS**

REQUIRED (FOR SINGLE-, TWO-, OR THREE-FAMILY DWELLING):  
1 SPACE PER DWELLING UNIT  
3 DWELLING UNITS x 1 SPACE = 3 SPACES REQUIRED

6 SPACES PROPOSED



**PROPOSED SITE PLAN**

**149 PLEASANT STREET  
ARLINGTON, MASSACHUSETTS**

PLAN PREPARED FOR:  
**FTO REALTY  
109 BLANCHARD ROAD  
LAWRENCE, MASSACHUSETTS**

PLAN PREPARED BY:  
**LANDPLEX**  
CIVIL ENGINEERING - SURVEYING  
10 GEORGE STREET, UNIT 208  
LOWELL, MASSACHUSETTS 01852  
978-201-9390 - LANDPLEX.COM

SHEET: 1 OF 1

SCALE: 1"= 10'

AUGUST 22, 2024

NO.	REVISION DESCRIPTION	DATE



## Town of Arlington, Massachusetts

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### Approval: Temporary Repairs to Hazel Terrace

#### Summary:

James Feeney, Town Manager

#### ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	Hazel_Terrace_Reference.pdf	Reference



**Town of Arlington**  
**Office of the Town Manager**

**James Feeney**  
**Town Manager**

**730 Massachusetts Avenue**  
**Arlington MA 02476-4908**  
**Phone (781) 316-3010**  
**E-mail: [jfeeney@town.arlington.ma.us](mailto:jfeeney@town.arlington.ma.us)**  
**Website: [www.arlingtonma.gov](http://www.arlingtonma.gov)**

**To:** Members of the Select Board  
**From:** Jim Feeney, Town Manager  
**RE:** Authorization of Temporary Repairs – Hazel Terrace  
**Date:** October 31, 2024

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Residents of Hazel Terrace, a private way, submitted the enclosed letter to the Town Manager's Office earlier this year. A meeting with abutters took place at Town Hall on August 27<sup>th</sup>, with a subsequent meeting held on October 30<sup>th</sup>. While the issue regarding alleged third-party damage remains unresolved, the pressing request from abutters is for the Town to perform temporary repairs in advance of the winter.

As such, I seek authorization under Title III, Article 3, Section 3(B) of the Town's bylaws in order to abate hazards presented by certain significant defects in the road, namely severe potholes likely to cause damage to Town-operated and/or contracted plow vehicles and associated equipment. The determination of an immediate hazard was reached by the Director of Public Works during a site visit on September 18<sup>th</sup>; however, it was noted at that time the road requires replacement. Further, since the subbase of the road is visibly poor in the defective areas, any patches placed are unlikely to survive more than one winter season. As such, it is typically not advisable to pursue Town involvement in temporary repairs unless there is a commitment from abutters to also pursue more permanent repairs.

In light of the foregoing, abutters are presently working to obtain quotes from paving contractors for a larger reconstruction project. Moreover, you will find they have acknowledged in writing their recognition that this is a single instance stop-gap measure. Based on the abutters' commitments, and there being no expectation the repairs will be anything but temporary or performed on a one-time basis, I recommend approval for the Department of Public Works to perform temporary repairs. It is prudent to provide short-term relief from the deteriorated conditions given there is a larger long-term solution on the horizon.

To: Jim Feeney, Town Manager

From: Residents of Hazel Terrace, Arlington

2024 JUL 17 P 1:18

RE: Public Safety Concerns Regarding Ingress to and Egress from Our Private Way (following damage caused by contractors building at 64 Woodside Lane)

Date: July 12, 2024

We are writing to you to express grave concern about the safety hazards that have developed on our private way. Our overarching concern is that public safety vehicles such as firetrucks and ambulances may not have easy access to the fire hydrant at the end of our street and to the homes fronting the most damaged pavement areas.

Our road previously had a weathered but intact surface and was adequate for the daily use of residents in the homes on our cul de sac, as well as delivery vehicles, postal trucks, trash and recycling trucks, firetrucks and police vehicles.

Since the beginning of construction at 64 Woodside Lane, multiple crews have used our cul de sac intermittently for equipment storage and handling, and for loading and unloading onto flatbed trucks. The damage to our street has been severe.

The most egregious damage occurred when a flatbed truck was pulled to the furthest end of the cul de sac to unload equipment with steel compaction wheels designed for breaking up and compacting the surface of whatever it was dragged over. Such equipment is typically propelled over terrain to break up and compact it prior to pouring the building foundation. This machine was towed off the truck and driven over our street with no protection for the street, causing many fractures and holes in our pavement.

The contractor was clearly aware of the damage caused by this practice, evidenced by the fact that the crew laid down sheets of plywood all the way from the head of our cul de sac to 64 Woodside Lane, to avert damage to Woodside Lane. No such care was taken to protect the surface of Hazel Terrace, and the damage was severe.



This damage has worsened over time, since the asphalt surface is now broken up and is subject to ongoing damage that an intact surface would not be affected by, such as regular intrusion of water freezing to ice in winter, and enlargement of the large potholes during routine traffic from delivery trucks, trash and recycling trucks.

Our request is that the damage to our street be repaired. Thank you.

Sincerely,

Residents of Hazel Terrace

Kevin Regan  
Name/signature: *Kevin Regan* 1 Hazel Terrace  
781-696-6987

Beth Ann Friedman  
Name/signature: *Beth Ann Friedman* 12 Hazel Terrace

Jean Thompson  
Name/signature: *Jean Thompson* 5 Hazel Terrace

Ray Daily  
Name/signature: *Ray Daily* 18 Hazel Terrace

Maelynn Arnold +  
Hao-Ming Chang  
Name/signature: *Maelynn Arnold* 15 Hazel Terrace

Henry Wessen  
Name/signature: *Henry Wessen* 9 Hazel Terrace

Jeri Newman  
Richard Newman  
Name/signature: *Jeri Newman* 6 Hazel Terrace

LIZ LAWRENCE  
Name/signature: *Liz Lawrence* 14 Hazel Terrace

To: Jim Feeney, Town Manager

From: Kevin Regan, for the residents of Hazel Terrace, Arlington

RE: Update and Request Regarding Public Safety Concerns  
Regarding Ingress to and Egress from Our Private Way

Date: October 30, 2024

The residents of Hazel Terrace are currently seeking proposals for having our road redone sometime between the fall of 2025 and the spring of 2026 to give us time to financially prepare for payment at our own expense.

We are requesting to see if the Town can please patch the holes this year before winter for the safety of all who travel the road.

We appreciate anything the Town can do to make this happen, especially before snow plowing begins, as plowing would worsen the state of the road and would be a safety hazard for the snow plows and their drivers.

Thank you very much for your time and consideration in this matter.



## Town of Arlington, Massachusetts

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### Request for New Memorial & Memorial Edit for Alan Hovhaness

**Summary:**

Alan Jones

**ATTACHMENTS:**

	Type	File Name	Description
▢	Reference Material	Alan_Hovhaness_Memorial_Request_Ref.pdf	Reference



C/O Arlington Board of Selectmen  
730 Massachusetts Avenue  
Arlington Massachusetts 02476-4908  
**Arlington Public Memorials Committee**

September 18, 2024

Mr. Stephen Decourcey  
Chair.  
Arlington Select Board  
730 Massachusetts Avenue  
Arlington, MA 02476-4908

Dear Chair. Decourcey:


This is to inform you and the members of your Board that the Public Memorials Committee met on Tuesday September 17, 2024 to review the two requests submitted by the Armemian Cultural Foundation, the John Mirak Foundation and Arlington residents Michael Armanious and Alan Jones.

Therefore, after reviewing the two requests submitted by the above-mentioned Foundations and residents The Public Memorials Committee voted unanimously to support both requests.

- 1) Add one or more QR (Quick reference codes) on or near the existing Alan Hovhaness memorial.
- 2) Add a sign at or near 5 Blossom Street as a reminder as to where Alan grew up in Arlington and to help tourists identify the location.

Therefore, please be advised that the requests submitted by the Foundations and Arlington resident's meets the criteria for being memorialized by the Town of Arlington.

If you require any further information or assistance I can be reached at

Sincerely,  
  
Alexander J. Salipante  
Chairman



ՀԱՅ ԱՃԱԿՈՒՄԱՅԻՆ ՆՈՒՆԱԿՈՒՄԱՐԻՆԻ  
ARMENIAN CULTURAL FOUNDATION

ՀԱՅԱՍՏԱՆԻ ՀԱՆՐԱՊԵՏՈՒԹՅԱՆ  
ՍՈՑԻԱԼԱԿԱՆ ԳՐԱԳՐԱԿԱՆ ԿԵՆՏՐՈՆ

2024 JUL -3 PM 12: 59

June 12, 2024

Select Board  
Town of Arlington, Massachusetts  
730 Massachusetts Ave  
Arlington, MA 02476

To the members of the Select Board,

We, a team comprising the Armenian Cultural Foundation, the John Mirak Foundation and residents of Arlington, request that you consider two projects to enhance the recognition of Alan Hovhanness, the world-famous composer who grew up on Blossom Street and graduated from Arlington High School. He is currently recognized on a stone and plaque beside the Jefferson Cutter House, but we are requesting permission to augment that memorial as follows:

1. Add one or more QR codes on or near the existing memorial, which would point to a new web site which we will develop. The Armenian Cultural Foundation has an extensive collection of documents, recordings, scores, and other materials which can be made available through a web site. The QR code would make it easy for curious visitors to explore Hovhanness and his works.
2. Add a sign or plaque at or near 5 Blossom Street, as a reminder that he grew up in Arlington, and to help tourists identify the location.

All expenses would be covered by the Armenian Cultural Foundation and the John Mirak Foundation.

We understand that the next step will likely be a referral from the Select Board to the Public Memorial Committee, and we would work with them to define the specifics and location of any new signage.

Thank you for your consideration. We look forward to meeting with you at your earliest convenience. Please contact Alan Jones at

Robert Mirak, *President*  
Armenian Cultural Foundation

Michael Armanious, *Arlington Resident*

Ara Ghazarians, *Curator*  
Armenian Cultural Foundation

Alan Jones, *Arlington resident*



# PROPOSED HOVHANESS MEMORIAL SIGNS

These are drafts and could be changed in detail after feedback from the Board and DPW.

Both QR codes point to [alanhovhaness.com](http://alanhovhaness.com), which is currently under development and will be maintained by the Armenian Cultural Foundation.

If you have any questions or comments, please contact Alan Jones,

## ADDITION TO THE EXISTING MEMORIAL PLAQUE IN WHITTEMORE PARK

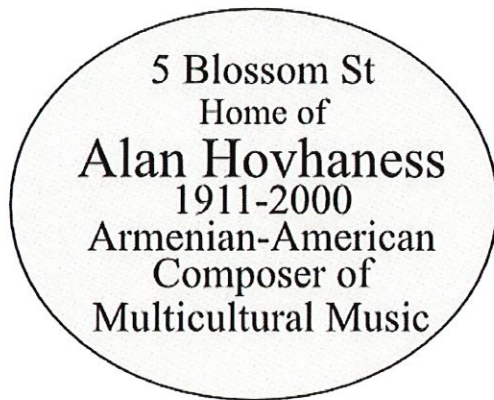
The new plaque with the web site and QR code could be a ceramic tile (like the “Fallen Crown Soldiers” monument in the Old Burying Ground) or bronze like the plaque under the new Paul Revere statue next to the Dallin Museum.





## NEW SIGN AT THE INTERSECTION OF BOW & BLOSSOM STREETS

The oval sign on top would be modeled after the existing signs around town, and there would be a small aluminum sign at eye level with the web site and QR code.





## Town of Arlington, Massachusetts

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### TAC Recommendations: Gloucester, Endicott, and Churchill Intersections

#### Summary:

Jim Stubbe, Transportation Advisory Committee

#### ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	2024-10-15_Gloucester_Endicott_Churchill_Memo_-_Final.pdf	Reference



## **TRANSPORTATION ADVISORY COMMITTEE**

Town of Arlington  
Department of Planning & Community Development  
Town Hall Annex, 730 Mass Ave, Arlington, MA 02476

### **MEMORANDUM**

**To:** Members of the Select Board

**From:** Transportation Advisory Committee

**Date:** September 30, 2024

**RE:** Gloucester, Endicott, and Churchill Request

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#### **Summary and Recommendations**

The Transportation Advisory Committee was asked to evaluate a possible redesign of the Gloucester/Churchill/Endicott intersection. Both TAC and DPW have reviewed the proposal and have come up with the following observations and recommendations:

##### Observations

- TAC reviewed the proposal (Appendix A), agreed that it was reasonable, and referred it to DPW for review
- TAC also reviewed crash data and found that this intersection had little to no issues over the last 20 years and as such should be treated as a lower priority intersection
- DPW reviewed the proposal and found that everything proposed was within the design approaches used by DPW when reconfiguring intersections in Arlington (i.e., when they come up for major paving and reconstruction)
- DPW also stated that this intersection is currently not on the 3-5 year plan
- DPW also noted that at the time of actual design, responsibility for the proposed new green space needs to be resolved with the community

## Recommended Select Board Action

- No current action
- Add to DPW list for redesign when the intersection comes up for major paving and reconstruction

## **Background**

The original request was submitted to Select Board in February 2023. That request was referred to the Transportation Advisory Committee for review at the March 2023 meeting.

A working group was formed , but no formal recommendation was made to the SB.

In August 2024, the requestor reached out to the Select Board for an update on the request.

TAC invited the requestor to attend TAC meeting on Sep 11th 2024 where the request was discussed. The requestor agreed with TAC/DPW's observations and recommendation, and indicated desire to have these improvements be considered when the streets are worked on in the future.





## Town of Arlington, Massachusetts

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### Request: Handicap Parking Space on Medford Street for Fidelity House Gymnasium

#### Summary:

Gary Santini, Santini inc.

#### ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	Fiho_Gym_Handicap_Spot_Request.pdf	Reference
▢	Reference Material	Memo_-_Handicap_Parking_Space.pdf	Memo from Inspectional Services



60 DUDLEY ST., P.O. BOX 93  
ARLINGTON, MASSACHUSETTS 02476  
(781) 648-3900 • FAX (781) 643-8414  
email: info@santiniinc.com  
www.santiniinc.com

OCTOBER 15, 2024

OFFICE OF THE SELECT BOARD  
TOWN OF ARLINGTON, MA 02476-4908

THE FIDELITY HOUSE, 25 MEDFORD STREET IS CONSTRUCTING A NEW GYMNASIUM AND WHEN OBTAINING THE BUILDING PERMIT IT WAS REQUESTED BY THE ARLINGTON BUILDING DEPARTMENT, THAT FIDELITY HOUSE SHOULD APPLY FOR A HANDICAP PARKING SPACE IN FRONT OF THE NEW GYMNASIUM.

THERE IS PRESENTLY NO PARKING SPACE IN THIS LOCATION.

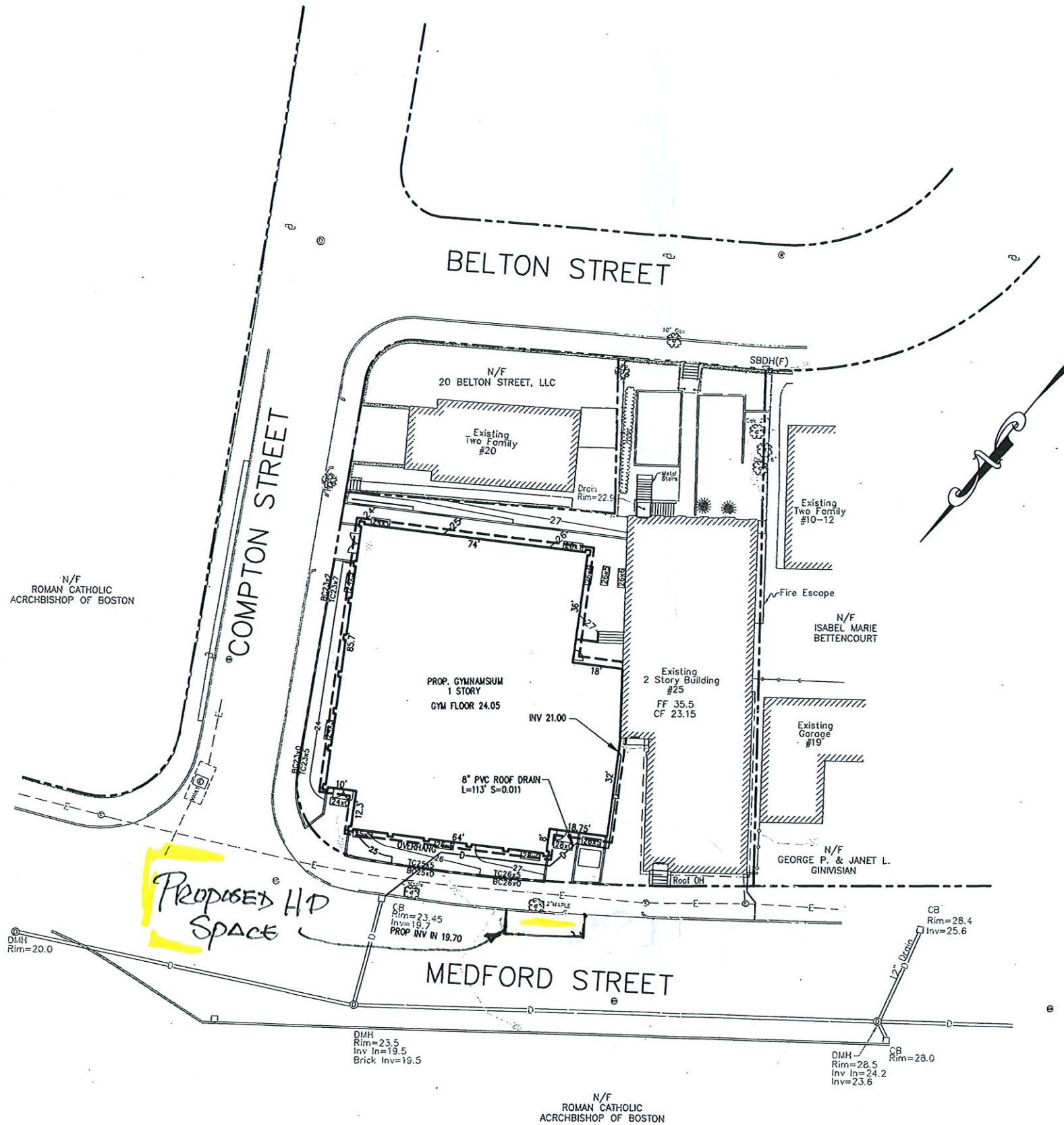
A PLAN HAS BEEN ATTACHED THAT SHOWS THE SUGGESTED LOCATION.

YOURS TRULY,

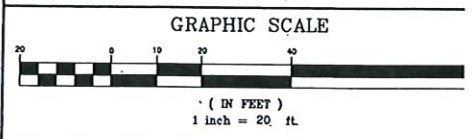








- EXISTING PROPERTY LINE
- - - EXISTING CONTOUR - HIGH
- - - EXISTING CONTOUR - LOW
- 25 --- PROPOSED CONTOUR - HIGH
- 26 --- PROPOSED CONTOUR - LOW
- ===== EXISTING EDGE PAVEMENT
- ===== EXISTING CURB
- ===== PROPOSED EDGE PAVEMENT
- ===== EXISTING TREE LINE
- ===== EXISTING DRAIN LINE
- ===== PROPOSED DRAIN LINE
- ===== EXISTING WATER LINE
- ===== PROPOSED WATER LINE
- ===== EXISTING SEWER LINE
- ===== PROPOSED SEWER LINE
- ===== EXISTING GAS LINE
- ===== PROPOSED GAS LINE
- ===== EXISTING UNDERGROUND ELECTRIC
- ===== PROPOSED EROSION CONTROL



REV. NO.	DATE	REVISION
2	1/13/23	UTILITY CONNECTIONS
1	9/30/22	100% CONSTRUCTION DOCUMENTS

TITLE:  
**SITE PLAN**  
**"FIDELITY HOUSE"**  
 AT  
**25 MEDFORD STREET**  
 ARLINGTON, MASSACHUSETTS 02474

PREPARED FOR:  
**ROMAN CATHOLIC ARCHBISHOP OF BOSTON**  
 24 MEDFORD STREET  
 ARLINGTON, MASSACHUSETTS 02474

PREPARED BY:  
**J.M. GRENIER ASSOCIATES INC.**  
 118 TURNPIKE ROAD SUITE 200  
 SOUTHBOROUGH, MASSACHUSETTS 01772  
 TELE NO.: (508) 845-2500 jmgrenier@townisp.com

SCALE: **1" = 20'** DATE: **MAY 22, 2022**

**GRADING AND DRAINAGE PLAN**

SHEET NO.: **SHEET C4** PROJECT NO.: **G-658**

*J.M. Grenier*  
 1/13/23



Town of Arlington  
Inspectional Services Department  
51 Grove Street  
Arlington, MA 02476  
781-316-3390

[Inspectionalservices@town.arlington.ma.us](mailto:Inspectionalservices@town.arlington.ma.us)

To: Office of the Select Board  
From: Michael Ciampa, Building Commissioner  
Date: November 1, 2024  
RE: Handicap Parking Request

Please accept the following as comments from the Inspectional Services Department regarding the request for a handicap parking space located at 25 Medford Street.

Upon reviewing the plans for the new gymnasium at 25 Medford Street, our office identified that there was not an accessible parking space within a reasonable distance to the entrance compared to the distance from the adjacent parking area. Topographical challenges prevent an accessible route from the parking area to the gymnasium's entrance. This building permit was issued contingent upon an accessible parking space being provided on the shortest accessible route of travel to an accessible entrance.



## Town of Arlington, Massachusetts

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### **For Review and Discussion: Package Store Licenses**

#### **Summary:**

Stephen W. DeCoursey, Chair



## Town of Arlington, Massachusetts

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**For Review and Discussion: Host Community Agreement Calyx Peak of MA**

**Summary:**

James Feeney, Town Manager





## Town of Arlington, Massachusetts

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**Request: Proposed Amendments to Schedule 1 (Parking) on Winter Street**

**ATTACHMENTS:**

	Type	File Name	Description
▢	Reference Material	Proposed_Parking_Amendments_on_Winter_Street.pdf	Reference

# ARLINGTON POLICE DEPARTMENT

**CHIEF OF POLICE**  
Juliann Flaherty



*Town of Arlington*  
MASSACHUSETTS 02474

POLICE HEADQUARTERS  
112 Mystic Street  
Telephone 781-316-3900  
Facsimile 781-316-3919

## MEMORANDUM

**TO:** Ashley Maher  
Board Administrator

**FROM:** Officer Corey P. Rateau  
Traffic, Details, and Licensing Unit

**DATE:** October 29, 2024

**RE:** Proposed Amendments to Schedule 1 (Parking) on Winter Street

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For many years, complaints have been made to the Police Department regarding parking conditions leaving the road impassable on Winter Street. In particular, most of the complaints have been in the area of the former Crosby School building, which is currently occupied by the Lesley Ellis School. The roadway abutting this area is approximately 24 feet wide and it appears that previous attempts were made to permanently restrict parking on the west side of the street abutting the school and Crosby Park, but the existent signage is sporadic, the restricted area is not well defined, and a review of the Traffic Rules of Orders does not show the apparently intended restrictions as officially adopted. Vehicles parking on both sides of the street in this area (mostly to attend functions at the school) creates the impassable; especially for larger vehicles. There have been instances where garbage trucks, delivery trucks, and even fire apparatus have been unable to pass through the roadway. Most recently a school bus became stuck and the roadway was blocked for several minutes. School officials told the Sector Officer dispatched to the location that they had no way of notifying anyone in the school to move their vehicles but somehow managed to find a way once the Officer notified them that a tow truck was on the way.

In response to the ongoing complaints and the inherent public safety concerns, myself, the Town Engineer (William Copithorne), the Senior Transportation Planner (John Alessi), and the Deputy Fire Chief (Ryan Melly) conducted a test in the area by parking vehicles on both sides of the roadway in the vicinity of 51/53 Winter Street and then had Ladder 1 attempt to pass through. Both vehicles were parked as close to the curb as possible and Ladder 1 was able to pass through; though their passage was severely delayed as they slowly navigated the area to ensure they wouldn't hit either parked vehicle. Furthermore, had either of the vehicles been parked a foot away from the curb, which is legal, the ladder would not have been able to clear the roadway.

*"Proactive and Proud"*

## ARLINGTON POLICE DEPARTMENT

Further down the block, in the vicinity of 60 Winter Street, there were construction trucks parked on both sides of the roadway and Ladder 1 had an easier time passing through. I checked the measurements and the road was slightly wider at approximately 25.5 feet.

Due to these observations, we are requesting that the following amendments be made and adopted into Schedule 1 of the Traffic Rules and Orders so that the signage can be updated to reflect what was intended by the existing signage and to also make this parking restriction fully enforceable:

- Striking the line: Winter Street, West, From Mass Ave to a Point 300 Feet North, "No Parking"
- Inserting the line: Winter Street, West, From Mass Ave to a Point 1,050 Feet North, "No Parking"

We are also proposing an additional change be made to the East side of Winter Street due to this narrowed section of the roadway:

- Adding the line: Winter Street, East, From a Point 975 Feet to a Point 1,050 Feet North, "No Parking"

We feel that the proximity of an elementary school, playground, and athletic fields on Winter Street creates a need for these restrictions due to the increased likelihood of emergency services being dispatched to such locations. We do not feel that this request should stand as precedence for other streets in East Arlington. We also understand that the area has been under review for some time by a working group comprised of members of the Transportation Advisory Committee (TAC) and abutting residents and that additional recommendations for Winter Street may be forthcoming. However, out of public safety, we feel this particular hazard needs to be addressed immediately.

CC: Julie Flaherty, Chief of Police  
Capt. Sean Kiernan, Support Services Commander  
James Feeney, Town Manager  
Deputy Ryan Melly, Arlington Fire Department Operations  
John Alessi, Senior Transportation Planner  
William Copithorne, Town Engineer



**Town of Arlington, Massachusetts**

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**NEW BUSINESS**



## Town of Arlington, Massachusetts

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### Next Scheduled Meeting of Select Board November 18, 2024

**Summary:**

You are invited to a Zoom webinar.

When: Nov 4, 2024 07:15 PM Eastern Time (US and Canada)

Topic: Select Board Meeting

Register in advance for this webinar:

[https://town-arlington-ma-us.zoom.us/webinar/register/WN\\_Tku--UkDTvSkfQ2YgWwUsg](https://town-arlington-ma-us.zoom.us/webinar/register/WN_Tku--UkDTvSkfQ2YgWwUsg)

After registering, you will receive a confirmation email containing information about joining the webinar.

*\*Notice to the Public on meeting privacy\** In the interests of preventing abuse of videoconferencing technology (i.e. Zoom Bombing) all participants, including members of the public, wishing to engage via the Zoom App must register for each meeting and will notice multi-step authentication protocols. Please allow additional time to join the meeting. Further, members of the public who wish to participate without providing their name may still do so by telephone dial-in information provided above.