



**CITY OF HAVERHILL
CITY COUNCIL AGENDA
October 8, 2024 at 7:00 PM**

**Theodore A. Pelosi, Jr. Council Chambers, 4 Summer st, Room 202
In-Person/Remote Meeting**

This meeting of Haverhill City Council will be held in-person at the location provided on this notice as its official meeting location pursuant to the Open Meeting Law. As the meeting is held in person at a physical location that is open and accessible to the public, the City Council is not required to provide remote access to the meeting. Members of the public are welcome to attend this in-person meeting. Please note that a live stream of the meeting is being provided only as a courtesy to the public, and the meeting will not be suspended or terminated if technological problems interrupt the virtual broadcast, unless otherwise required by law. Members of the public with particular interest in any specific item on this agenda should make plans for in-person vs. virtual attendance accordingly. Those attending tonight's meeting should be aware that the meeting is being audio and video recorded by HCTV, The Eagle Tribune, and WHAV. Any audience members who wish to record any part of the meeting must inform the Council President who will announce the recording. This is to comply with the MA wiretap statute. Thank you.

1. OPENING PRAYER

2. PLEDGE OF ALLEGIANCE

3. APPROVAL OF MINUTES OF PRIOR MEETING

4. ASSIGNMENT OF THE MINUTES REVIEW FOR THE NEXT MEETING

5. COMMUNICATIONS FROM THE MAYOR:

5.1. Mayor Barrett requests to recognize City Auditor and Chief Financial Officer Angel Perkins on being awarded the Distinguished Budget Presentation Award for the FY25 City Budget

5.2. Mayor Barrett requests to introduce Megan Arivella, Supervisor of School Counseling with the Haverhill Public Schools and Dr. Randi Schuster from Mass General Center for Addiction Medicine to discuss mental health screening and district survey of substance use and related risk factors for Haverhill High School SY2023-2024

6. COMMUNICATIONS FROM COUNCILLORS TO INTRODUCE AN INDIVIDUAL(S) TO ADDRESS THE COUNCIL:

7. PUBLIC PARTICIPATION- REQUESTS UNDER COUNCIL RULE 28



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8. COMMUNICATIONS AND REPORTS FROM CITY OFFICERS AND EMPLOYEES:

8.1. Andrew K Herlihy, *Community Development Director*, on behalf of the *Haverhill Historic Commission*, is pleased to announce that at its meeting on September 11, 2024, the *Massachusetts Historic Commission* formally approved the placement of the *Powder House* (91 Powder House Avenue) onto the *National Register of Historic Places* and this recommendation has been forwarded to the *Department of the Interior* for registration.

9. UTILITY HEARING(S) AND RELATED ORDER(S):

10. HEARINGS AND RELATED ORDERS:

10.1. Document 84; CCSP 24-10, Melanie Chapman of 98 Brandy Brow rd requests to demolish and reconstruct a 2-car garage in WSPOD *continued from September 24th*

11. APPOINTMENTS:

- 11.1. **Confirming Appointments:**
- 11.2. **Non-Confirming**
- 11.3. **Constables to expire December 31, 2024**
- 11.4. **Resignations:**

12. PETITIONS:

- 12.1. **Applications Handicap Parking Sign:** *with Police approval*
- 12.2. **Amusement/Event Application** – *with Police approval*
- 12.3. **Auctioneer License:**
- 12.4. **Tag Days:** *with Police approval*
- 12.5. **One Day Liquor License** – *with License Commission & HPD approval*



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12.6. ANNUAL LICENSE RENEWALS:

- 12.6.1. **Hawker Peddlers License- Fixed location – w/Police approval**
- 12.6.2. **Coin-Op License *Renewals* – with Police approval**
- 12.6.3. **Christmas Tree Vendor – with Police approval**
- 12.6.4. **Taxi Driver Licenses for 2024: with Police approval**
- 12.6.5. **Taxi/Limousine License with Police approval**
- 12.6.6. **Junk Dealer /Collector License with Police approval**
- 12.6.7. **Pool/Billiard**
- 12.6.8. **Bowling**
- 12.6.9. **Sunday Bowling**
- 12.6.10. **Buy & Sell Second Hand Articles with Police approval**
- 12.6.11. **Buy & Sell Second Hand Clothing**
- 12.6.12. **Pawnbroker license - with police approval**
- 12.6.13. **Fortune Teller with - Police approval**
- 12.6.14. **Buy & Sell Old Gold – with Police approval**
- 12.6.15. **Roller Skating Rink**
- 12.6.16. **Sunday Skating**
- 12.6.17. **Exterior Vending Machines/Redbox Automated Retail, LLC**
- 12.6.18. **Limousine/Livery License/Chair Cars with Police approval**

13.MOTIONS AND ORDERS:

- 13.1. Order – Authorize Payment of bills of previous years and to further authorize the payment from current year departmental appropriations as listed:

<u>Vendor</u>	<u>Amount</u>	<u>Account</u>
Verizon	\$1,503.82	Information Technology
National Grid	432.27	Highway Department
National Grid	42.67	Highway Department

Total: \$1,978.76

ORDINANCES (FILE 10 DAYS)



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14.COMMUNICATIONS FROM COUNCILLORS:

- 14.1. Councillor Michitson requests to address how Education & Work Integration can help lower absenteeism in Haverhill Public Schools and help businesses with worker shortage

15. UNFINISHED BUISINESS OF PRECEEDING MEETING:

- 15.1. Document 11-H; Ordinance re: Vehicles and Traffic – *Delete* Handicap parking at 34 Fountain st and *Add* Handicap parking at 2 Abbott st *filed 9/26/ 2024*

- 15.2. Document 13-K; *White Cane Awareness Day Proclamation –* October 15, 2024 *postponed from October 1, 2024*

16.RESOLUTIONS AND PROCLAMATIONS:

- 16.1. Mayor Barrett submits Proclamation to declare September 15 to October 15, 2024, as *Hispanic Heritage month*

17.COUNCIL COMMITTEE REPORTS AND ANNOUNCEMENTS

18.DOCUMENTS REFERRED TO COMMITTEE STUDY

19.LONG TERM MATTERS STUDY LIST

20.ADJOURN:



MELINDA E. BARRETT
MAYOR

CITY OF HAVERHILL
MASSACHUSETTS

5,1
CITY HALL, ROOM 100
FOUR SUMMER STREET
HAVERHILL, MA 01830
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October 3, 2024

To: City Council President Thomas J. Sullivan and Members of the Haverhill City Council

RE: Angel Perkins, CFO

Dear Mr. President and Members of the Haverhill City Council:

Mayor Barrett wishes to recognize City Auditor and Chief Financial Officer Angel Perkins on being awarded the Distinguished Budget Presentation Award for the FY25 City Budget.

Sincerely,

Melinda E. Barrett
Mayor

MEB/em



GOVERNMENT FINANCE OFFICERS ASSOCIATION
NEWS RELEASE

FOR IMMEDIATE RELEASE

9/30/2024

For more information, contact:
Technical Services Center
Phone: (312) 977-9700
Email: budgetaward@gfoa.org

(Chicago, Illinois)—Government Finance Officers Association is pleased to announce that **City of Haverhill, Massachusetts** received GFOA's Distinguished Budget Presentation Award for its budget.

The award represents a significant achievement by the entity. It reflects the commitment of the governing body and staff to meeting the highest principles of governmental budgeting. In order to receive the budget award, the entity had to satisfy nationally recognized guidelines for effective budget presentation. These guidelines are designed to assess how well an entity's budget serves as:

- a policy document
- a financial plan
- an operations guide
- a communications device

Budget documents must be rated "proficient" in all four categories, and in the fourteen mandatory criteria within those categories, to receive the award.

There are over 1,700 participants in the Budget Awards Program. The most recent Budget Award recipients, along with their corresponding budget documents, are posted quarterly on GFOA's website. Award recipients have pioneered efforts to improve the quality of budgeting and provide an excellent example for other governments throughout North America.

Government Finance Officers Association (GFOA) advances excellence in government finance by providing best practices, professional development, resources, and practical research for more than 22,500 members and the communities they serve.

HAV CITY CLERK OCT 4/24 AM 8:41



GOVERNMENT FINANCE OFFICERS ASSOCIATION

*Distinguished
Budget Presentation
Award*

PRESENTED TO

**City of Haverhill
Massachusetts**

For the Fiscal Year Beginning

July 01, 2024

Christopher P. Morill

Executive Director



**The Government Finance Officers Association
of the United States and Canada**

presents this

CERTIFICATE OF RECOGNITION FOR BUDGET PREPARATION

to

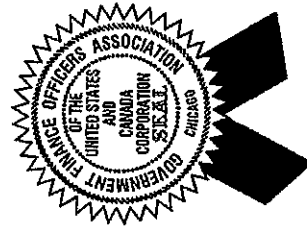
Finance Department
City of Haverhill, Massachusetts

The Certificate of Recognition for Budget Preparation is presented by the Government Finance Officers Association to those individuals who have been instrumental in their government unit achieving a Distinguished Budget Presentation Award. The Distinguished Budget Presentation Award, which is the highest award in governmental budgeting, is presented to those government units whose budgets are judged to adhere to program standards.

Executive Director

Christopher P. Morill

Date: **9/30/2024**





MELINDA E. BARRETT
MAYOR

**CITY OF HAVERHILL
MASSACHUSETTS**

512
CITY HALL, ROOM 100
FOUR SUMMER STREET
HAVERHILL, MA 01830
PHONE 978-374-2300
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HAVERHILL CITY CLERK OCT 4 2024 PM 3:41
MAYOR@CITYOFHAVERHILL.COM
WWW.CITYOFHAVERHILL.COM

March 7, 2024

To: City Council President Thomas J. Sullivan and Members of the Haverhill City Council

RE: Megan Avirella and Dr. Randi Schuster

Dear Mr. President and Members of the Haverhill City Council:

Mayor Barrett wishes to introduce Megan Arivella Supervisor of School Counseling with the Haverhill Public Schools and Dr. Randi Schuster from Mass General Center for Addiction Medicine to discuss mental health screening and district survey of substance use and related risk factors for Haverhill High School SY2023-2024.

Sincerely,

Melinda E. Barrett
Mayor

MEB/em

SURVEY OF SUBSTANCE USE AND RELATED RISK FACTORS (SURF) IN MASSACHUSETTS SCHOOLS

Haverhill High School
SY2023-2024

Massachusetts General Hospital/Harvard Medical School
Center for Addiction Medicine



Massachusetts General Hospital
Founding Member, Mass General Brigham



HARVARD
MEDICAL SCHOOL



OASAS
PROGRESS THROUGH PARTNERSHIP

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1 Funding

This report was written by Randi Schuster, PhD (Principal Investigator) and research staff at the Massachusetts General Hospital (MGH) Center for Addiction Medicine (CAM). Funds for this study are provided by the Massachusetts Department of Public Health, Office of Youth & Young Adult Services' federal award by the Substance Abuse and Mental Health Services Administration (INTF2400H78500224455; PI: Schuster), as well as the Patient Centered Outcomes Research Institute (AU-2022C1-26355; PI: Schuster).

2 Background

Adolescence is the developmental period during which emergence of psychiatric illness is likely and vulnerability to negative effects of substance use is highest. To better inform schools about current student behavioral health needs and to monitor the effectiveness of novel interventions on student health and well-being, researchers at the MGH CAM, in partnership with schools across Massachusetts, have administered the Substance Use and Risk Factor (SURF) survey since 2016, which targets trends in mental health, substance use, and related risk and protective factors.

3 Methodology

3.1 Survey Development

Survey items were selected by a panel of experts in adolescent psychological development, drawing from standard assessment batteries and similar nationwide surveys. See the Appendix for a copy of the survey instrument and references for all validated scales included in the SURF survey. All components of the SURF survey were carefully reviewed to use inclusive and culturally sensitive language whenever possible.

The SURF survey is similar to other epidemiological reports, like the CDC's Youth Risk Behavior Surveillance System (YRBSS) survey, but differs in a few key ways:

- It is an annual, versus biannual survey, allowing for more up-to-date data and closer monitoring of trends;
- It is distributed to the entire school, as opposed to randomly selected classrooms;
- Multiple validated psychosocial instruments are embedded within the SURF survey, allowing for more robust measurement of assessed domains (see Appendix).

To increase access to the SURF survey to English language learner (ELL) students in Massachusetts (approximately 19% of students), the survey has been professionally translated by Eriksen Translations, Inc. Translations were performed according to the language needs reported by schools. As of the school year (SY) 2023-2024, the survey has been translated into 21 languages, including: Amharic, Arabic, Bengali, Crioulo, Dari, English, Farsi, Filipino, French, Greek, Gujarati, Haitian Creole, Khmer, Kirundi, Mandarin, Portuguese, Russian, Spanish, Turkish, Ukrainian, and Vietnamese.

3.2 Survey Domains

The SURF survey summarizes key behavioral health indicators. Full details on the included measures are available in Appendix:

- Demographic characteristics;



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HARVARD
MEDICAL SCHOOL



- Mental health symptoms and access to mental health support;
- Substance use;
- Experiences of discrimination (high school only).

Please note that this survey only includes symptom *screeners*, and not formal diagnostic assessments.

3.3 Survey Distribution

Survey data were collected electronically through REDCap, a secure and HIPAA compliant platform for electronic data capture, and hosted on servers internal to Mass General Brigham. A unique link to the survey was distributed to administrations of each school, which distributed the link to students directly or through teachers and staff. The SURF survey was administered through an optout parental consent model in which parents were offered the option to withdraw their child from participation prior to the survey administration date. Students who were not opted out of the survey by their parents/guardians had the option to complete the survey but were told that doing so was voluntary.

3.4 Questions for Longitudinal Linkage

Beginning in SY2020-2021, questions were included at the beginning of the SURF survey to create a unique code with which student records could be linked over each subsequent survey year, without requiring the collection of names, contact number, or other personally identifying information. These questions were adapted from those asked in similar surveys. See Appendix for a list of linking code questions.

3.5 Survey Quality Control

Record quality was determined via attention check questions and completion rate. Students were asked to respond to two attention questions, where the correct answer could be found in the prompt (e.g. "Please select option 4 below."). Records that failed both attention checks were removed. To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, any analyses with fewer than 10 students were not reported.

4 Participants (Across All Schools)

The SY2023-2024 SURF survey collected data from 50 high schools (N = approximately 19005 students), 9 middle schools (N = approximately 3686 students), and 2 combined middle/high schools (N = approximately 651 students).

Enrollment and socio-demographic information for Haverhill High School can be found in the first page of the Results. Each Results section reports information as self reported by students at Haverhill High School.

5 Contact Information

For questions about the survey, please contact Dr. Randi Schuster (Principal Investigator); 617-643-6673; rschuster@mgh.harvard.edu.

6 Administration Details at Haverhill High School

- The SURF survey was administered on December 19, 2023.



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Founding Member, Mass General Brigham



7 Result Section 1: Sample Size and Completion

This table shows the completion rates of students by survey section at Haverhill High School. Please note that the sample size by item within each section may vary based on student completion. 1.1% of students were opted out by a parent or guardian.

Table 1: Sample Size and Completion Rates of Student Participants

Sections	Count	Percent Started	Percent Enrollment
Started Survey	1,068	100.0	55.8
Demographics	1,060	99.3	55.4
Substance Use	1,019	95.4	53.2
Anxiety/Depression	981	91.9	51.3
Suicidal Thoughts and Behavior	977	91.5	51.0
Psychotic Experiences	962	90.1	50.3
Emotional Reactivity	932	87.3	48.7
ADHD	926	86.7	48.4
Health	927	86.8	48.4
Discrimination	865	81.0	45.2
Contact	199	18.6	10.4



8 Result Section 2: Demographic Information

Table 2: Demographic Characteristics of Student Participants

Demographics		Percent (%)
Grade		
	9	31.1
	10	23.2
	11	23.2
	12	22.4
Sex		
	Male	48.2
	Female	51.8
Gender Identity		
	Boy/man/male	46.9
	Girl/woman/female	47.4
	Gender Diverse	4.1
	Not sure	0.4
	Don't want to say	1.1
Sexual Orientation		
	Heterosexual	74.0
	Sexually Diverse	17.5
	Not sure	4.1
	Don't want to say	4.4
Race		
	White	52.8
	Asian	2.9
	Haitian Black African American	13.6
	Hawaiian Pacific Islander	0.6
	American Indian Alaska Native	0.5
	Middle Eastern North African	1.4
	Multiple Races	9.2
	Other	15.1
Ethnicity		
	Not Hispanic/ Latino(a)	56.6
	Hispanic/ Latino(a)	43.4
Place of Birth		
	United States or U.S. Territory	86.3
	Not in the United States	13.7
Adoption Status		
	Adopted	2.2
	Not Adopted	95.8
	Not Sure	2.0



9 Result Section 3: Emotional Distress

Please see the Appendix for relevant citations.

Table 3.1: Questions and Analytic Coding for Symptoms of Anxiety and Depression

Domain	Measure	Question	Response options	Analytic coding
Symptoms of anxiety and depression	Patient Health Questionnaire 4-Item (PHQ-4)	Over the last two weeks, how often have you been bothered by: 1. Feeling nervous, anxious or on edge? 2. Not being able to stop or control worrying? 3. Feeling down, depressed or hopeless? 4. Little interest or pleasure in doing things?	Not at All; Several Days; More Than Half the Days; Nearly Every Day	The response options were coded as 0, 1, 2, and 3, respectively. The PHQ-4 total score was determined by adding together the scores of each of the 4 items. Scores were rated as normal (0-2), mild (3-5), moderate (6-8), and severe (9-12). Total score ≥ 3 for first 2 questions suggests risk for anxiety. Total score ≥ 3 for last 2 questions suggests depression.

Table 3.2: Questions and Analytic Coding for Psychotic Experiences

Domain	Measure	Question	Response options	Analytic coding
Psychotic experiences	Adolescent Psychotic-Like Symptom Screen (APSS)	Have these experiences ever happened to you? 1. Some people believe that their thoughts can be read by another person. Have other people ever read your mind? 2. Have you ever had messages sent just to you through TV or radio? 3. Have you ever thought that people are following or spying on you? 4. Have you ever heard voices or sounds that no one else can hear? 5. Have you ever felt you were under the control of some special power? 6. Have you ever seen things that other people could not see? 7. Have you ever felt like you had extraspecial powers?	No/Never; Maybe; Yes/ Definitely	The response options were coded as 0, 0.5, and 1, respectively. The APSS total score was determined by adding together the scores across each of the 7 items, with scores ≥ 2 suggestive of risk for psychotic experiences.



Table 3.3: Questions and Analytic Coding for Suicidal Thoughts and Behavior

Domain	Measure	Question	Response options	Analytic coding
Suicidal thoughts and behavior	N/A	Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life. During the past 12 months... 1. Did you ever have thoughts about killing yourself (ending your life)? 2. Did you think about how you would kill yourself? 3. Did you try to kill yourself? 4. Did you hurt yourself on purpose without trying to kill yourself?	No; Yes	Items queried suicidal thoughts (i.e., ideation), development of a suicide plan, suicidal behavior/attempt, and non-suicidal self-injury (NSSI). The response options were coded as 0 and 1, respectively. Items were analyzed as presented.

Table 3.4: Questions and Analytic Coding for Past Year Access to Formal and Informal Mental Health Supports

Domain	Measure	Question	Response options	Analytic coding
Access to formal and informal mental health support	Adapted version of the Actual Help Seeking Questionnaire (AHSQ)	In the past 12 months, which of the following people have you talked with about your mental or emotional health (for example, for your feelings, mood, or behavior)? Check all that apply.	I Have Not Talked With Anyone; Parent Or Caregiver; Other Relative/Family Member; Friend or Romantic Partner; Teacher/Coach/School Administrative Staff; School Counselor; Mental Health Professional (Outside of School); Pediatrician; Minister or Religious Leader; Phone/Text Helpline; Online/Social Media Support Group; Emergency Room, Inpatient, or Residential Services; Substance Use Detox or Rehab Center; I've talked with another person not listed above	Items were analyzed as presented.



Figure 1: Rates of Psychiatric Symptoms in Full Sample

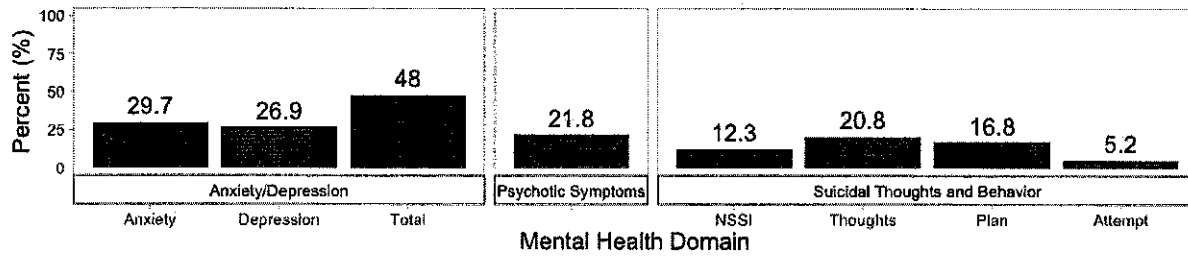
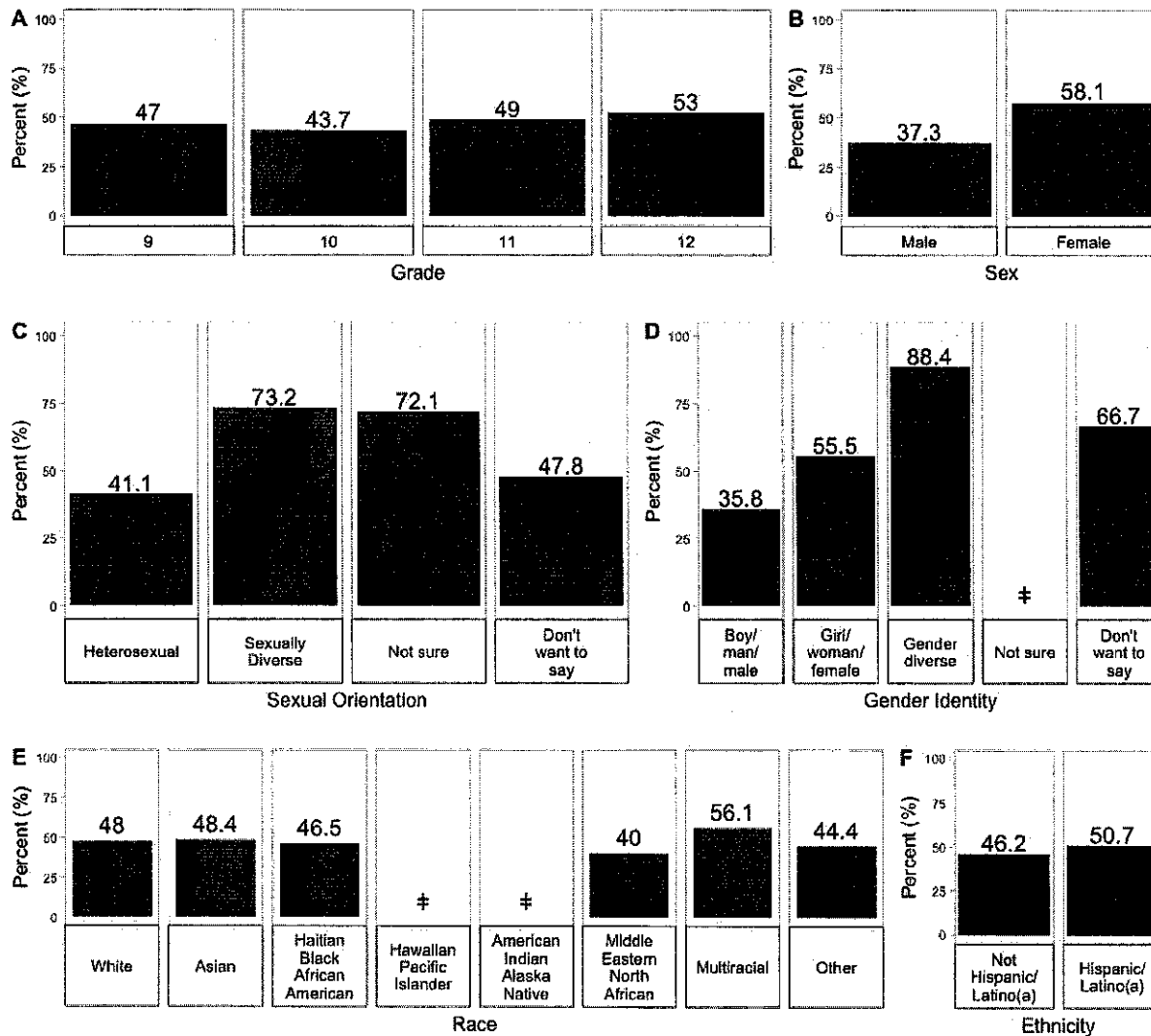


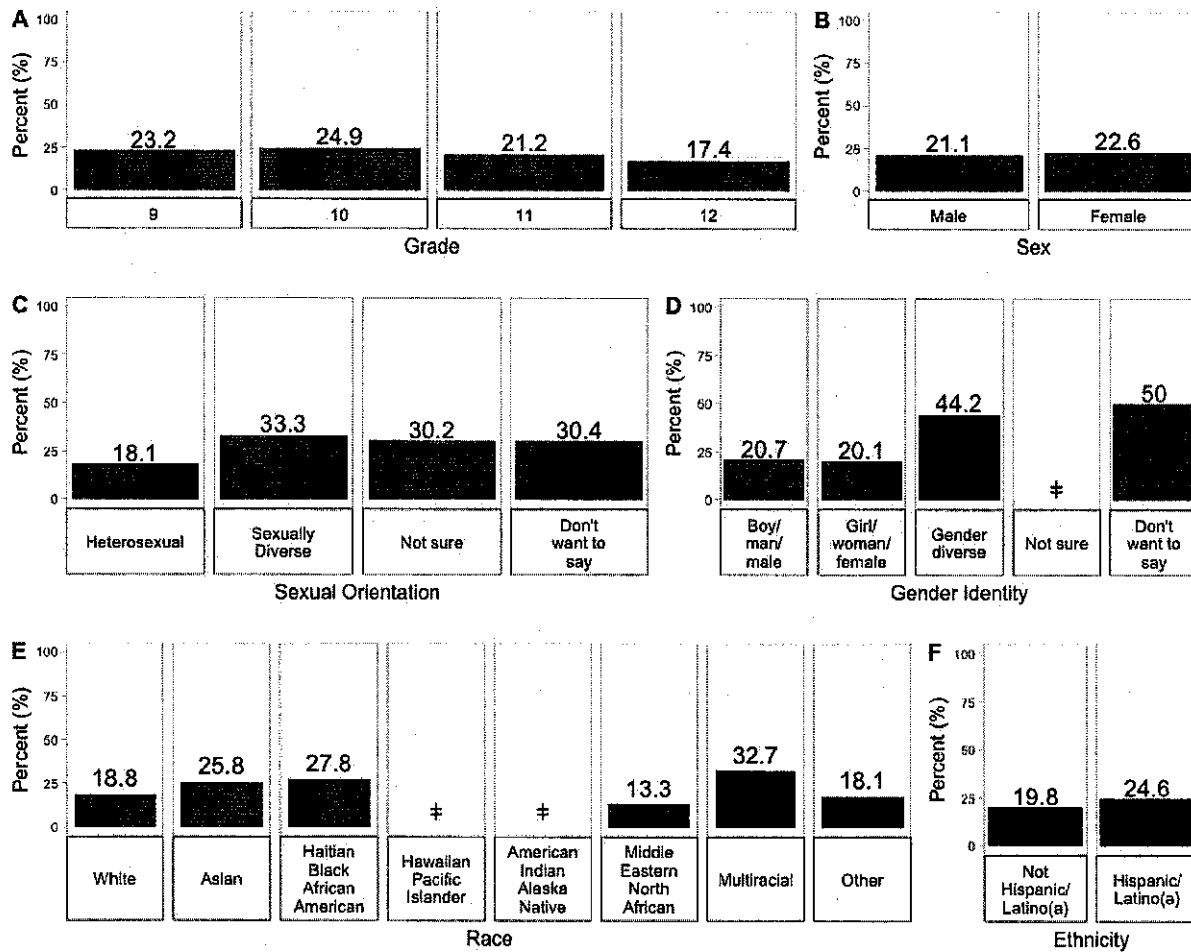
Figure 2: Rates of Symptoms of Depression/Anxiety (PHQ-4 scores ≥ 3) Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity



† To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, any analyses with fewer than 10 students were not reported.



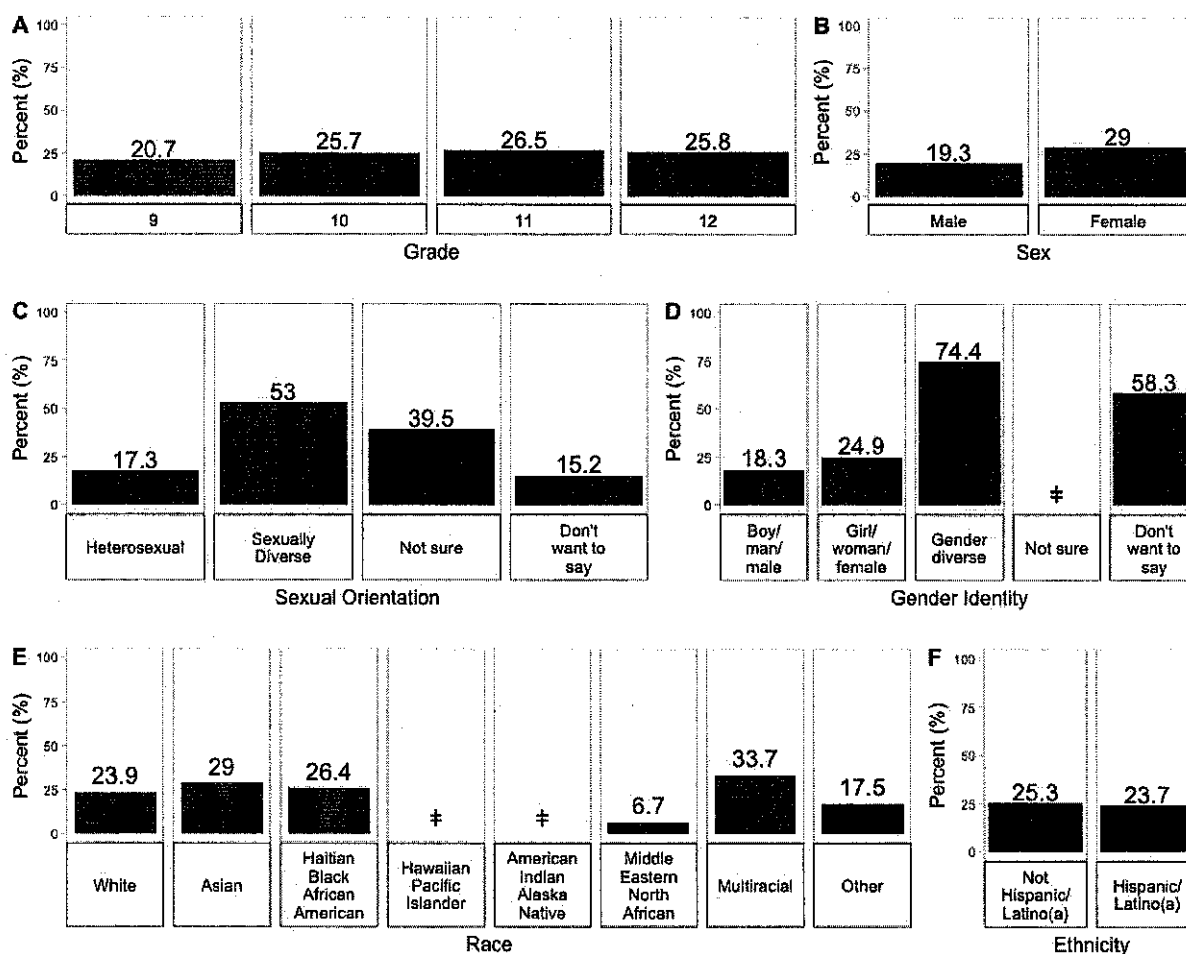
Figure 3: Rates of Psychotic Experiences (APSS scores ≥ 2) Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity



† To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, any analyses with fewer than 10 students were not reported.



Figure 4: Rates of Suicidal Thoughts and Behavior (At Least 1 of 4 SI Questions Coded as “Yes”), Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity



† To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, any analyses with fewer than 10 students were not reported.



Table 4: Access to Formal and Informal Mental Health Supports in the Past Year Among Students in Full Sample, with Symptoms of Depression/Anxiety, and with Daily/Near Daily Substance Use

In the past 12 months, which of the following people have you talked with about your mental or emotional health (for example, for your feelings, mood, or behavior)? Check all that apply.	Full Sample	PHQ4 \geq 3	Daily/Near Daily Substance Use
I Have Not Talked With Anyone	24.5	20.0	11.6
Parent Or Caregiver	42.2	50.0	51.6
Other Relative/Family Member	19.9	25.7	28.4
Friend or Romantic Partner	42.2	55.7	61.1
Teacher/Coach/School Administrative Staff	10.1	14.9	17.9
School Counselor	8.8	15.1	13.7
Mental Health Professional (Outside of School)	12.5	21.0	24.2
Pediatrician	9.6	14.3	16.8
Minister or Religious Leader	0.8	1.0	2.1
Phone/Text Helpline	2.5	4.5	9.5
Online/Social Media Support Group	2.2	3.5	3.2
Emergency Room, Inpatient, or Residential Services	1.7	2.5	3.2
Substance Use Detox or Rehab Center	0.5	0.6	2.1
I've talked with another person not listed above	1.9	2.7	3.2



10 Result Section 4: Substance Use

Please see the Appendix for relevant citations.

Table 5.1: Questions and Analytic Coding for Lifetime Substance Use

Domain	Measure	Question	Response options	Analytic coding
Lifetime use	N/A	<p>Have you ever used/tried:</p> <ol style="list-style-type: none"> 1. at least one full drink of alcohol? 2. marijuana? 3. a vape for nicotine or flavors? 4. smoking a cigarette? 5. smoking a cigar, cigarillo, or little cigar? 6. smokeless tobacco? 7. prescription drugs not used as prescribed (e.g., Adderall, Ritalin, Xanax, oxycodone, codeine)? 8. hallucinogens or dissociative drugs (e.g., mushrooms, LSD, Acid, PCP, ketamine, DXM)? 9. club drugs (e.g., Ecstasy, MDMA, Molly, GHB)? 10. cocaine (e.g., powder, crack, or freebase)? 11. methamphetamine (also called speed, crystal meth, crank, ice, or meth)? 12. heroin or fentanyl (e.g., smack, junk, or China White)? 13. inhalants (e.g., whippets, snied glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays)? 14. anabolic steroids (e.g., juice, pumpers, tren, dbol, roids)? 15. I have never tried any of the above drugs 	No; Yes	The response options were coded as 0 and 1, respectively. Items were analyzed as presented.

Table 5.2: Questions and Analytic Coding for Past 4-Week Substance Use

Domain	Measure	Question	Response options	Analytic coding
Frequency of past 4-week use	N/A	<p>In the past 4 weeks (on average), how often did you:</p> <ol style="list-style-type: none"> 1. drink alcohol (at least 1 full drink, not just a sip)? 2. use marijuana? 3. use a vape for nicotine or flavors? 4. smoke cigarettes? 5. smoke cigars, cigarillos, little cigars? 6. use smokeless tobacco? 	<p>0 times; Only Once; Less than once a week; On at least one day a week; 2-3 days a week; 4-6 days per week; Everyday</p>	The response options were coded as 0, 1, 2, 3, 4, 5, and 6, respectively. Options 1-6 were aggregated to reflect current (past 30-day) use. Options 0-2 were aggregated to reflect use less than 1 day/week. Options 3-4 were aggregated to reflect use 1-3 days/week. Options 5-6 were aggregated to reflect daily/near daily substance use.



Table 5.3: Questions and Analytic Coding for Intent to Quit Substance Use

Domain	Measure	Question	Response options	Analytic coding
Intent to quit or reduce in next 4 weeks	N/A	In the next 4 weeks, are you seriously considering quitting or reducing... 1. your use of alcohol? 2. your use of marijuana? 3. your use of vapes for nicotine or flavors? 4. your use of cigarettes? 5. your use of cigars, cigarillos, or little cigars? 6. your use of smokeless tobacco?	No; Yes, I'm planning to reduce (but not quit) [substance] use in the next 4 weeks; Yes, I'm planning to quit [substance] use completely in the next 4 weeks	The response options were coded as 0, 1, and 2, respectively. Items were analyzed as presented.

Table 5.4: Questions and Analytic Coding for Craving

Domain	Measure	Question	Response options	Analytic coding
Craving (for cannabis [marijuana] and tobacco only)	N/A	How soon after you wake up do you want (or have a craving) to: 1. use marijuana? 2. use a nicotine/tobacco product of any kind?	10min; 11-31min; 31-60min; 1 hour or more; Never	The response options were coded as 1, 2, 3, 4, and 5, respectively. Options 1, 2, and 3 were aggregated to reflect craving within the first hour. Option 4 reflects craving more than 1 hour later, and option 5 reflects never having a craving.

Table 5.5: Questions and Analytic Coding for Psychotic Experiences During Intoxication

Domain	Measure	Question	Response options	Analytic coding
Experiences of psychosis during intoxication (for cannabis only)	N/A	During or after using cannabis, how often have you: 1. felt anxious or paranoid? 2. seen, felt, or heard things that were not really there (i.e., hallucinations)?	Rarely or Never; From time to time; Sometimes; More often than not; Almost always or always	The response options are coded as 1, 2, 3, 4, and 5, respectively. Options 2-5 were aggregated to reflect having symptoms during cannabis intoxication.

Table 5.6: Questions and Analytic Coding for Substance Use on School Property

Domain	Measure	Question	Response options	Analytic coding
Substance use on school property	N/A	During the past 12 months, have you used alcohol, marijuana, nicotine (vapes, cigarettes, etc.), or other drugs on school property?	No; Yes	The response options are coded as 0 and 1, respectively. Items were analyzed as presented.



10.1 Alcohol

Figure 5: Rates of Lifetime and Current (Past 30-Day) Alcohol Use in Full Sample

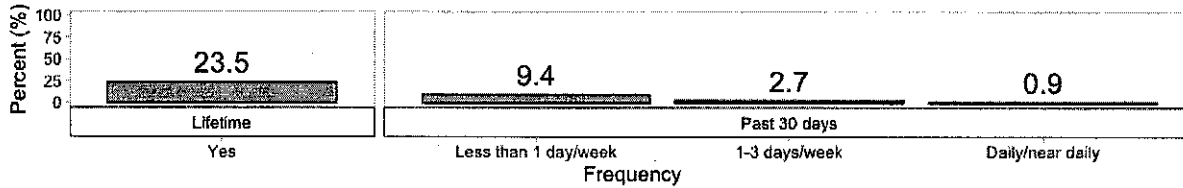
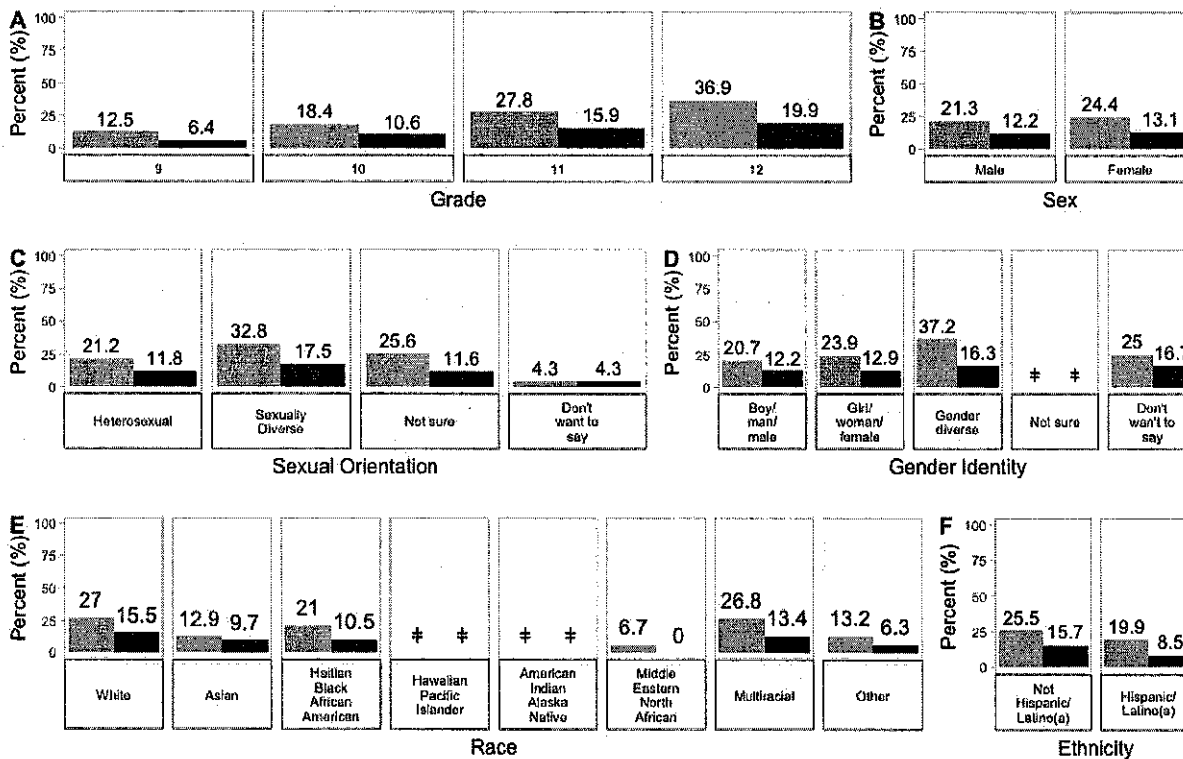


Figure 6: Rates of Lifetime and Current (Past 30-Day) Alcohol Use Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity

■ Lifetime Use ■ Past 30 day use



† To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, any analyses with fewer than 10 students were not reported.

Table 6: Percent of Students with Current Alcohol Use (N = 135) with Plans to Quit or Reduce Drinking in Next 4 Weeks

In the next 4 weeks, are you seriously considering quitting or reducing your use of alcohol?	Percent (%)
No	62.7
Yes, I'm planning to reduce (but not quit) in next 4 weeks	23.1
Yes, I'm planning to quit completely in the next 4 weeks	14.2



10.2 Cannabis

Figure 7: Rates of Lifetime and Current (Past 30-Day) Cannabis Use in Full Sample

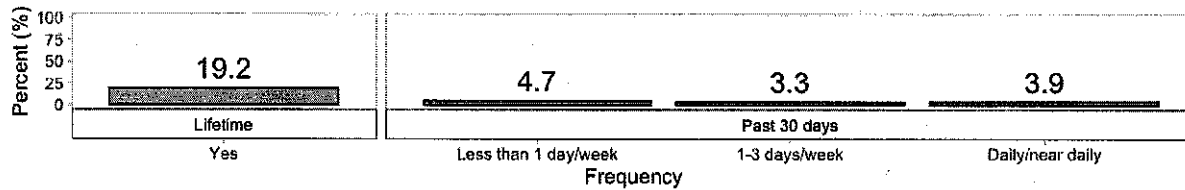
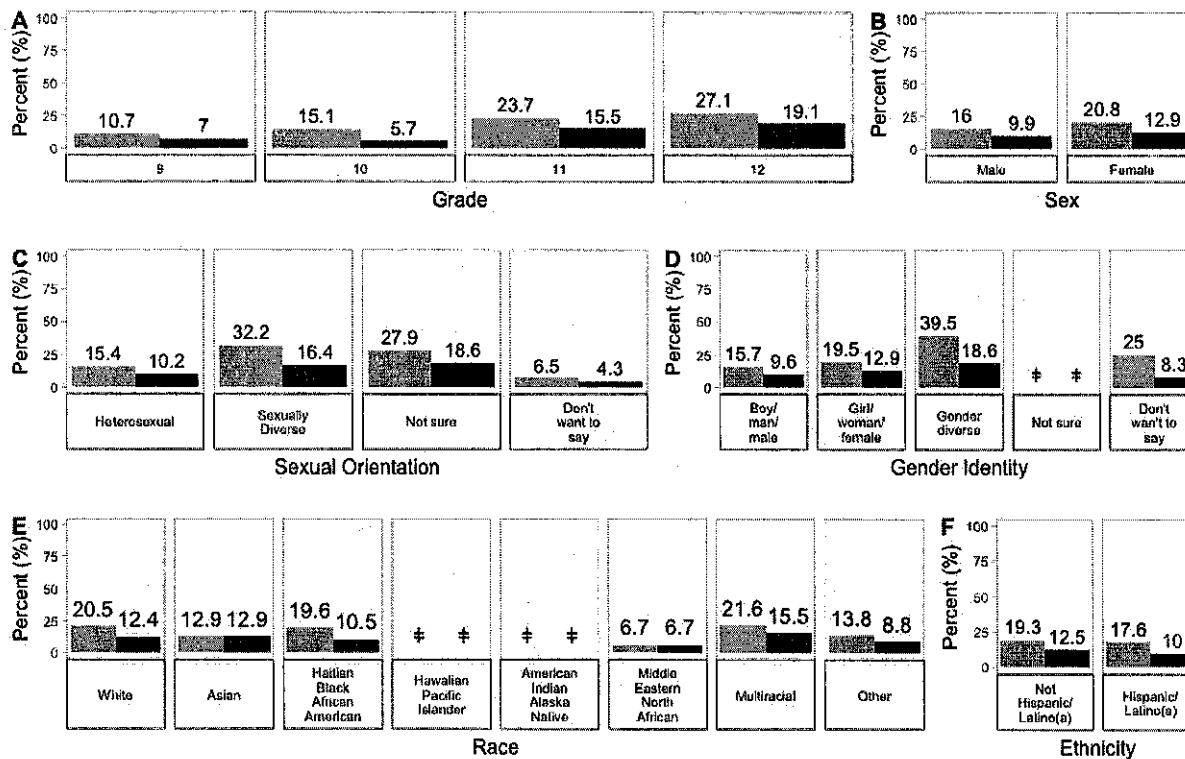


Figure 8: Rates of Lifetime and Current (Past 30-Day) Cannabis Use Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity

■ Lifetime Use ■ Past 30 day use



† To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, any analyses with fewer than 10 students were not reported.

Table 7: Percent of Students with Current Cannabis Use (N = 122) with Plans to Quit or Reduce Drinking in Next 4 Weeks

In the next 4 weeks, are you seriously considering quitting or reducing your use of cannabis?	Percent (%)
No	53.7
Yes, I'm planning to reduce (but not quit) in next 4 weeks	33.1
Yes, I'm planning to quit completely in the next 4 weeks	13.2



10.3 Electronic Cigarettes

Figure 9: Rates of Lifetime and Current (Past 30-Day) Electronic Cigarette Use in Full Sample

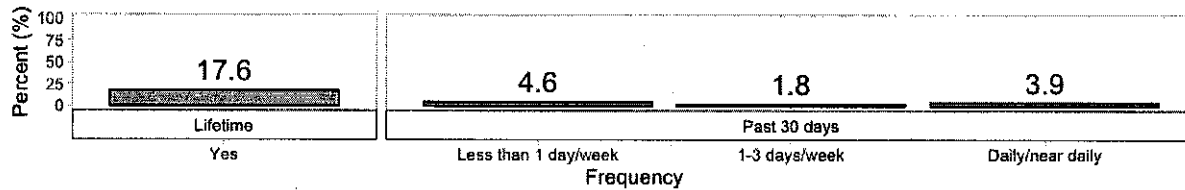
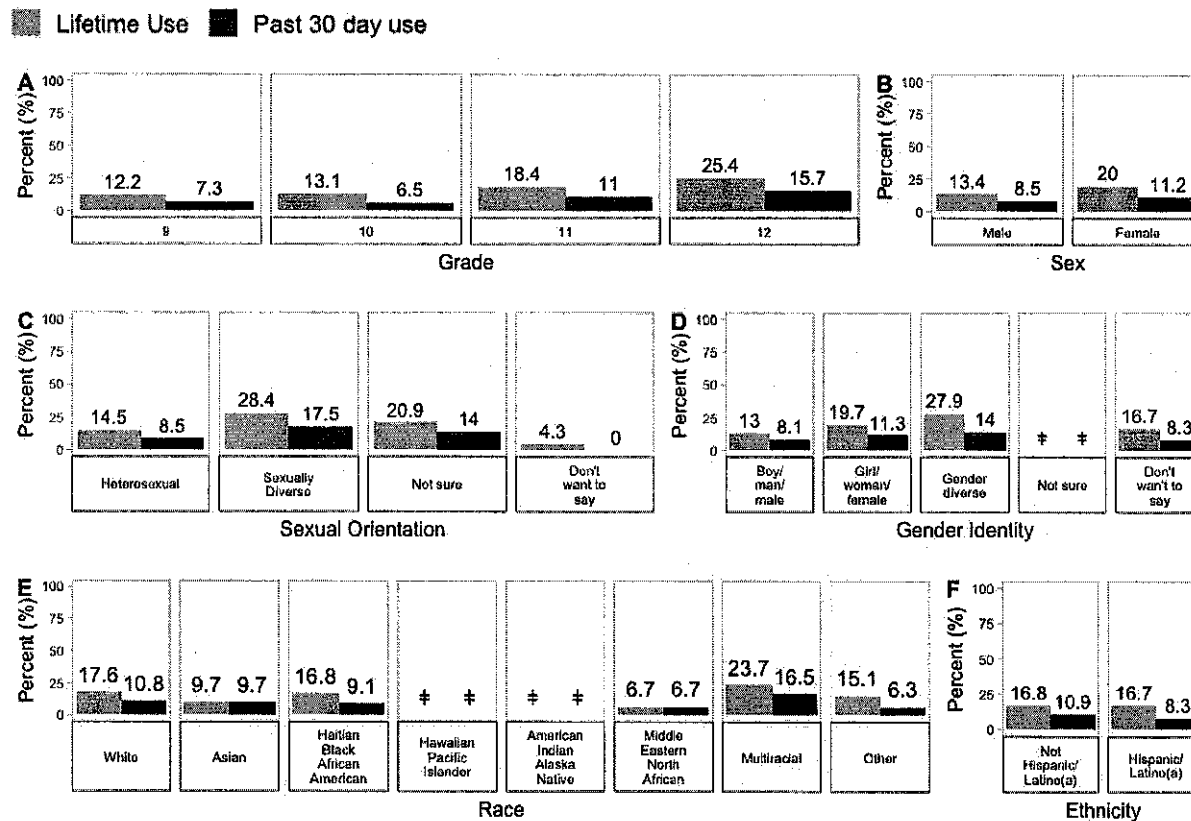


Figure 10: Rates of Lifetime and Current (Past 30-Day) Electronic Cigarettes Use Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity



† To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, any analyses with fewer than 10 students were not reported.

Table 8: Percent of Students with Current Electronic Cigarette Use (N = 105) with Plans to Quit or Reduce Drinking in Next 4 Weeks

In the next 4 weeks, are you seriously considering quitting or reducing your use of electronic cigarettes?	Percent (%)
No	28.8
Yes, I'm planning to reduce (but not quit) in next 4 weeks	24.0
Yes, I'm planning to quit completely in the next 4 weeks	47.1



10.4 Cigarettes

Figure 11: Rates of Lifetime and Current (Past 30-Day) Cigarettes Use in Full Sample

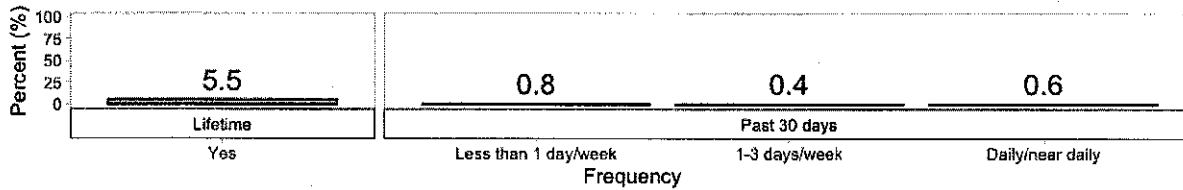
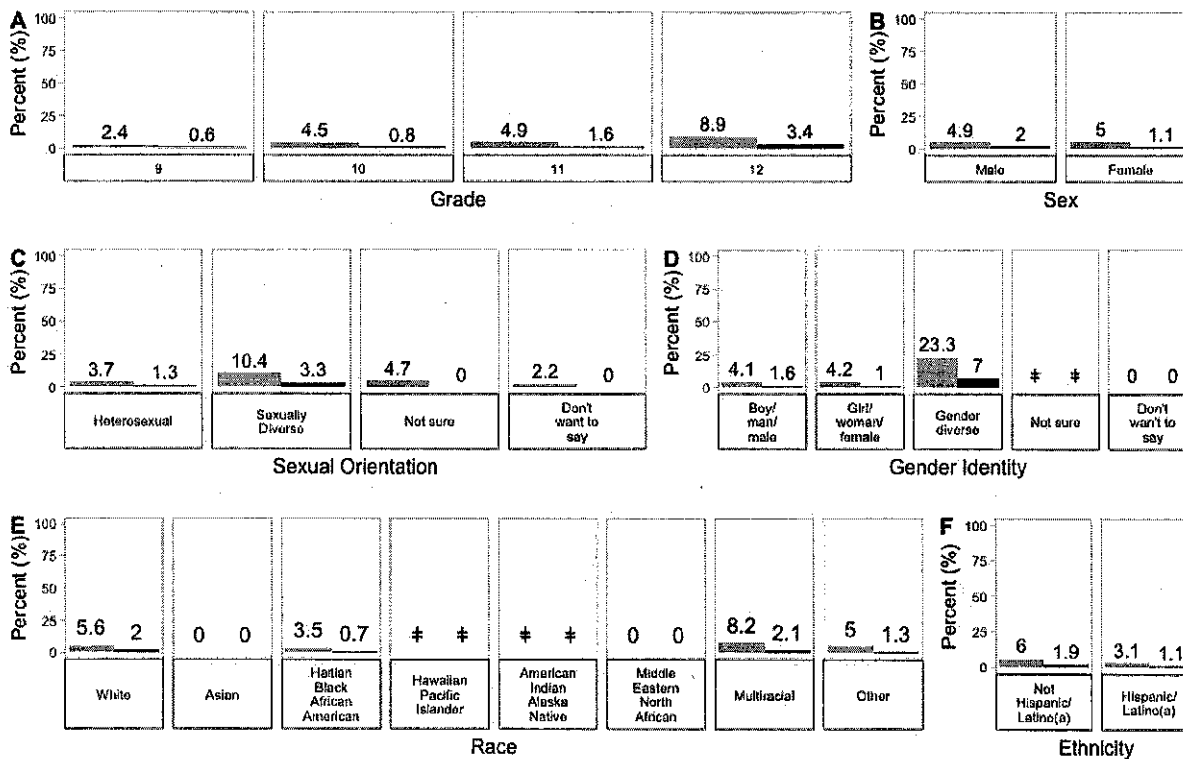


Figure 12: Rates of Lifetime and Current (Past 30-Day) Cigarettes Use Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity

■ Lifetime Use ■ Past 30 day use



+ To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, any analyses with fewer than 10 students were not reported.

Table 9: Percent of Students with Current Cigarette Use (N = 18) with Plans to Quit or Reduce Drinking in Next 4 Weeks

In the next 4 weeks, are you seriously considering quitting or reducing your use of cigarettes?	Percent (%)
No	58.8
Yes, I'm planning to reduce (but not quit) in next 4 weeks	23.5
Yes, I'm planning to quit completely in the next 4 weeks	17.6



10.5 Cigars

Figure 13: Rates of Lifetime and Current (Past 30-Day) Cigar Use in Full Sample

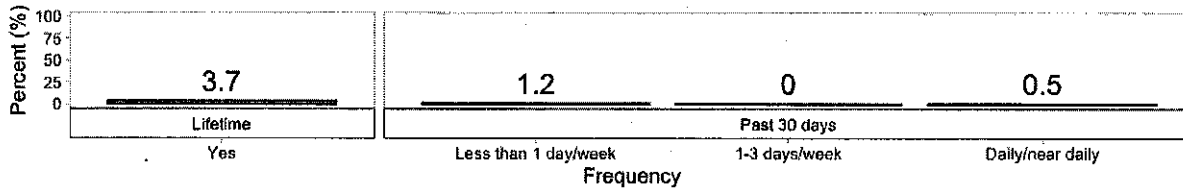
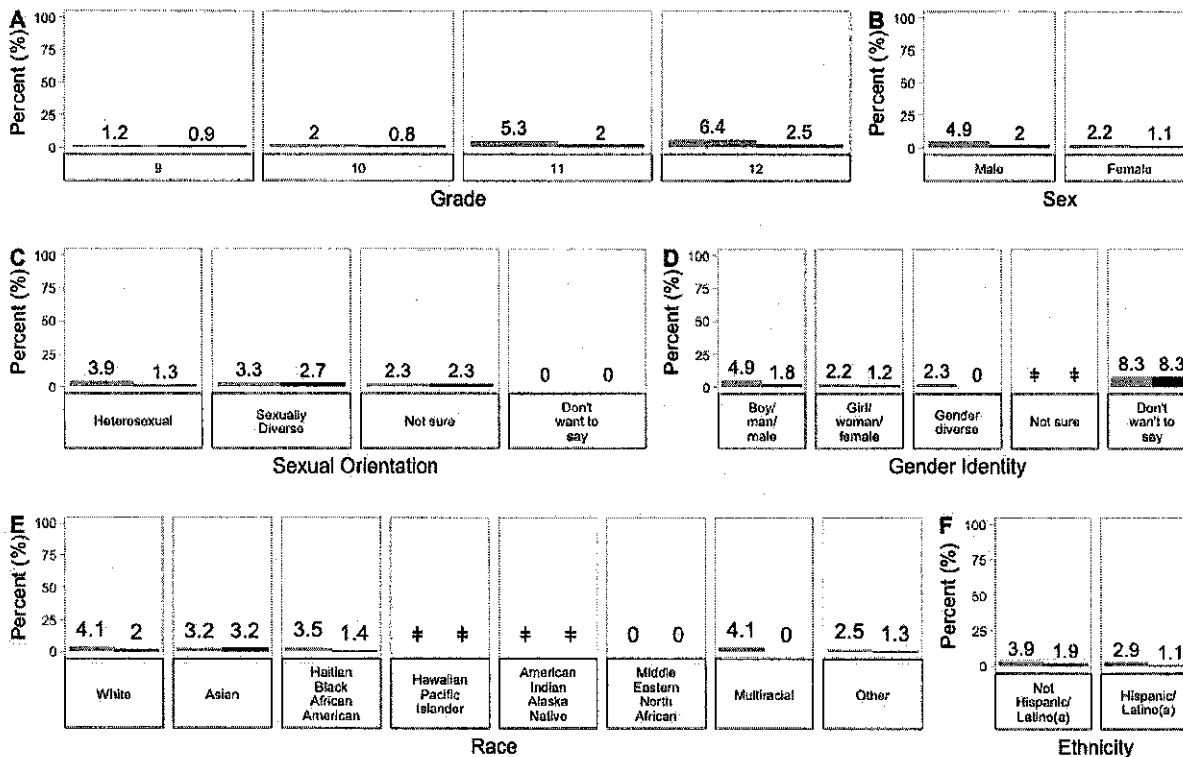


Figure 14: Rates of Lifetime and Current (Past 30-Day) Cigars Use Distributed by A: Grade, B: Sex, C: Sexual Orientation, D: Gender Identity, E: Race, F: Ethnicity

■ Lifetime Use ■ Past 30 day use



† To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, any analyses with fewer than 10 students were not reported.

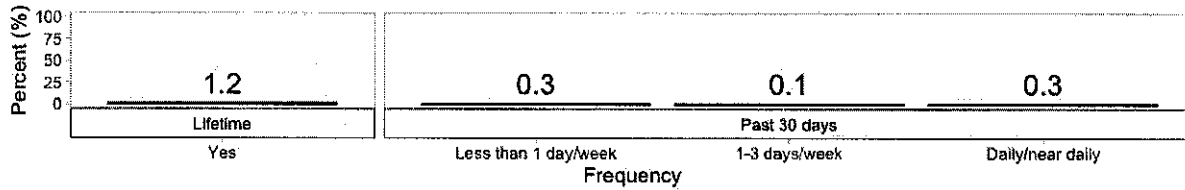
Table 10: Percent of Students with Current Cigar Use (N = 17) with Plans to Quit or Reduce Drinking in Next 4 Weeks

In the next 4 weeks, are you seriously considering quitting or reducing your use of cigars?	Percent (%)
No	64.7
Yes, I'm planning to reduce (but not quit) in next 4 weeks	17.6
Yes, I'm planning to quit completely in the next 4 weeks	17.6



10.6 Smokeless Tobacco

Figure 15: Rates of Lifetime and Current (Past 30-Day) Smokeless Tobacco Use in Full Sample



[To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, no other analyses reported given <10 students in this school endorsed Lifetime and Current (Past 30-Day) Smokeless Tobacco Use]

Table 11: Percent of Students with Current Smokeless Tobacco Use (N = 7) with Plans to Quit or Reduce Drinking in Next 4 Weeks

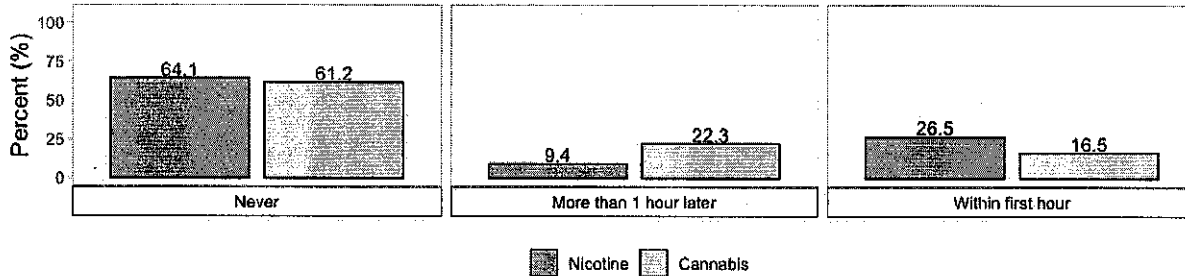
[To minimize inadvertent breaches of confidentiality and misrepresentation of prevalence rates, no other analyses reported given <10 students in this school endorsed current (past 30-day) smokeless tobacco use]



10.7 Craving

Students who reported any cannabis (N = 122) or tobacco product use in the past 30 days (N = 147) were asked how soon after waking up do they want (or have a craving) to use.

Figure 16: Rate of Craving Among Students with Past 30-Day Cannabis or Tobacco Use



10.8 Psychotic Experiences During Cannabis Intoxication

Students with lifetime cannabis use reported whether they had psychotic experiences during cannabis intoxication.

Table 12: Rate of Psychotic Experiences During Cannabis Intoxication among Students with Lifetime Cannabis Use (N = 197)

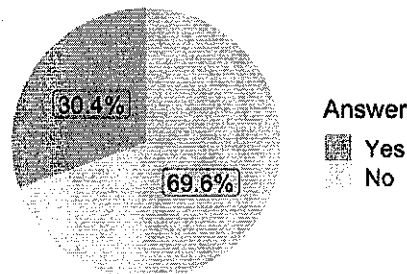
During or after using cannabis, how often have you:	Percent (%)*
Felt anxious or paranoid	8.3
Seen, felt, or heard things that were not really there (i.e., hallucinations)	5.4

*having symptoms during cannabis intoxication

10.9 Substance Use on School Property

Students who reported lifetime use of any substance (N = 334) were asked whether they have used substances on school property in the last 12 months.

Figure 17: Percent of Substance Use on School Property in the Past Year



11 Result Section 5: Experiences of Discrimination

Please see the Appendix for relevant citations.

Table 13: Questions and Analytic Coding for Experiences of Discrimination Related to Race or Ethnicity

Domain	Measure	Question	Response options	Analytic coding
Discrimination related to race or ethnicity	Adolescent Distress Index: occasions when racial-ethnic discrimination was at least partly responsible for your 15-item (ADDI)	<p>Tell us if you have experienced each of the following types of discrimination because of your race or ethnicity. For these questions, we are only interested in your experience.</p> <ol style="list-style-type: none"> 1. You were discouraged from joining an advanced level class because of your race or ethnicity. 2. You were wrongly disciplined or given after-school detention because of your race or ethnicity. 3. You were given a lower grade than you deserved because of your race or ethnicity. 4. You were discouraged from joining a club because of your race or ethnicity. 5. Others your age did not include you in their activities because of your race or ethnicity. 6. People expected more of you than they expected of others your age because of your race or ethnicity. 7. People expected less of you than they expected of others your age because of your race or ethnicity. 8. People assumed your English was poor because of your race or ethnicity. 9. You were hassled by police because of your race or ethnicity. For example, you were given a hard time or harassed. 10. You were hassled by a store clerk or store guard because of your race or ethnicity. For example, you were given a hard time or harassed. 11. You were called racially insulting names because of your race or ethnicity. 12. You received poor service at a restaurant or store because of your race or ethnicity. 13. People acted as if they thought you were not smart because of your race or ethnicity. 14. People acted as if they were afraid of you because of your race or ethnicity. 15. You were threatened because of your race or ethnicity. 	No; Yes	The response options were coded as 0 and 1, respectively. Items were grouped according to domain in which discrimination may have been experienced (i.e., educational, peer, and institutional). For each item endorsed, participants were asked how upsetting that experience was on a scale of 1-5.



Table 14: Questions and Analytic Coding for Experiences of Discrimination Related to Personal Identities

Domain	Measure	Question	Response options	Analytic coding
Experiences of discrimination related to personal identities	N/A	<p>In the past 12 months, have you experienced discrimination related to any of the following other aspects of who you are?</p> <p>Check all that apply.</p> <ol style="list-style-type: none"> 1. Your gender identity or what others think it is 2. Your sexual orientation or what others think it is 3. Your religion or what others think it is 4. A disability you have or others think you have 5. How much money your family has or how much others think they have 6. Other 7. I have not experienced discrimination in the last 12 months 	No; Yes	The response options were coded as 0 and 1, respectively. Items were analyzed as presented.



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Table 15: ADDI Results in Full Sample

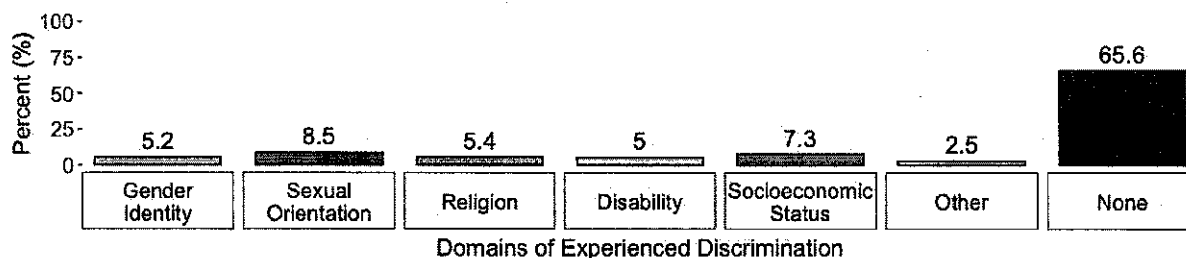
After each statement, tell us if you have experienced each of the following types of discrimination because of your race or ethnicity.					
	Have you experienced this?	If yes, did it upset you?			
	Yes (%)	Not at all	Slightly	Moderately	Extremely
Educational					
Discouraged from joining an advanced level class	7	19.4	26.9	22.4	31.3
Wrongly disciplined or given after-school detention	6.3	6.7	15	13.3	65
Given a lower grade than you deserved	5.3	6	8	22	64
Peer					
Discouraged from joining a club	4.6	16.3	39.5	14	30.3
Others your age did not include you in their activities	8.8	15.5	28.6	17.9	38.1
People assumed your English was poor	15.1	32.6	20.6	17	29.8
You were called racially insulting names	25.7	29.6	20.6	18.2	31.6
You were threatened	7.4	17.6	14.7	17.6	50
Institutional					
People expected more of you than others your age	14.1	29.6	23	17.8	29.6
People expected less of you than others your age	10.2	16.8	16.8	26.3	40
You were hassled by police	4.8	9.1	22.7	20.5	47.7
You were hassled by a store clerk or store guard	7.7	13.7	23.3	21.9	41.1
You received poor service at a restaurant or store.	5.8	9.8	17.6	29.4	43.1
People acted as if they thought you were not smart	11	13.3	19	24.8	42.9
People acted as if they were afraid of you	9.3	21.6	25	22.7	30.6



Table 16: ADDI Results Among Racially Minoritized Participants (Individuals Who Identify as Anything Other Than Non-Hispanic/White) (N = 337)

After each statement, tell us if you have experienced each of the following types of discrimination because of your race or ethnicity.					
	Have you experienced this?	If yes, did it upset you?			
	Yes (%)	Not at all	Slightly	Moderately	Extremely
Educational					
Discouraged from joining an advanced level class	12.2	15.1	30.2	20.8	34
Wrongly disciplined or given after-school detention	11.6	6	14	14	66
Given a lower grade than you deserved	8	2.9	5.9	20.6	70.6
Peer					
Discouraged from joining a club	7.1	10	43.3	13.3	33.3
Others your age did not include you in their activities	13.1	14.3	25	17.9	42.8
People assumed your English was poor	25.2	31.8	19.6	16.8	31.8
You were called racially insulting names	39.8	26.4	19.5	18.4	35.7
You were threatened	9.9	10	17.5	20	52.5
Institutional					
People expected more of you than others your age	21.2	30.8	20.9	13.2	35.2
People expected less of you than others your age	19	16.2	17.5	25	41.2
You were hassled by police	9.2	10.5	18.4	21.1	50
You were hassled by a store clerk or store guard	13.8	11.9	25.4	18.6	44
You received poor service at a restaurant or store.	9.5	10.3	17.9	33.3	38.5
People acted as if they thought you were not smart	19.3	14.3	17.9	21.4	46.4
People acted as if they were afraid of you	17.2	26	21.9	21.9	30.1

Figure 18: Experiences of Discrimination Related to Other Personal Identities in Full Sample



12 Remaining figures

Table 17: Mental health percentage across all school

Demographics	PHQ-4			APSS	Suicidal Thoughts and Behavior			
	Anxiety	Depression	Overall		Thoughts	Plan	Attempt	NSSI
Grade								
9	28.7	25.3	47	23.2	17.1	12.5	3.7	11.9
10	24.5	24.9	43.7	24.9	20.4	17.1	6.1	14.3
11	35.1	29.8	49	21.2	24.1	20	5.3	13.1
12	30.9	28	53	17.4	22.9	19.1	6.4	10.2
Sex								
Male	18.7	20.5	37.3	21.1	16.6	12.8	3.2	5.7
Female	40.1	32.5	58.1	22.6	24.6	20.6	7.2	18.6
Gender Identity								
Boy/man/male	17.5	19.1	35.8	20.7	15.9	11.8	3.3	5.3
Girl/woman/female	37.6	30.4	55.5	20.1	21.3	17.9	6.2	15.5
Gender Diverse	67.4	65.1	88.4	44.2	65.1	53.5	16.3	51.2
Not sure	†	†	†	†	†	†	†	†
Don't want to say	50	25	66.7	50	25	33.3	8.3	8.3
Sexual Orientation								
Heterosexual	23.5	21.3	41.1	18.1	14.9	11.9	3.6	7
Sexually Diverse	58.5	48.6	73.2	33.3	47.5	35.5	12.6	32.8
Not sure	34.9	39.5	72.1	30.2	27.9	32.6	7	27.9
Don't want to say	17.4	23.9	47.8	30.4	8.7	8.7	2.2	6.5
Race								
White	31.8	25.9	48.2	18.9	21	15.6	4.7	13.1
Asian	22.6	35.5	48.4	25.8	22.6	25.8	9.7	19.4
Haitian Black African American	26.6	24.5	46.9	28	21.7	21	5.6	7
Hawaiian Pacific Islander	†	†	†	†	†	†	†	†
American Indian Alaska Native	†	†	†	†	†	†	†	†
Middle Eastern North African	13.3	6.7	40	13.3	6.7	-	-	-
Multiple	35.1	28.9	55.7	32	26.8	24.7	9.3	20.6
Other	26.4	27	44.7	18.2	15.1	12.6	5	7.5
Ethnicity								
Not Hispanic/ Latino(a)	29.9	26.7	46.2	19.8	21.4	16.6	4.6	12.8
Hispanic/ Latino(a)	29.9	27	50.7	24.6	20.3	17.2	6	12.1
Place of Birth								
United States or U.S. Territory	30.1	27.3	47.7	21.1	21.2	16.7	5	12.8
Not in the United States	27.3	25.2	49.7	25.9	18.9	17.5	6.3	10.5
Adoption Status								
Yes	26.1	26.1	39.1	26.1	17.4	13	8.7	17.4
No	29.3	26.2	47.6	21.2	20.7	16.6	5.3	12.3
Not Sure	42.9	42.9	52.4	42.9	23.8	19	-	4.8



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14 Appendix

14.1 SURF Survey Copy

Confidential School-Wide Assessment

We are a team of doctors and researchers from Massachusetts General Hospital (MGH), and we are asking students to complete this survey about substance use, stress, and mental health. We value your participation – your responses are important in helping us better support students now and in the future!

There are a few important things to know about this survey:

- 1) Everything is voluntary—you do not have to participate in anything you don't want to.
- 2) By completing all or part of this voluntary survey, you are agreeing to participate in this portion of our research. Completing this survey does not require you to participate in any of our other clinical research projects.
- 3) Your parents/teachers will not have access to any of the information you provide. **ALL INFORMATION IS CONFIDENTIAL**
- 4) Make sure to carefully read every question and answer as honestly as possible. Remember, all information you provide is confidential.
- 5) If you have any questions about this survey, please contact Dr. Randi Schuster (rschuster@mgm.harvard.edu; (617) 643-6673). If you'd like to speak to someone not involved in this research about your rights as a participant, or any concerns you may have about the research, contact the Mass General Brigham IRB at (857) 282-1900.

The next few questions will help us to get to know you better.

1. What grade are you in?

- ☐ 6th grade ☐ 7th grade ☐ 8th grade ☐ 9th grade
☐ 10th grade ☐ 11th grade ☐ 12th grade

2. What month were you born in?

- ☐ January ☐ February ☐ March ☐ April ☐ May ☐ June
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

3. What year were you born in? Please enter a four-digit year. For example, if you were born in 2007, enter 2007. _____

4. What is your sex? This question is asking about your sex assigned at birth. This is what the doctor put on your birth certificate.

- ☐ Male (Boy/man) ☐ Female (Girl/woman)

5. What is your current gender identity? Please choose the option that best describes you.

- ☐ Boy/man/male ☐ Girl/woman/female ☐ Transgender boy/man/male
☐ Transgender girl/woman/female ☐ Non-binary, genderqueer, or not exclusively male or female
☐ Another gender ☐ Not sure ☐ I don't want to say

5A. • If another gender not listed here, please specify: _____

6. Do you think of yourself as: ☐ Straight or heterosexual ☐ Gay or Lesbian ☐ Bisexual
☐ Queer ☐ Pansexual ☐ Asexual ☐ Something else ☐ Questioning or still figuring it out
☐ I haven't thought about it or I don't know what this question means ☐ I don't want to say

6A. • If something else not listed here, please specify: _____



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7. Are you Hispanic or Latino/a? Someone who is Hispanic/Latino/a usually has family from Cuba, Mexico, Puerto Rico, South America, Central America, Spain, or another Spanish speaking country.

☐ No, I am not Hispanic or Latino/a ☐ Yes, I am Hispanic or Latino/a

8. What is your race? Check all that apply.

☐ White ☐ Haitian, Black or African American ☐ Asian ☐ Hawaiian or Other Pacific Islander
☐ American Indian/Alaska Native ☐ Middle Eastern/North African ☐ Other

8A. ♦ If you are a race not listed here, please specify: _____

9. Were you born in the United States or a U.S. Territory?

☐ No ☐ Yes

If grade 9 or higher:

10. Were you adopted?

☐ No ☐ Yes ☐ Not sure

11. Please select option 4 below. We are just making sure you are paying attention!

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

The next section asks a few more questions to help us get to know you better. These questions may be used to link survey records over time, but we will not use this information to find out your name.

12. How many older siblings do you have?

☐ 0 (I am the oldest sibling or I have no siblings) ☐ 1 ☐ 2 ☐ 3+

If > 0:

12A. ♦ What month was your oldest sibling born in?

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

13. What is the 3rd letter of your first name? Please answer based on your full name, not nickname. For example, if your name is Jacob (and your nickname is Jake), you would answer C.

14. Do you have a middle name?

☐ No ☐ Yes

If yes:

14A. ♦ What is the 1st letter of your middle name? If you have 2 middle names, please give the 1st letter of your 1st middle name. For example, if your middle name was Melissa, you would answer M.

15. What best describes the color of your eyes?

☐ Black ☐ Brown ☐ Blue ☐ Green ☐ Hazel ☐ Gray

16. What are the first 3 letters of the street you lived on at the beginning of 5th grade? Please only answer with letters, not numbers. For example, if you lived on 20 Stream Court, you would answer "Str." If you lived on 123 4th Street, you would answer "Fou". _____



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The next section asks about your experience with alcohol (e.g., beer, wine, flavored alcoholic beverages, liquor such as rum, gin, vodka, or whiskey). For these questions, drinking alcohol does not include drinking a few sips of alcohol with family or for religious purposes.

17. Have you ever had at least one full drink of alcohol?

☐ No ☐ Yes

If yes:

17A. • In the past 4 weeks (on average), how often did you drink alcohol (at least 1 full drink, not just a sip)?

- ☐ A 0 times ☐ D On at least 1 day per week
☐ B Only once ☐ E On 2-3 days per week
☐ C Less than once per week ☐ F On 4-6 days per week
☐ G Every day

If past 4-week use and reported biological sex is male:

17A.1. • In the past 4 weeks (on average), on how many days did you have 5 or more drinks of alcohol in a row? "In a row" means within a couple of hours.

- ☐ A 0 times ☐ D On at least 1 day per week
☐ B Only once ☐ E On 2-3 days per week
☐ C Less than once per week ☐ F On 4-6 days per week
☐ G Every day

If past 4-week use and reported biological sex is female:

17A.2. • In the past 4 weeks (on average), on how many days did you have 4 or more drinks in a row? "In a row" means within a couple of hours.

- ☐ A 0 times ☐ D On at least 1 day per week
☐ B Only once ☐ E On 2-3 days per week
☐ C Less than once per week ☐ F On 4-6 days per week
☐ G Every day

17A.3. • In the next 4 weeks, are you seriously considering quitting or reducing your use of alcohol?

- ☐ No
☐ Yes, I'm planning to reduce (but not quit) alcohol use in the next 4 weeks
☐ Yes, I'm planning to quit alcohol use completely in the next 4 weeks

The next section asks about your experience with marijuana (e.g., pot, weed, cannabis, THC, dab pens, edibles).

18. Have you ever used marijuana?

☐ No ☐ Yes

If yes:

18A. • During your life, how many times have you used marijuana in any of the following ways?	0 times	1 or 2 times	3 to 9 times	10 to 19 times	20 or more times
A. Smoked (like in a joint or blunt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Vaped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Bong or waterpipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Used a concentrate or other high potency product (like hash oil, dabs, wax, or shatter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Ate or drank it ("edibles," like in candy, baked goods, snacks, or drinks that contain marijuana)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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18B. • During your life, how often have you...	Rarely	From time to time	Sometimes	More often than not	Almost always or always
A. ...felt anxious or paranoid during or after using marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. ...seen, felt, or heard things that were not really there (i.e., hallucinations) during or after using marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18C. • In the past 4 weeks (on average), how often have you used marijuana?

- ☐ A 0 times
☐ B Only once
☐ C Less than once per week
☐ D On at least 1 day per week
☐ E On 2-3 days per week
☐ F On 4-6 days per week
☐ G Every day

If past 4-week use:

18C.1. • In the next 4 weeks, are you seriously considering quitting or reducing your use of marijuana?

- ☐ No
☐ Yes, I'm planning to **reduce** (but not quit) marijuana use in the next 4 weeks
☐ Yes, I'm planning to **quit** marijuana use completely in the next 4 weeks

18C.2. • How soon after you wake up do you want (or have a craving) to use marijuana?

- ☐ I want to use marijuana within 10 minutes of waking up
☐ I want to use marijuana within 11 to 30 minutes of waking up
☐ I want to use marijuana within 31 to 60 minutes of waking up
☐ I want to use marijuana after more than 1 hour of waking up but sometime during that day
☐ I never/rarely want (or have a craving) to use marijuana

The next section asks about your experience with different ways of using nicotine or flavors.

Vapes (for nicotine or flavors)

Vapes include e-cigarettes, vape pens, e-cigars, e-hookahs, hookah pens, mods, and other electronic vapor products (e.g., Puff Bar, JUUL, SMOK, Suorin, Vuse, and blu).

19. Have you **ever** used a vape for nicotine or flavors?

- ☐ No ☐ Yes

If yes:

19A. • In the past 4 weeks (on average), how often have you used a vape for nicotine or flavors?

- ☐ A 0 times
☐ B Only once
☐ C Less than once per week
☐ D On at least 1 day per week
☐ E On 2-3 days per week
☐ F On 4-6 days per week
☐ G Every day

If past 4-week use:

19A.1. • In the next 4 weeks, are you seriously considering quitting or reducing your use of vapes for nicotine or flavors?

- ☐ No
☐ Yes, I'm planning to **reduce** (but not quit) my use of vapes in the next 4 weeks
☐ Yes, I'm planning to **quit** use of vapes completely in the next 4 weeks

Cigarettes

20. Have you **ever** tried smoking a cigarette?

- ☐ No ☐ Yes



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If yes:

20A. • **In the past 4 weeks** (on average), how often have you smoked cigarettes?

- | | |
|---|--|
| <input type="radio"/> A 0 times | <input type="radio"/> D On at least 1 day per week |
| <input type="radio"/> B Only once | <input type="radio"/> E On 2-3 days per week |
| <input type="radio"/> C Less than once per week | <input type="radio"/> F On 4-6 days per week |
| | <input type="radio"/> G Every day |

If past 4-week use:

20A.1. • **In the next 4 weeks**, are you seriously considering quitting or reducing your use of cigarettes?

- ☐ No
- ☐ Yes, I'm planning to **reduce** (but not quit) smoking cigarettes in the next 4 weeks
- ☐ Yes, I'm planning to **quit** smoking cigarettes completely in the next 4 weeks

Cigars, cigarillos, or little cigars (e.g., Black & Mild, Swisher Sweet, Phillies, Backwoods)

21. Have you **ever** tried smoking a cigar, cigarillo, or little cigar?

- ☐ No ☐ Yes

If yes:

21A. • **In the past 4 weeks** (on average), how often have you smoked cigars, cigarillos, or little cigars?

- | | |
|---|--|
| <input type="radio"/> A 0 times | <input type="radio"/> D On at least 1 day per week |
| <input type="radio"/> B Only once | <input type="radio"/> E On 2-3 days per week |
| <input type="radio"/> C Less than once per week | <input type="radio"/> F On 4-6 days per week |
| | <input type="radio"/> G Every day |

If past 4-week use:

21A.1. • **In the next 4 weeks**, are you seriously considering quitting or reducing your use of cigars, cigarillos, or little cigars?

- ☐ No
- ☐ Yes, I'm planning to **reduce** (but not quit) smoking cigars, cigarillos, or little cigars in the next 4 weeks
- ☐ Yes, I'm planning to **quit** smoking cigars, cigarillos, or little cigars completely in the next 4 weeks

Smokeless tobacco (e.g., chewing tobacco, snuff dip, snus or dissolvable tobacco products)

22. Have you **ever** used smokeless tobacco?

- ☐ No ☐ Yes

If yes:

22A. • **In the past 4 weeks** (on average), how often have you used smokeless tobacco?

- | | |
|---|--|
| <input type="radio"/> A 0 times | <input type="radio"/> D On at least 1 day per week |
| <input type="radio"/> B Only once | <input type="radio"/> E On 2-3 days per week |
| <input type="radio"/> C Less than once per week | <input type="radio"/> F On 4-6 days per week |
| | <input type="radio"/> G Every day |

If past 4-week use:

22A.1. • **In the next 4 weeks**, are you seriously considering quitting or reducing your use of smokeless tobacco?

- ☐ No
- ☐ Yes, I'm planning to **reduce** (but not quit) using smokeless tobacco in the next 4 weeks
- ☐ Yes, I'm planning to **quit** using smokeless tobacco completely in the next 4 weeks

When past 4-week use of **any** nicotine product is endorsed:

These next questions are about your experiences across all nicotine/tobacco products you have used in the past 4 weeks.



23. In the past 4 weeks, what flavor(s) were in the nicotine/tobacco products you used (including e-cigarettes or nicotine vapes)? Check all that apply.

- ☐ Fruit, candy, or alcohol flavors (e.g., cherry, vanilla, citrus, peach, piña colada, bubble gum, blue mist, fizzy pop, etc.)
- ☐ Mint, menthol or wintergreen flavors
- ☐ Clove or spice flavors
- ☐ Plain or tobacco
- ☐ Not sure

24. How soon after you wake up do you want (or have a craving) to use a nicotine/tobacco product of any kind?

- ☐ I want to use a nicotine/tobacco product (including e-cigarettes) within 10 minutes of waking up
- ☐ I want to use a nicotine/tobacco product (including e-cigarettes) within 11 to 30 minutes of waking up
- ☐ I want to use a nicotine/tobacco product (including e-cigarettes) within 31 to 60 minutes of waking up
- ☐ I want to use a nicotine/tobacco product (including e-cigarettes) after more than 1 hour of waking up but sometime during that day
- ☐ I never/rarely want (or have a craving) to use a nicotine/tobacco product

The next section asks about your experiences with other drugs.

25. Have you ever tried any of the following other drugs in your life? Check all that apply.

- ☐ Prescription drugs not used as prescribed (e.g., Adderall, Ritalin, Xanax, oxycodone, codeine)
- ☐ Hallucinogens or dissociative drugs (e.g., mushrooms, LSD, Acid, PCP, ketamine, DXM)
- ☐ Club drugs (e.g., Ecstasy, MDMA, Molly, GHB)
- ☐ Cocaine (e.g., powder, crack, or freebase)
- ☐ Methamphetamine (also called speed, crystal meth, crank, ice, or meth)
- ☐ Heroin or fentanyl (e.g., smack, junk, or China White)
- ☐ Inhalants (e.g., whippets, sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays)
- ☐ Anabolic steroids (e.g., juice, pumpers, tren, dbol, roids)
- ☐ I have not used any of the above drugs

26. Please select option 2 below. We are just making sure you are still paying attention!

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

If grade 9 or higher:

The next section asks about experiences related to discrimination.

27. After each statement, tell us if you have experienced each of the following types of discrimination because of your race or ethnicity.	Have you experienced this?		If yes to having experienced each time: Did it upset you?				
			Not at all	Slightly	Moderately	Considerably	Extremely
Remember, for these questions, we are only interested in occasions when racial-ethnic discrimination was at least partly responsible for your experience.							
A. You were discouraged from joining an advanced level class.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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B. You were wrongly disciplined or given after-school detention.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. You were given a lower grade than you deserved.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. You were discouraged from joining a club.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Others your age did not include you in their activities.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. People expected more of you than they expected of others your age.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. People expected less of you than they expected of others your age.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. People assumed your English was poor.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. You were hassled by police. <i>For example, you were given a hard time or harassed.</i>	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. You were hassled by a store clerk or store guard. <i>For example, you were given a hard time or harassed.</i>	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. You were called racially insulting names.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. You received poor service at a restaurant or store.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. People acted as if they thought you were not smart.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. People acted as if they were afraid of you.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. You were threatened.	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. In the past 12 months, have you experienced discrimination related to any of the following other aspects of who you are? *Check all that apply.*

- ☐ Your gender identity or what others think it is
- ☐ Your sexual orientation or what others think it is
- ☐ Your religion or what others think it is
- ☐ A disability you have or others think you have
- ☐ How much money your family has or how much others think they have
- ☐ Other
- ☐ I have not experienced discrimination in the last 12 months

28A. + If other, please specify: _____

The next section asks about your emotional and physical health.

29. Over the last 2 weeks, how often have you been bothered by:	Not at all	Several days	More than half the days	Nearly every day
A. Feeling down, depressed, or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Little interest or pleasure in doing things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Feeling nervous, anxious, or on edge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Not being able to stop or control worrying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.	No	Yes
During the past 12 months....		
A. ...did you ever have thoughts about killing yourself (ending your life)?	<input type="checkbox"/>	<input type="checkbox"/>
B. ... did you think about how you would kill yourself?	<input type="checkbox"/>	<input type="checkbox"/>



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C. ... did you try to kill yourself?	<input type="checkbox"/>	<input type="checkbox"/>
D. ...did you hurt yourself on purpose without trying to kill yourself?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If you are having thoughts or feelings of suicide, please know there are people who can help. Here are some numbers you can use 24 hours a day, 7 days a week to talk to someone who cares.</p> <ul style="list-style-type: none"> • Crisis Text Line: 741741 • National Suicide Prevention Lifeline: 9-8-8 <p>Please also make sure to talk to a trusted adult if you ever feel like you cannot keep yourself safe or need extra support.</p>		

31. Have these experiences ever happened to you?	No, never	Maybe	Yes, definitely
A. Some people believe that their thoughts can be read by another person. Have other people ever read your mind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever had messages sent just to you through TV or radio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you ever thought that people are following or spying on you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you ever heard voices or sounds that no one else can hear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Have you ever felt you were under the control of some special power?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Have you ever seen things that other people could not see?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Have you ever felt like you had extra-special powers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Please rate the following statements based on how you experience emotions on a regular basis.	Not at all like me	A little like me	Somewhat like me	A lot like me	Completely like me
A. When something happens that upsets me, it's all I can think about for a long time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. My feelings get hurt easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. When I experience emotions, I feel them very strongly/intensely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. When I'm emotionally upset, my whole body gets physically upset as well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. I tend to get very emotional very easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. I experience emotions very strongly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. I often feel extremely anxious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. When I feel emotional, it's hard for me to imagine feeling any other way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Even the littlest things make me emotional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. If I have a disagreement with someone, it takes a long time for me to get over it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. When I am angry/upset, it takes me much longer than most people to calm down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. I get angry at people very easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. I am often bothered by things that other people don't react to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. I am easily agitated (shaken up or bothered).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. My emotions go from neutral (neither happy or upset) to extreme in an instant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. When something bad happens, my mood changes very quickly. People tell me I have a very short fuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. People tell me that my emotions are often too intense for the situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. I am a very sensitive person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. My moods are very strong and powerful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T. I often get so upset it's hard for me to think straight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U. Other people tell me I'm overreacting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Since you were a young child, how often have the following been true:	Not at all	Sometimes	Often	Always
A. I have trouble paying attention at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



B. I make mistakes in my school work because I rush through it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. My teachers think I am not listening in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. It's hard for me to finish my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. It's hard for me to keep track of things and stay organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. I fidget a lot in my seat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. It's hard for me to stay in my seat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. It's hard for me to be quiet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. It's hard for me to wait my turn or wait in line.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. I interrupt people a lot in conversations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. How often do you get a real kick out of doing things that are a little dangerous?

☐ Never ☐ Seldom ☐ Sometimes ☐ Always

35. How often do you like to test yourself by doing something a little risky

☐ Never ☐ Seldom ☐ Sometimes ☐ Always

36. In the past 12 months, have you been prescribed a medication for your mental or emotional health (for example, for your feelings, mood, or behavior)?

☐ No ☐ Yes ☐ Not sure

37. In the past 12 months, which of the following people have you talked with about your mental or emotional health (for example, for your feelings, mood, or behavior)? Check all that apply.

- ☐ Parent or caregiver
- ☐ Other relative/family member
- ☐ Friend or romantic partner
- ☐ Teacher/Coach/School Administrative Staff (e.g., principal, vice principal, dean)
- ☐ School Counselor
- ☐ Mental health professional outside of school (e.g. psychologist, social worker, counselor)
- ☐ Pediatrician
- ☐ Minister or religious leader (e.g. Priest, Rabbi, Chaplain)
- ☐ Phone/text helpline (e.g. Lifeline)
- ☐ Online/social media support group
- ☐ Emergency room, inpatient or residential services
- ☐ Substance use detox or rehab center
- ☐ I've talked with another person not listed above about my mood or feelings in the past year (please list in space provided)
- ☐ I have not talked with anyone about my mood or feelings in the past year

37A. • If you have talked to someone else not listed here about your feelings, mood, or behavior, please specify: _____

38. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.

☐ 0 days ☐ 1 day ☐ 2 days ☐ 3 days
☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days

This last section asks about your experiences at school.

39. During the past 12 months, did you play on a school sports team?

☐ No ☐ Yes

40. During the past 12 months, how would you describe your grades in school?

☐ Mostly A's ☐ Mostly B's ☐ Mostly C's



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Haverhill

Haverhill Historical Commission, Room 309

Phone: 978-374-2344 Fax: 978-374-2332

aherlihy@cityofhaverhill.com

8.1

October 3, 2024

Thomas J. Sullivan, President
Haverhill City Council
4 Summer Street
Haverhill, MA 01830

RE: Haverhill Powder House

Dear President Sullivan:

OCT 3 PM3:52
HANCITYCLERK

The Haverhill Historic Commission is pleased to announce that at its meeting on September 11, 2024, the Massachusetts Historic Commission formally approved the placement of the **Powder House** (91 Powder House Avenue) onto the **National Register of Historic Places**. The recommendation has been forwarded to the Department of the Interior for registration.

The designation, among other things, allows the City to pursue State and Federal Historic Preservation grants to renovate this aging structure.

The Historic Commission appreciates the past support of the City Council for this initiative.

I am sending this letter of behalf of the Historic Commission and Chair Peter Carbone as directed at its monthly meeting on October 2, 2024.

Sincerely,

Andrew K. Herlihy, Community Development Division Director,
on behalf of the Haverhill Historic Commission



The Commonwealth of Massachusetts
William Francis Galvin, Secretary of the Commonwealth
Massachusetts Historical Commission

September 20, 2024

Joy Beasley
Keeper
National Register of Historic Places
Department of the Interior
National Park Service
1849 C Street NW, Stop 7228
Washington, DC 20240

Dear Ms. Beasley:

Enclosed please find the following nomination form:

Haverhill Powder House, Haverhill (Essex County), Massachusetts

The nomination has been voted eligible by the State Review Board and has been signed by the State Historic Preservation Officer. The owners of property were notified of pending State Review Board consideration 30 to 75 days before the meeting and were afforded the opportunity to comment.

Sincerely,

A handwritten signature in black ink, appearing to read "Ben Haley".

Ben Haley
National Register Director
Massachusetts Historical Commission

enclosure

cc: Melinda Barrett, Mayor of Haverhill
Peter Carbone, Chair, Haverhill Historical Commission
Paul Howard, Chair, Haverhill Planning Board
Andrew Herlihy, Director of Community Development, City of Haverhill



The Commonwealth of Massachusetts
William Francis Galvin, Secretary of the Commonwealth
Massachusetts Historical Commission

August 21, 2024

Sarah Moser
Director
Haverhill Public Library
99 Main Street
Haverhill, MA 01830

RE: National Register nomination / Haverhill Powder House, Haverhill


Dear Ms. Moser:

Enclosed is a draft National Register nomination for the Haverhill Powder House, Powder House Avenue, Haverhill. The nomination will be considered by the Review Board of the Massachusetts Historical Commission (MHC) at its next quarterly meeting, to be held on Wednesday, September 11, at 1:00 p.m. Information on how to attend this meeting can be found on the MHC website closer to the meeting date.

The nomination for this property was prepared by a graduate student at Boston University in conjunction with staff of the Massachusetts Historical Commission.

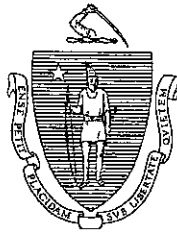
We would appreciate your placing the nomination and supporting materials in a location easily accessible to the general public. For further information on the nomination and on the National Register program, please contact this office.

Sincerely,


Ben Haley
National Register Director
Massachusetts Historical Commission

enclosures: Draft nomination
National Register information materials

cc: Chair, Haverhill Historical Commission



The Commonwealth of Massachusetts
William Francis Galvin, Secretary of the Commonwealth
Massachusetts Historical Commission

August 9, 2024

Andrew Herlihy
Director of Community Development
City Hall, Room 309
4 Summer Street
Haverhill, MA 01830

Re: National Register of Historic Places—Haverhill Powder House, Haverhill

Dear Mr. Herlihy:

We are pleased to inform you that the Haverhill Powder House, 91 Powder House Avenue, Haverhill, Massachusetts will be considered by the Massachusetts Historical Commission for nomination to the National Register of Historic Places. The National Register of Historic Places is the Federal government's official list of historic properties worthy of preservation. Listing in the National Register provides recognition and assists in preserving our nation's heritage.

Listing of this property provides recognition of the community's important historic resources and assures protective review of Federal projects that might adversely affect the character of the property.


Listing in the National Register does not mean that limitations will be placed on the property by the Federal government. Public visitation rights are not required of property owners. The Federal government will not attach restrictive covenants to the property or seek to acquire it. If a property is listed in the National Register, the owner may do anything with it that he/she wishes, unless state or federal funds, permits, or licensing are used, unless State or Federal historic rehabilitation tax credits, funds, permits, or licensing are used, or unless some other regional and/or local ordinance or policy is in effect.

In Massachusetts, properties nominated to the National Register are automatically listed in the State Register of Historic Places. There are no limitations, public visitation requirements, or restrictive covenants for private properties included in the State Register. State Register properties owned by municipalities and nonprofit organizations may compete for state restoration grants.

You are invited to attend the meeting of the Massachusetts Historical Commission at which this nomination will be considered. The Commission will meet at 1:00 p.m. on September 11, 2024. Details on how to attend will be posted on the MHC's website closer to the meeting date. The Commission meeting is a public meeting and all interested parties are encouraged to attend.

A draft copy of the National Register nomination will be available at the Haverhill Public Library. Attached please find notices that explain, in greater detail, the results of listing in the National Register and that describe the rights and procedures by which an owner may comment on or object to listing in the National Register. Should you have any questions about this nomination prior to the Massachusetts Historical Commission meeting, please contact Ben Haley, National Register Director, at this office.

Sincerely,



Brona Simon
State Historic Preservation Officer
Massachusetts Historical Commission

enclosures: Rights of Private Property Owners, National Register Criteria, Effects and Benefits of Listing

cc: Melinda Barrett, Mayor of Haverhill
Peter Carbone, Chair, Haverhill Historical Commission
Paul Howard, Chair, Haverhill Planning Board
David Lewis

City Council Special Permit · Add to a project

 **Expiration Date**

Active

Request Changes

(/#/explore/request-changes/180661)

⋮

84

CCSP-24-10 *Hearing September 24, 2024***Details**

Submitted on Jun 25, 2024 at 9:21 am

(10.1)

HAV CITY CLERK JUL29'24 PM 3:17

**Attachments**

8 files

**Activity Feed**

Latest activity on Jul 26, 2024

IN CITY COUNCIL: AUGUST 6, 2024

HEARING SCHEDULE FOR SEPT 24, 2024

Attest:

**Applicant**

Melanie Chapman

Kaitlin M. Wright City Clerk

0

**Location**

98 BRANDY BROW RD, Haverhill, MA 01830

View ▼

Edit Workflow

**Special Permit Filing Fee**

Waived Jun 25, 2024 at 3:32 pm

IN CITY COUNCIL: September 24 2024

CONTINUED TO OCTOBER 8 2024

Attest;

City Clerk**Planning Director Review**

Completed Jun 25, 2024 at 10:53 am

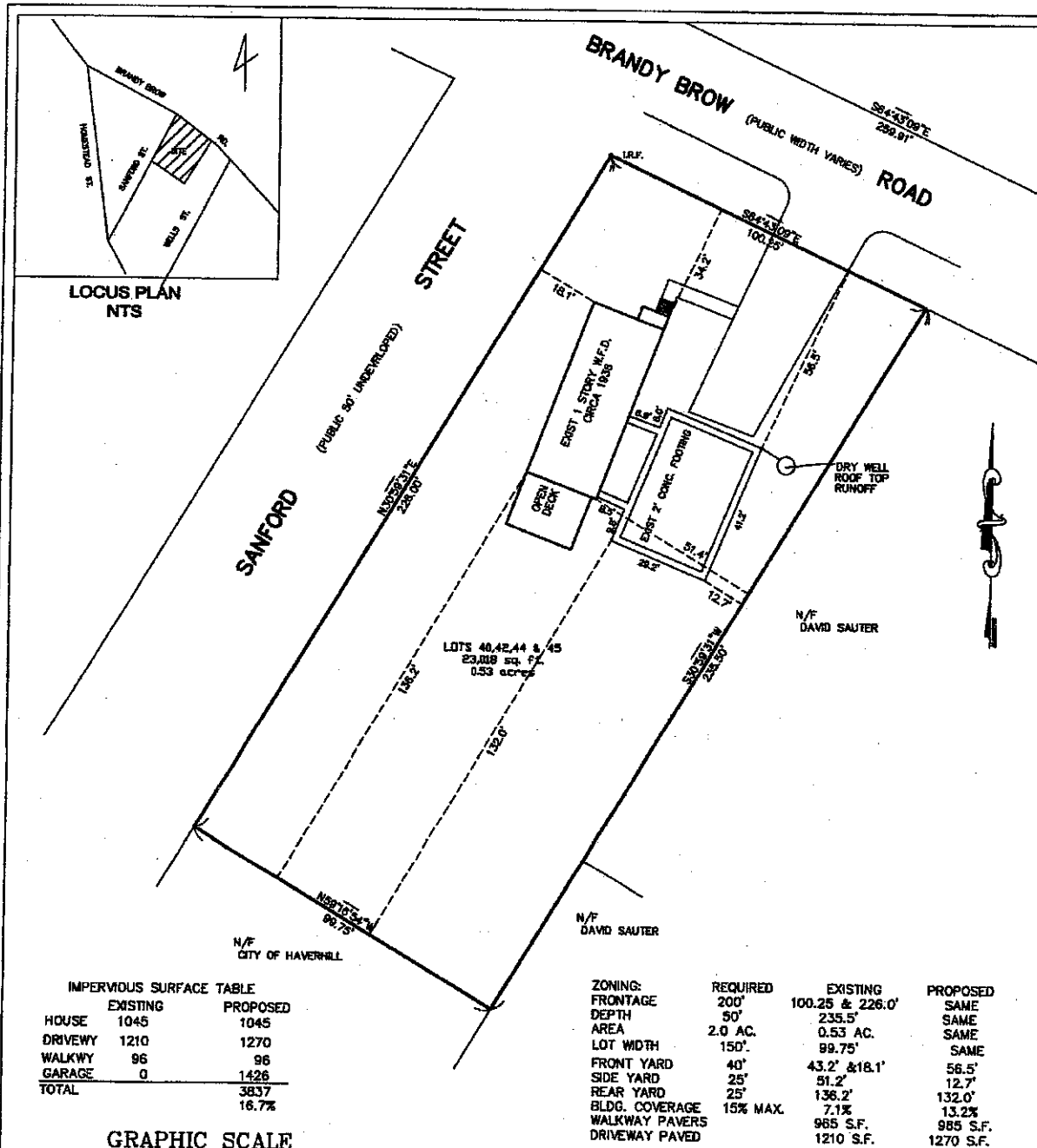
**City Clerk Review - Hearing Dates Set**

Completed Jul 26, 2024 at 1:09 pm

**City Council Admin Notified**

Completed Jun 25, 2024 at 10:55 am





SCALE: 1" = 30'

DEED BOOK 32744 PAGE 538

AREA 0.53 AC. +/-

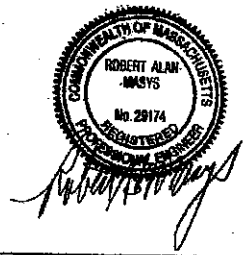
ASSESSOR MAP 439

BLOCK 5

LOTS 40, 42, 44 & 45

ZONE RS

I CERTIFY THAT THE STRUCTURES HERE ON ARE LOCATED AS SHOWN.



ROBERT A. MASYS, P.E.

PROPOSED PLOT PLAN OF LAND AT

98 BRANDY BROW ROAD

HAVERHILL, MASSACHUSETTS

OCTOBER 2, 2024

OWNER/APPLICANT:

CHRISTOPHER CHAPMAN

98 BRANDY BROW RD.

HAVERHILL, MA.





Abutter Notification
Completed Sep 20, 2024 at 12:17 pm



Second Ad Placement
Completed Jul 30, 2024 at 3:40 pm



City Council Meeting
In Progress



Meeting Minutes & Decision Filed w/City Clerk
Review



DPW Review

Complete ▾

Complete

Assignee

Robert Ward

Due date

None



Kaitlin Wright Remove Comment • Aug 20, 2024 at 7:36 pm

@Robert Ward This is coming before Council in the coming weeks. Please review the permit application and review relative to your department, thank you!



Robert Ward Remove Comment • Sep 24, 2024 at 3:54 pm

This project was previously under review under OPENGOV #116571. The last comment (see below) was on June 21, 2024 from the Water Department (John D'Aoust) and regarding the impervious area. At this time the applicant has not provided the impervious area analysis requested.

John D'Aoust

Depending on the plan dimensions used the estimated resulting impervious area post alteration exceeds 2,500 square feet which is allowed per 255-9.2.5.1. Up to 20% of the lot size is allowed by special permit from City Council per 255-9.2.7.8. The estimated impervious area calculation developed for this review follows. The applicant must provide their own impervious analysis for the approval process.

Lot Size:	0.529	acres	
	23,043	sq ft	
Watershed Zone:	Outside Zone A		
Allowed Impervious Area:	2,500	Ch. 255 Sec. 9.2.5.1	
Allowed Impervious Area with Special Permit:	4,609	Ch. 255 Sec. 9.2.7.8	
Existing Impervious Area:	2,709	sq ft	
House:	1,238	sq ft	
Detached Structures:	496	sq ft	
Paved Area:	975	sq ft	
Proposed Impervious Area:	3,281	sq ft	
Existing:	2,709	sq ft	
Addition:	1,068	sq ft	24' x 30' garage + breezeway
Garage Demo:	(496)	sq ft	

Proposed Impervious Area:	3,593	sq ft	
Existing:	2,709	sq ft	28.5' x 40' garage + breezeway
Addition:	1,380	sq ft	
Garage Demo:	(496)	sq ft	

**Melanie Chapman**

Remove Comment • Sep 24, 2024 at 3:59 pm

I uploaded a survey showing the impervious area. Was there something I missed?

**Melanie Chapman**

Remove Comment • Sep 24, 2024 at 7:36 pm

Robert, Could you please dumb it down for me as to what is required as I believe I provided what was requested.

**Robert Ward**

Remove Comment • Oct 2, 2024 at 9:15 am

Please go to the Water Supply Review for further comment on this project.

Step Activity

Robert Ward approved this step

OpenGov system assigned this step to Robert Ward

Robert Ward

Remove Comment • Oct 2, 2024 at 8:58 am

There are no proposed changes to water and sewer service. Please see the water supply review comments.

**Kaitlin Wright**

Remove Comment • Oct 2, 2024 at 9:09 am

@Robert Ward At present, there are no comments under Water Supply Review.

Step Activity

Robert Ward approved this step

OpenGov system assigned this step to Robert Ward



CCSP-24-10

Water Supply Review

City Council Special Permit

Status: Complete

Assignee: John D'Aoust

Became Active: Jun 25, 2024

Completed: Oct 3, 2024

Applicant

Melanie Chapman
chapman3918@live.com
98 Brandy Brow rd
Haverhill, Mass 01830
9789143922

Primary Location

98 BRANDY BROW RD
Haverhill, MA 01830

Owner:

CHAPMAN CHRISTOPHER R
98 BRANDY BROW RD HAVERHILL, MA 01830

Comments

Kaitlin Wright, Aug 20, 2024

@Robert Ward This is coming to council in the coming weeks. Please review and comment relative to your department. Thank you!

Robert Ward, Oct 2, 2024

This project was previously under review under OPENGOV #116571. The last comment (see below) was on June 21, 2024 from the Water Department (John D'Aoust) and regarding the impervious area. At this time the applicant has not provided the impervious area analysis requested.

John D'Aoust

Depending on the plan dimensions used the estimated resulting impervious area post alteration exceeds 2,500 square feet which is allowed per 255-9.2.5.1. Up to 20% of the lot size is allowed by special permit from City Council per 255-9.2.7.8. The estimated impervious area calculation developed for this review follows. The applicant must provide their own impervious analysis for the approval process.

Lot Size: 0.529 acres

The plot plan uploaded dated June 7, 2024 lists the building coverage and not an itemized list as shown in the water department's impervious calculation estimate of 6/21/2024 on the building permit file 116571, also entered into this file with the comment above. The revised plan lack sufficient detail on what "BLDG. COVERAGE" includes. Does this include paved areas or other area? For example, cover decks, swimming pools, hardscaping not designed to be impervious.

Please supply the impervious area pre, and post construction similar to the supplied example.

Melanie Chapman, Oct 2, 2024

Okay, so an updated survey that's shows more in the key would be sufficient? For instance, I'll ask the surveyor to add the driveway and front walkway? No other surfaces exist.

John D'Aoust, Oct 2, 2024

Yes, a modification to the plan with existing and post construction would be acceptable. Please see the example below of a plan on another project currently in permitting.

Impervious Surface Table				
House -	1,198.90	sqft	+/-	
Deck -	397.60	sqft	+/-	
Driveway -	985.14	sqft	+/-	
Walkway -	265.21	sqft	+/-	
P. Addition -	600.00	sqft	+/-	
TOTAL -	3,446.85	sqft	@ 22.97%	

Melanie Chapman, Oct 2, 2024

Got it, Thank you!

Kaitlin Wright, Oct 3, 2024

Updated documents have been uploaded.

John D'Aoust, Oct 3, 2024

The applicant has supplied a revised plan and is within the allowed maximum of impervious surface area of 20% of the lot size by special permit.

The water department will require the applicant to submit the design of the stormwater infiltration system as part of final review of the building permit under file 116571. The system is shown on the revised plan as the "dry well roof top runoff".



CCSP-24-10

City Council Special
Permit

Status: Active

Submitted On: 6/25/2024

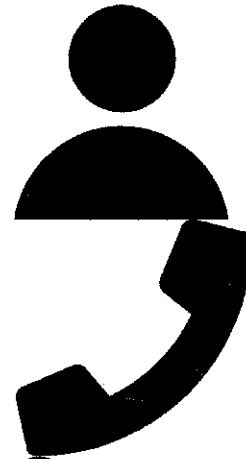
Primary Location

98 BRANDY BROW RD
Haverhill, MA 01830

Owner

CHAPMAN CHRISTOPHER
R
BRANDY BROW RD 98
HAVERHILL, MA 01830

Applicant



Melanie
Chapman

978-914-
3922

@ chapman3918@live.com



98 Brandy
Brow rd

Haverhill, Mass 01830

Applicant Information

What is Your Role in This Process?*

Owner

Applicant Business/Firm Name*

Melanie Chapman

Applicant Business/Firm Phone*

978-914-3922

Applicant Business/Firm Address*

98 Brandy Brow rd

Applicant Business/Firm City*

Haverhill

Applicant Business/Firm State*

Massachusetts

Applicant Business/Firm Zip*

01830

Property Information

Proposed Housing Plan Name*

98

Proposed Street Name(s)*

Brandy Brow rd

How Long Owned by Current Owner?*

22 years

Type of Dwelling(s) Planned in Project*

Single Family

Lot Dimension(s)*

100.25' x 226.00'

Registry Plat Number, Block & Lot*

439

Zoning District Where Property Located*

RS - Residential Rural Special

Deed Recorded in Essex South Registry: Block Number*

19698

Deed Recorded in Essex South Registry: Page*

334

Does the Property Have Multiple Lots?*

Yes

IF YES, How Many Lots?*

4

IF YES, What Is/Are the Map, Block Lot (MBL) Number(s)?*

439-5-44, 439-5-45, 439-5-42, 439-5-40

IF YES, Provide Additional Addresses if Different Than "Location" (or Enter NONE)*

NONE

Thoroughly Describe the Reason(s) for thre Special Permit*

The estimated impervious area post alterations exceeds 2,500 square feed which is allowed per 255-9.2.5.1. Requesting special permit to be allowed up to 20% of the lot size.

Property Description*

Single family

Current Property Use*

Residential Housing

TOTAL Number of Units Planned*

1

TOTAL Number of Parking Spaces Planned*

4

Planned Lot Use**Lot Number***

Lot 1

Lot Plat Number, Block, Lot*

439-5-44; 439-5-45

Lot Dimensions*

100.25' x 226.00'

Number of Existing Buildings on Lot* ?

1

Size of Existing Building(s) on Lot*

51' x 21'

Number of Buildings Planned for Lot*

1

Size of Proposed Building(s)*

41.2' x 29.2; 8.9' x 25.4'

Number of Families to be Accommodated*

1

Extent of Proposed Alterations*

Addition

IF OTHER ALTERATIONS, Please Describe*

Reconstructed garage and join to home with closed breezeway

Types of Units Planned on Lot*

Addition to Existing Home

Number of Units Planned on Lot*

1

Special Circumstances

Building Coverage

☒

Dimensional Variance

☐

Front Yard Setback

☐

Side Yard Setback

☐

Rear Yard Setback

☐

Lot Frontage

☐

Lot Depth

☐

Lot Area

☐

Building Height

☐

Floor Area Ratio

☐

Open Space

☐

Parking

☐

Sign Size

☐

Use

☐

Other

☐

Hearing Waiver

Agrees*

Yes

Agreement & Signature

Agrees*



Office Use Only

 City Council Decision

—


 City Council Hearing Date

—

 Reason for Council's Decision

 City Council Members Absent


 City Council Members Present

 Continuance Meeting Date

—

 Also Present

 City Councilor Who Seconded Motion

 City Councilor Who Made Motion

 City Councilors Who Voted Against

 City Councilors Who Abstained


 Continuance Motion Decision

 Who Submitted Continuance Request?

—

—


 City Councilors Who Voted in Favor


 Number of 12"x18" Mylar Copies

 Appeal Expiration Date

—

—

 Number of 24"x36" Mylar Copies

 Number of 18"x24" Mylar Copies

—

—

Attachments



Written Summary of Project

Required

Scanned Document.pdf

Uploaded by Melanie Chapman on Jun 24, 2024 at 12:13 PM



Copy of Proposed Site Plan

Required

IMG_0525.heic

Uploaded by Melanie Chapman on Jun 24, 2024 at 12:10 PM



Certified Plot Plan

Required

Scanned Document.pdf

Uploaded by Melanie Chapman on Jun 24, 2024 at 12:11 PM



Description of Project

Required

Project summary.pdf

Uploaded by Melanie Chapman on Jun 24, 2024 at 12:13 PM



Zoning Opinion

Required

98 Brandy Brow rd .png

Uploaded by Melanie Chapman on Jun 25, 2024 at 9:21 AM



Abutters 98 Brandy Brow 439.5.44 incl 40.41.42.45.xlsx

Abutters 98 Brandy Brow 439.5.44 incl 40.41.42.45.xlsx

Uploaded by Christine Webb on Jun 25, 2024 at 11:09 AM



Mailing labels 98 Brandy Brow 439.5.44 incl 40.41.42.45.pdf

Mailing labels 98 Brandy Brow 439.5.44 incl 40.41.42.45.pdf

Uploaded by Christine Webb on Jun 25, 2024 at 11:09 AM



98BrandyBrowBOAPlanChapman3.pdf

98BrandyBrowBOAPlanChapman3.pdf

Uploaded by Melanie Chapman on Jul 18, 2024 at 12:26 PM

Abutter Notification

Review



Second Ad Placement

Review



City Council Meeting

Review



Meeting Minutes & Decision Filed w/City Clerk

Review



Fire2 Department Review



● Complete ▾

Complete

Assignee

Robert Irvine

Due date



None



Robert Irvine

Remove Comment • Jun 27, 2024 at 3:18 pm

Residential Single Family

The planning, design and construction of new buildings, renovation of existing buildings and structures to provide egress facilities, fire protection and built-in fire protection equipment shall be in accordance with 780 CMR; and any alterations, additions or changes in buildings required by the provisions of 527 CMR which in the scope of 780 CMR, 9th edition, shall be made in accordance therewith.

Plans approved by the fire department are approved with the intent they comply in all respects to MSBC, 780 CMR 527 CMR 1.00, MGL Chapter 148 and any City of Haverhill ordinance. Any omissions or errors on the plans do not relieve the

**Melanie Chapman**

Remove Comment • Jul 17, 2024 at 4:55 pm

Just left a message for Ram to see where their at with those drawings.

**Melanie Chapman**

Remove Comment • Jul 18, 2024 at 12:28 pm

Bob, I just uploaded what I believe to be the Plot Plan with the recharge. Please let me know if that what's being requested, thank you.

**Robert Moore**

Remove Comment • Jul 18, 2024 at 6:57 pm

Thank you for uploading the new plan. The Water Supply staff and Building Inspector may request additional information pertaining to sizing of the recharge system. I'm sure they'll let you know if they have any additional comments. My involvement in this "Storm Water Review" category is to determine whether the project complies with C. 219 of the City Code ("Stormwater Management"). Your project is small enough that this ordinance will not apply. I'll send the review to the City Engineer so that he may comment on any other stormwater items. Best of luck with your project.

This step was assigned to Robert Moore - Jun 25, 2024 at 10:53 am
Robert Moore assigned this step to John Pettis - Jul 18, 2024 at 6:58 pm

applicant of complying with applicable requirements
Driveway must comply with the Public Safety Driveway Design Standard for
Residential Dwellings.

This step was assigned to Robert Irvine - Jun 25, 2024 at 10:53 am
Robert Irvine approved this step - Jun 27, 2024 at 3:18 pm

**Abutter Notification**

Review

**Second Ad Placement**

Review

**City Council Meeting**

Review

**Meeting Minutes & Decision Filed w/City Clerk**

Review



Details

Important: Please Read Before Starting Your Application

THE CITY COUNCIL HAS CHANGED THE DEADLINE FOR SUBMITTING APPLICATIONS FOR SPECIAL PERMITS. IT IS NOW APPROXIMATELY 6 WEEKS PRIOR TO THE HEARING DATE. ALSO, ALL APPLICATIONS MUST BE COMPLETE, HAVING SATISFIED ALL OF THE REQUIREMENTS - BOTH INFORMATION AND ATTACHMENTS - FROM THE BUILDING INSPECTOR, CITY TREASURER, CITY ASSESSOR AND CLERK OF THE BOARD. INCOMPLETE OR LATE APPLICATIONS WILL NOT BE HEARD UNTIL AT LEAST 1 MEETING LATER

Applicant Information

[Edit](#)

IMPORTANT NOTE: ALL DOCUMENTS THAT ARE ATTACHED TO THIS APPLICATION MUST BE SUBMITTED AS ORIGINALS TO THE CITY CLERK BEFORE THE APPLICATION IS CONSIDERED COMPLETE AND PROCEEDS TO REVIEW. THESE DOCUMENTS WILL LATER BE FILED WITH THE COUNTY REGISTRY WHICH REQUIRES ORIGINAL DOCUMENTS.

**Abutter Notification**

Review

**Second Ad Placement**

Review

**City Council Meeting**

Review

**Meeting Minutes & Decision Filed w/City Clerk**

Review

**Conservation Department Review****● Complete** ▾

Complete

Assignee

 Robert Moore

Due date

 None**Robert Moore**

Remove Comment • Jul 18, 2024 at 6:49 pm

Hi Melanie. I have no objection to the granting of the special permit with respect to the jurisdiction of the Conservation Commission. The Water Supply staff and Building Inspector will review the project with respect to the Water Supply Zoning Ordinance and should let you know if they have any additional comments.

This step was assigned to Robert Moore - Jun 25, 2024 at 10:53 am
Robert Moore approved this step - Jul 18, 2024 at 6:49 pm



CCSP-24-10

Health Department Review

City Council Special Permit

Status: Complete

Assignee: Mark Tolman

Became Active: Jun 25, 2024

Completed: Aug 21, 2024

Applicant

Melanie Chapman
chapman3918@live.com
98 Brandy Brow rd
Haverhill, Mass 01830
9789143922

Primary Location

98 BRANDY BROW RD
Haverhill, MA 01830

Owner:

CHAPMAN CHRISTOPHER R
98 BRANDY BROW RD HAVERHILL, MA 01830

Comments

Kaitlin Wright, Aug 20, 2024

@Mark Tolman This is coming before Council in the coming weeks. Please review the application and comment relative to your department. Thank you!

Mark Tolman, Aug 21, 2024

Rearranging rooms only. There is no increase in flow to the septic system.



CITY OF HAVERHILL
BOARD OF APPEALS FOR ZONES
CITY HALL - 4 SUMMER STREET

NOTICE OF DECISION

YOU ARE HEREBY NOTIFIED OF THE DECISION OF THE BOARD OF APPEALS ON THE
APPLICATION OF:

Owner: Christopher Chapman Applicant: Melanie Chapman BOA 24-17

APPLICANT AND (OWNER IF DIFFERENT)

98 Brandy Brow Road 439 5 40, 44, 42, 45

SITE LOCATION ASSESSOR'S MAP BLOCK PARCEL NUMBER

DEED OF PROPERTY RECORDED IN: SOUTHERN ESSEX Book: 32744 Page: 538

This was filed with the Board on 6/11/2024 as signified by the City Clerk's date stamp.

The BOARD, as authorized by §15, Chapter 40A of the M.G.L., held a PUBLIC HEARING on:
July 17, 2024

DATE OF HEARING (CONTINUANCE IF APPLICABLE)

The BOARD'S DECISION by vote to GRANT/DENY said application is as follows:
RECORD OF PROCEEDINGS: SEE BELOW MOTION*:

STIPULATION (S):

SO.ESSEX #206 Bk:42293 Pg:298
08/27/2024 12:37 PM DCSN Pg 1/2
eRecorded

MOTION MADE BY: Valtally SECOND: Infante

VOTE ON MOTION WITH/WITHOUT STIPULATIONS:

BOARD	Absent	Yes	No	Abstain	Not Sitting
CHAIRPERSON MORIARTY		✓			
MEMBER INFANTE		✓			
MEMBER BROWN		✓			
MEMBER LEPONE Valtally		✓			
MEMBER BEVILACQUA		✓			
ASSOC. MEMBER MATIAS					
ASSOC. MEMBER ORTIZ					

THE BOARD CITES THE FOLLOWING AS REASON (S) FOR ITS DECISION:

Melanie & Christopher Chapman for 98 Brandy Brow Road (Map 439, Block 5, Lots 40, 44, 42 & 45)

Applicant seeks a dimensional variance for side setback (12.7 ft where 25 ft is required) to construct an attached two-stall garage in a RS zone. (BOA 24-17)

No members of the public spoke in opposition to the application. The Applicant's proposal also requires a special permit from the City Council under the Water Supply Protection Overlay District section of the zoning ordinance. The Board found that the application meets the requirements of 255-10.2.2(2). The Board granted the requested variance on a vote of 5-0.

An Appeal of this Decision shall be made pursuant to §17 of Chapter 40A and shall be filed with Superior or District Court within twenty (20) days after the date of filing of the above cited decision with the Office of the City Clerk. Procedural appeals shall be taken in accordance with §17 of Chapter 40A.

July 17, 2024

DATE

CHAIRPERSON

Aguese Bevilacqua
Linda Brown

TEVING
K. H. G. B.

*See record of evidence, findings of fact and detailed record of proceedings of the Board of Appeals presented at the hearing and filed with the City Clerk and Planning Board, which is being incorporated herein by reference and considered a part thereof.

Send to:
Christopher Chapman
98 Brandy Brow Road
Haverhill, MA 01830

TRUE & TEST COPY
Kathleen M. Wright
Kathleen M. Wright

CERTIFICATION OF DECISION

I, the City Clerk of the City of Haverhill, hereby certify that the Board of Appeals DECISION AND NOTICE OF DECISION on the application of:

Owner: Christopher Chapman Applicant: Melanie Chapman
AND (OWNER IF DIFFERENT)

For a Special Permit and/or Variance for the location at:

98 Brandy Brow Road
STREET NAME AND NUMBER

Has been filed with this Office on:

HAU CITY CLERK JUL 30/24 PM 12:06

And that;

- (1) Twenty (20) days from the date the decision was filed have elapsed and this Office within the 20-day appeal has received no appeal notice to the District or Superior Court.
- (2) If an appeal has been taken, notice has been received that said appeal has been dismissed or denied.
- (3) The application was denied.

The Board Clerk will file in this office, evidence that the DECISION, NOTICE OF DECISION, and CERTIFICATION OF DECISION of the Board has been duly recorded and indexed in the Grantor Index under the name of the owner of record (registered land to be noted on the Owner's Certificate of Title) and the Essex County South District Registry of Deeds.

A fee of ten dollars (\$10.00) has been paid by the applicant and a copy of this Certification will be transmitted to the Board of Appeals.

Kathleen M. Wright
CITY CLERK

HAU CITY CLERK AUG 20/24 AM 9:38

DATE

I hereby agree to record this DECISION, NOTICE OF DECISION, and CERTIFICATION OF DECISION at the Registry of Deeds as required and in compliance with Chapter 40A of the M.G.L.

I agree to file evidence with the City Clerk attesting that said DECISION, NOTICE OF DECISION and CERTIFICATION OF DECISION has been duly recorded as cited above.

Jim Denny
BOARD OF APPEALS CLERK

HAU CITY CLERK AUG 20/24 AM 9:38

DATE

NOTE: IF THE RIGHTS AUTHORIZED BY VARIANCE, CERTAIN SPECIAL PERMITS, AND FINDINGS OF THE BOARD OF APPEALS ARE NOT EXERCISED WITHIN ONE YEAR OF THE GRANT OF SUCH BOARD'S ACTIONS, SAID RIGHTS SHALL LAPSE.

Melanie Chapman

98 Brandy Brow rd.

Haverhill Massachusetts

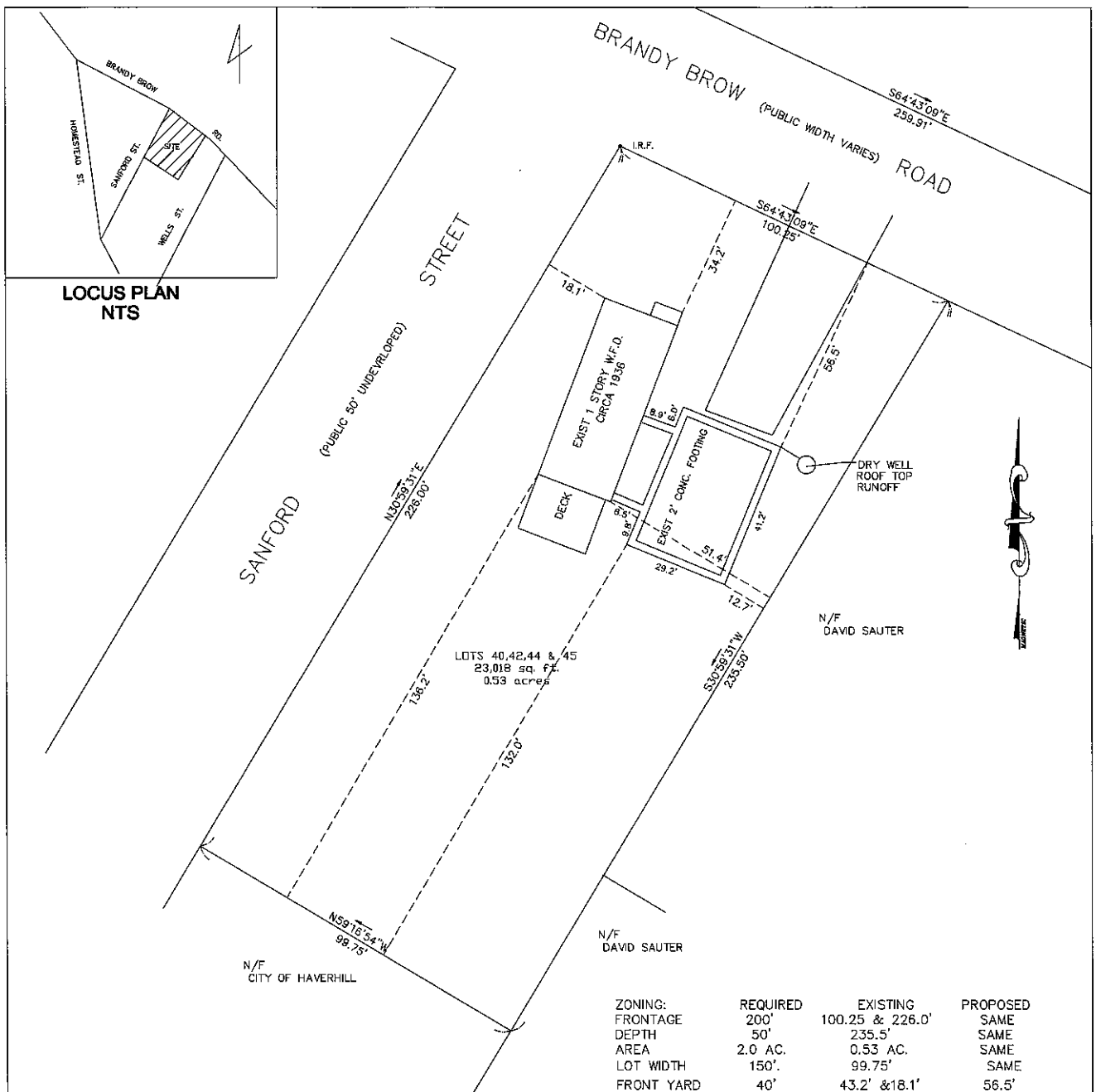
The project at 98 Brandy Brow rd. consists of demolition of detached 2 car garage(30'x28') and reconstruction of said garage adding footings, frost walls and foundation in order to erect a second floor to the garage. The project will also include adding 10' off the back of the garage(40'x28') and attaching the garage with a 2-story breezeway (10' x 24'). The project will allow for use of garage as the pre-existing garage was not suitable and add additional storage and living space to the home as the home does not have a usable basement. No change to the driveway and structures will remain within the current footprint from side to side. The only change in the footprint will be the 10' being added to the back of the garage,132' from the property line.

HAV CITY CLERK JUL30'24 041035

June 25, 2024 at 9:17 AM

98 Brandy Brow is in Zone B of the Watershed of the Haverhill zoning bylaws One individual single-family dwelling unit which is within the WSPOD District but not within 500 feet of the water bodies outlined in Subsection D(3)(a)[5],[1] Places of worship, nonprofit educational development, trade schools, nursery schools, nonprofit schools, colleges or universities and City governmental buildings, provided that no more than 10% of a building lot, or 2,500 square feet, whichever is greater, is rendered impervious, and further provided that the slope of the portion of the lot to be built upon, prior to alteration, shall not exceed 15% wetlands portions excluded.

The estimated resulting impervious area post alteration exceeds 2,500 square feet which is allowed per 255-9.2.5.1. Up to 20% of the lot size is allowed by special permit from City Council per 255-9.2.7.8.



GRAPHIC SCALE



(IN FEET)
1 inch = 30 ft.

GENERAL NOTES:

1. BOUNDARY INFORMATION BASED UPON PLANS BK. 30, PLAN 25, PLAN 243 OF 1961 ECSRD.
2. ADDITIONAL INFORMATION WAS COMPILED FROM ONSITE SURVEY PERFORMED BY RAM ENGINEERING, HAVERHILL, MA.

SCALE: 1" = 30'

DEED BOOK 32744

PAGE 538

AREA 0.53 AC. +/-

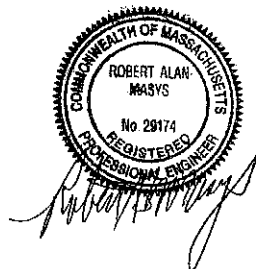
ASSESSOR MAP 439

BLOCK 5

LOTS 40, 42, 44 & 45

ZONE RS

I CERTIFY THAT THE STRUCTURES HERE ON
ARE LOCATED AS SHOWN.



ROBERT A. MASYS, P.E.

PROPOSED PLOT PLAN OF LAND AT 98 BRANDY BROW ROAD HAVERHILL, MASSACHUSETTS

JUNE 7, 2024

OWNER/APPLICANT:

CHRISTOPHER CHAPMAN
98 BRANDY BROW RD.
HAVERHILL, MA.



R.A.M. ENGINEERING
160 Main Street
Haverhill, Massachusetts 01830
TEL: (978) 372-0449 FAX: (978) 372-7183



Document

CITY OF HAVERHILL

In Municipal Council

13.1

Ordered:

That in accordance with General Laws, Chapter 44, Section 64, authorize the payment of bill(s) of the previous years and to further authorize the payment from current year departmental appropriations as listed below:

<u>Vendor</u>	<u>Amount</u>	<u>Account</u>
Verizon	\$1,503.82	Information Technology
National Grid	\$432.27	Highway Department
National Grid	\$42.67	Highway Department

HAVERHILL CITY CLERK OCT 4 2014 4:24 PM



MELINDA E. BARRETT
MAYOR

**CITY OF HAVERHILL
MASSACHUSETTS**

CITY HALL, ROOM 100
FOUR SUMMER STREET
HAVERHILL, MA 01830
PHONE 978-374-2300
FAX 978-373-7544
MAYOR@HAVERHILLMA.GOV
WWW.CITYOFHAVERHILL.COM

HAVERHILL CITY CLERK JIMMY 424 94840

October 3, 2024

To: City Council President Thomas J. Sullivan and Members of the Haverhill City Council

RE: FY2024 Bills

Dear Mr. President and Members of the Haverhill City Council:

Attached, please find an order to pay bills from the previous fiscal year:

Vendor	Amount	Account
Verizon	\$ 1,503.82	Information Technology
National Grid	\$ 432.27	Highway Department
National Grid	\$ 42.67	Highway Department
TOTAL	\$ 1,978.76	

I recommend approval.

Sincerely,

**Melinda E. Barrett
Mayor**

MEB/em

nationalgrid

2024144

Cancel

00000070000000

0174013814800702435060

**C 030

003760

HAVERHILL DPW
500 PRIMROSE ST
HAVERHILL, MA

01830-2660

Please Pay
By Jun 05

2,435.06 H

40138-14800

Account Number

Please mail this part of bill with your payment

Make checks payable to National Grid.

Tear here

National Grid address on the back must show in return envelope window

Write your account number on check.

Service To	Account Number	Next Meter Reading	Bill Date
HAVERHILL DPW 500 PRIMROSE ST HAVERHILL, MA 01830	40138-14800	Jun 26 '24	May 22 '24
	Rate G-41T Commercial Hea	For Customer Assistance Please call (888) 238-2414	

CURRENT BILL ITEMIZED

In 29 days you used 491 therms:

May 22 2024 reading ACTUAL 34432
 Apr 23 2024 reading ACTUAL 33955
 CCF Used for METER# 009906113 477

Thermal Factor x 1.0295
 Total therms used 491

Your Cost is determined as follows:

Minimum Charge \$25.13
 \$.8665 per day for 29 days
 First 491.0 therms @ \$.5654 277.61
 Distribution Adjustment:
 491 therms x 0.26380 per therm 129.53

GAS DELIVERY CHARGE \$432.27

TOTAL CURRENT CHARGES \$432.27

SUMMARY OF CHARGES

Amount Due Last Bill 7,333.64
 Your Total Payments Since
 Last Bill. Thank You! -5,330.85
 Remaining Balance 2,002.79

DETAILS

National Grid:
 Amount Due Last Bill 4,220.86
 Payments Since Last Bill -4,220.86
 Total Current Charges \$432.27

Amount Due National Grid 432.27

SFE Energy Massachusetts

Amount Due ESCO 2,002.79

PLEASE PAY BY Jun 05 \$2,435.06

If payment received after 07/16/2024
 a late payment charge of \$4.93
 (1.14% of outstanding charges) may be added
 to your National Grid balance.

GAS USE HISTORY

	Days	Therms		Days	Therms
May 24	29 Act	491	Aug 23	30 Act	0
Apr 24	33 Act	2155	Jul 23	32 Act	0
Mar 24	29 Act	2516	Jun 23	30 Act	59
Feb 24	29 Act	3159	May 23	62 Act	1681
Jan 24	28 Act	3630	Mar 23	29 Act	3607
Dec 23	97 Act	5384	Feb 23	29 Act	3287
Sep 23	28 Est	8	Jan 23	34 Act	3605

IMPORTANT MESSAGES

For gas consumption from May 1, 2024 to October 31, 2024, your billing rate component of your bill contains a Revenue Decoupling Adjustment Factor charge of \$0.0175 per therm. Please see Company website.

For gas consumption from May 1, 2024 to October 31, 2024, the Local Distribution Adjustment Factor ("LDAF"), which is included in the delivery charge, will be \$0.2789 per therm.

For gas consumption from May 1, 2024 to October 31, 2024, the Gas Supply Charge has decreased from last month's charge of \$0.8122 per therm to \$0.3816 per therm.

VEHICLE MAINTENANCE - 605

1010000.1.0425, 5212



nationalgrid

TO REPORT A GAS ODOR CALL THE CUSTOMER ASSISTANCE NUMBER ABOVE
 www.nationalgridus.com

SEE REVERSE FOR ADDITIONAL CUSTOMER INFORMATION

Page 1 of 2



SERVICE FOR
HAVERHILL DPW
500 PRIMROSE ST GAS
HAVERHILL MA 01830

BILLING PERIOD
May 22, 2024 to Jun 21, 2024

PAGE 1 of 3

ACCOUNT NUMBER	PLEASE PAY BY	AMOUNT DUE
95159-93002	Jul 17, 2024	\$ 474.94

www.nationalgridus.com

CUSTOMER SERVICE
1-800-233-5325
Monday-Friday, 7AM-7PM
GAS EMERGENCIES
1-800-233-5325
24 Hours/Day - 7 Days/Week
(Does not replace 911 emergency
medical services)

PARA ESPANOL
1-800-233-5325
CORRESPONDENCE ADDRESS
PO Box 1040
Northborough, MA 01532

PAYMENT ADDRESS
PO BOX 371338
PITTSBURGH, PA 15250-7338

DATE BILL ISSUED
Jun 21, 2024

Gas Usage History

Month	Therms	Month	Therms
Jun 23	59	Jan 24	3630
Jul 23	00	Feb 24	3159
Aug 23	00	Mar 24	2516
Sep 23	08	Apr 24	2155
Oct 23	00	May 24	491
Nov 23	00	Jun 24	21
Dec 23	5384		

ACCOUNT BALANCE

Previous Balance	2,435.06
Payment Received on JUN 3 (Check)	- 2,002.79
Balance Forward	432.27
Current Charges	+ 42.67
Amount Due ▶	\$ 474.94

To avoid late payment charges of 1.14%, \$ 474.94 must be received by Jul 17 2024.

➤ **Payment concerns?** We are here to help. To learn about solutions to help you take control of your energy use and bills, visit www.ngrid.com/billhelp.

SUMMARY OF CURRENT CHARGES

	DELIVERY SERVICES	SUPPLY SERVICES	TOTAL
Gas Service	42.67 Billed by supplier		42.67
Total Current Charges	\$ 42.67		\$ 42.67

💡 Save time and money! Sign up for paperless billing and receive a \$ 0.38 credit on your monthly bill. Visit our website to enroll today!

👷 **Utility Worker Safety Reminder:** State laws are in place to help protect utility workers while they are performing their job duties. Causing physical injury to, or assaulting, a utility worker is punishable by law, and penalties include potential jail time.

VEHICLE MAINTENANCE - 605
1010000.1.0425. 5212

KEEP THIS PORTION FOR YOUR RECORDS.

RETURN THIS PORTION WITH YOUR PAYMENT.



ACCOUNT NUMBER	PLEASE PAY BY	AMOUNT DUE
95159-93002	Jul 17, 2024	\$ 474.94

PO Box 1040
Northborough MA 01532

HAVERHILL DPW
500 PRIMROSE ST GAS
HAVERHILL MA 01830

024170

NATIONAL GRID
PO BOX 371338
PITTSBURGH PA 15250-7338

ENTER AMOUNT ENCLOSED

\$ 42.67

Write account number on check and make payable to National Grid

000004267 95159930027000047494199

DETAIL OF CURRENT CHARGES**Delivery Services**

Service Period	No. of days	Current Reading	-	Previous Reading	=	Measured CCF	x	Therm Factor	=	Therms Used
May 22 - Jun 21	30	34452 Actual		34432 Actual		20		1.02927		21

METER NUMBER 09906113 NEXT SCHEDULED READ DATE ON OR ABOUT Jul 25

RATE G-41E T Small C&I Low Load Factor Monthly

Minimum Charge		26.00
Delivery Off-Peak	0.51480513 x 21 therms	10.81
Distribution Adjustment	0.2785 x 21 therms	5.86
Total Delivery Services		\$ 42.67

► Charges from SFE Energy Massachusetts Inc are not included on this bill. If you have any questions about your current gas costs, please contact your gas provider. Thank You!

www.nationalgridus.com

Glossary of Terms

Meter Read, Estimated: Your meter was not read. Your bill was calculated on the amount of gas you used during a similar period last year, or weather conditions for heating customers.

CCF – The unit of gas volume (100 cubic feet) as measured by your meter.

Thermal Factor – The factor that converts the quantity of gas used (CCF) to a quality measurement (Therms).

Minimum Charge – Fixed charge prorated for the number of days of service.

Gas Delivery Charge–The cost of operating and maintaining the National Grid distribution system.

Gas Supply Charge–The cost of purchase, storage, and interstate transmission of gas.

Distribution Adjustment– Includes National Grid customer's contribution to local energy conservation and environmental programs.

Questions About Your Bill

Please call the Customer Assistance number on the front of your bill, or write to:
National Grid
PO Box 1040
Northborough, MA 01532-4040
Please include your account number in all correspondence.

Payment Plans

To help pay down overdue charges, call to discuss your eligibility for one of our payment plans. We also offer Budget Billing (also known as Balanced Billing) which averages your annual energy costs to avoid large fluctuations in your monthly bills.

Please call or visit www.nationalgridus.com to find out more about this and other payment plans.

Rights To Gas Service For Residential Customers During Financial Hardship

If you cannot pay your gas bill because of a financial hardship and there exists a serious illness, or there is an infant under the age of 12 months, or all adults living in the home are over the age of 65 and there is a minor child in the residence, or if it is between November 15 and March 15, if your service is heat related we will not shut off your gas service. To protect yourself, call us immediately and we will send you a financial statement which you can complete and return. In addition, you must provide the necessary documentation outlined below within seven (7) days.

Serious Illness and Financial Hardship

Initially, your registered physician, physician assistant, nurse practitioner or Local Board of Health official must call us to let us know of this condition. Within seven days of this phone call, you must return the financial statement and your registered physician, physician assistant, nurse practitioner or Local Board of Health official must write to us and confirm the name and address of the seriously ill person and the business address and telephone of the doctor or agency. The statement must be renewed quarterly or semi-annually if certified to be chronic.

Winter Protection and Financial Hardship

If you heat your home with gas and cannot pay your overdue gas bill between November 15 and March 15 because of financial hardship, we will not shut off your gas. Contact us immediately and send in a financial statement.

Infant Under the Age of 12 Months and Financial Hardship

To qualify please call us immediately. Within seven days of the call, you must return the financial statement and send us the name, address, and birth date of the child and one of the following:

- birth certificate
- official records or a letter from a registered physician, physician assistant, nurse practitioner or Local Board of Health, hospital or government official
- letter from the Department of Transitional Assistance
- letter from clergyman or religious institution

Notice about Electronic Check Conversion:

By sending in your completed, signed check to us, you authorize us to use the account information from your check to make an electronic fund transfer from your account for the same amount of your check.

If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process a copy of your check

Notice to Elderly Customers

If all residents in your household are 65 or older, we won't shut off your gas service without prior consent of the Massachusetts Department of Public Utilities (DPU). If you cannot pay your bill, you may be able to work out a payment plan with us. If you have any questions, or want further information call us at the number printed on the front of your bill. To protect yourself please call the Company immediately if all residents in your home are 65 years of age or older.

Adults Over 65 Plus Minor Child and Financial Hardship

To qualify, please contact us by phone immediately. Within seven days of the call you must return the financial hardship form and send us the name, address and birthdate of the adults over 65 and the birthdate of the minor.

Right to Dispute Your Gas Bill

If you believe is not correct or wish to dispute it, or if you have a service quality problem or dispute please contact us. We will investigate the dispute and tell you what we find. If, after our investigation, you still think the bill is not correct, or continue to dispute the time the arrearage is to be paid, or the service quality problem has not been addressed you have the right to appeal by call the Massachusetts Department of Public Utilities (DPU) at 617-737-2836 or 1-886-5066 or TTY (hearing impaired only) 1-800-439-2370, by writing to the DPU, Consumer Division, One South Station, Boston, MA 02110, or by visiting the DPU's site www.mass.gov/dpu.

Non-Residential Customers

All unpaid balances more than 30 days in arrears are subject to late payment charges at the rate equal to the rate paid on the 2-year US Treasury notes for the preceding 12 months ending December 31, plus 10%.

Non-residential customers will be notified of late payment charges percentage with their February bill. Esta informacion se puede obtener en Espanol.

Privacy Notice

The DPU requires us to cross reference our residential customer database against the database of Transitional Assistance recipients to determine eligibility for our discounted delivery rate. If you do not want to be included in the automated matching process, please call us at the Customer Assistance number on the front.

Arrearage Management Program

The Arrearage Management Program (AMP) provides arrears forgiveness to income qualified residential customers. Participants must accept and stay current with monthly Budget Billing payments. For complete details, visit www.nationalgridus.com.

CITY OF HAVERHILL

Primary Phone:

Account Number: 252-360-676-0001-62

Bill Date: June 27, 2024

**Get answers fast**• Visit enterprisecenter.verizon.com

• Call 1.800.903.1526

These monthly charges are for your service from May 28 to June 27.

Balance forward: **\$1,674.08** + This month's charges: **\$1,503.82** = Total due: **\$3,177.90**

Due by July 26.

- You have an overdue balance so your bill is higher than normal. If you haven't already, please pay the overdue balance, via one of our easy ways to pay.

5340

Account Activity	\$1,503.82
Charges Due by July 26	\$1,503.82
Balance Forward	\$1,674.08
Total Due	\$3,177.90

Return only this stub with your payment. We will not review or honor other written notifications. Visit verizon.com.

Account Number: 252-360-676-0001-62

Charges Due by Jul 26, 2024:	\$1,503.82
Balance Forward:	\$1,674.08
Total Due:	\$3,177.90 062724

Make check payable to Verizon

00006848 02 AB 0.547 KG062711 0028 XX
CITY OF HAVERHILL
4 SUMMER RM 312
HAVERHILL MA 01830-5843

\$

VERIZON
PO BOX 15124
ALBANY NY 12212-5124

V5 252360676000162 00000167408 000003177904

CITY OF HAVERHILL

Primary Phone:

Account Number: 252-360-676-0001-62

Bill Date: June 27, 2024**Payments**

Payment activity since last bill date.

Previous Balance	1,674.08
No Payment Received	.00
Balance Forward	\$1,674.08

Summary of Charges By Account

Account	Btn	Name	Current Charges	Adjustment	Amount
7518500490001	9783737544	City Of Haverhill	1,371.83	.00	1,371.83
8531368980001		City Of Haverhill Police Dep	131.99	.00	131.99
Subtotal					\$1,503.82

Itemization of Charges

Billed Balance Due	1,674.08
--------------------	----------

Verizon

Monthly Service	1,229.01	5/28 - 6/27
Local Calls/Dedicated	39.66	
Toll-Free/Switchway		
911/Disability Access Fee	15.17	

Sub-total	1,283.84
------------------	-----------------

Verizon Online

Monthly Charge	219.98
----------------	--------

Sub-total	219.98
------------------	---------------

New charges	1,503.82
-------------	----------

Amount past due	1,674.08
-----------------	----------

Total Due	\$3,177.90
------------------	-------------------

CITY OF HAVERHILL

Primary Phone:

Account Number: 252-360-676-0001-62

Bill Date: June 27, 2024**Get answers fast**• Visit enterprisecenter.verizon.com

• Call 1.800.903.1526

Customer Notices**Your Choices to Limit Use and Sharing of Information for Marketing**

You have choices about Verizon's use and sharing of certain information for the purpose of marketing new services to you. Verizon offers a full range of services, such as television, telematics, high-speed internet, video, and local and long distance services.

Unless you notify us as explained below, we may use or share your information beginning 30 days after the first time we notify you of this policy. Your choice will remain valid until you notify us that you wish to change it, which you have the right to do at any time. Verizon protects your information and your choices won't affect the provision of any services you currently have with us.

- Customer Proprietary Network Information

Customer Proprietary Network Information (CPNI) is information available to us solely by virtue of our relationship with you that relates to the type, quantity, destination, technical configuration, location, and amount of use of the telecommunications and interconnected VoIP services you purchase from us, as well as related billing information.

We may use and share your CPNI among our affiliates and agents to offer you services that are different from the services you currently purchase from us. If you don't want us to use or share your CPNI with our affiliates and agents for this purpose, let us know by calling us any time at 1.866.483.9700.

- Information about Your Credit

Information about your credit includes your credit score, the information found in your consumer reports and your account history with us. We may share this information among the Verizon family of companies for the purpose of marketing new services to you. If you don't want us to share this information among the Verizon family of companies for the purpose of marketing new services to you, let us know by calling us any time at 1.844.366.2879.

Electronic Fund Transfer (EFT)

Paying by check authorizes us to process your check or use the check information for a one-time EFT from your bank account. Verizon may retain this information to send you electronic refunds or enable your future electronic payments to us. If you do not want Verizon to retain your bank information, call 1.888.500.5358.

Service Providers

Verizon MA provides regional, local calling and related features, other voice services, and Fios TV service, unless otherwise indicated. Verizon Long Distance provides long distance calling and other services identified by "VLD" in the applicable billed line item. Verizon Online provides Internet service and Fios TV equipment. Fios is a registered mark of Verizon Trademark Services LLC.

MA Late Payment Charge

To avoid a late payment charge of 1.141% of your total due, full payment must be received before Jul 30, 2024

Late Payment Charge

Effective February 1, the late payment charge for business customers will change to the rate paid on two-year United

States Treasury notes for the preceding 12 months ending December 31, plus 10 percent.

Services**Bankruptcy Information**

If you are or were in bankruptcy, this bill may include amounts for pre-bankruptcy service. You should not pay pre-bankruptcy amounts; they are for your information only. Mail bankruptcy-related correspondence to 500 Technology Drive, Suite 550, Weldon Spring, MO 63304.



Manage Your Account	Phone Number	Account Number	Notice Date
verizon.com/myverizon	978.373.7544	252-360-676-0001 62 Y	09/16/2024

CITY OF HAVERHILL
4 SUMMER RM 312
HAVERHILL MA 01830-5843

5340

Notice Of Suspension

Dear CITY OF HAVERHILL,

We appreciate your business and wanted to alert you that your summary bill account is overdue in the amount of \$1,503.82.

If you have made a payment, please accept our thanks and disregard this letter.

Although we would regret such a step, unless full payment is received by 10/01/24, we will start interrupting all associated telephone services billed under this summary bill account. If suspension occurs there will be a charge of \$24.95 per line to restore your service.

We offer several payment options that are available 24 hours per day, 7 days a week for your convenience. These options provide us with immediate notification of your payment and your payment will post to your account in approximately three business days.

- Pay online at verizon.com/billpay
- Pay by Phone at 1.800.345.6563 (a third party fee of \$3.50 applies).
- Pay using the My Fios App on an Internet connected phone or tablet device. You may download the app from



Save Time!

Pay your bill online at verizon.com/billpay

Verizon Automatic Bill Payment Option.

To enroll, please read and sign the agreement on the reverse side of the payment form below



Pay your bill quickly by phone

Call 1.800.345.6563 any time day or night.

(Continued on Page 2.)

Automatic Bill Payment Enrollment	Online Billing	Questions about your bill?
verizon.com/billpay	verizon.com/billview	verizon.com or 1.800.VERIZON (1.800.837.4966)

Return only this stub with your payment. We will not review or honor other written notifications. Visit verizon.com.

Charges Due

Oct 01, 2024

Account Number

252-360-676-0001 62Y

Total Amount Due: \$1,503.82

082724

Make check payable to Verizon.

\$, .

00000153 01 MM 0.636 VRK25911 0001 XX
CITY OF HAVERHILL
4 SUMMER RM 312
HAVERHILL MA 01830-5843



VERIZON
PO Box 15124
Albany, NY 12212-5124

V5 252360676000162 00000150382 000003001120



Phone Number

Account Number

Notice Date

Page

978-373-7544

252-360-676-0001

62 Y

09/16/2024

2 of 2

App Store for iOS devices and Market Place for Android devices. (You must have a valid Verizon User ID & Password)

For future peace of mind, we now offer the convenience of automatic recurring payment via checking, debit or credit card. You can sign up for this time saving payment option on our web site, verizon.com/billpay. Each month your bank account or card will be charged for the amount of your bill- no more checks to write, no more calls to make.

If service is terminated, you may be subject to the applicable service or bundle agreement termination fee.

Thank you for your attention to this matter.

Sincerely,

Your Verizon Team

MA7-111

CITY COUNCIL

Thomas J. Sullivan, President
Timothy J. Jordan, Vice President
John A. Michitson
Colin F. LePage
Melissa J. Lewandowski
Catherine P. Rogers
Shaun P. Toohey
Michael S. McGonagle
Katrina Hobbs Everett
Devan Ferreira
Ralph T. Basilliere



CITY OF HAVERHILL

HAVERHILL, MASSACHUSETTS 01830-5843

141

CITY HALL, ROOM 204
4 SUMMER STREET
TELEPHONE: 978-374-2328
FACSIMILE: 978-374-2329
WWW.CITYOFHAVERHILL.COM
CITYCOUNCIL@HAVERHILLMA.GOV

October 4, 2024

To: President and Members of the City Council:

Councilor Michitson wishes to address how Education & Work Integration can help lower absenteeism in Haverhill Public Schools and help businesses with worker shortage.

John Michitson / KMW
Councilor John Michitson

Kaitlin Wright

From: John A Michitson <michitson@mitre.org>
Sent: Friday, October 4, 2024 8:33 AM
To: Kaitlin Wright; Thomas J. Sullivan
Subject: Agenda Item for Tuesday Revision 2 (Final)

Warning! External Email. Exercise caution when opening attachments or clicking on any links.

Councillor Michitson wishes to address how Education & Work Integration can help lower absenteeism in Haverhill Public Schools and help businesses with worker shortage.

(no more updates!)

From: John A Michitson
Sent: Friday, October 4, 2024 7:40 AM
To: Kaitlin Wright <kwright@haverhillma.gov>
Subject: FW: Agenda Item for Tuesday Revision

Councillor Michitson wishes to provide Interim Summary on Haverhill's Education to Work Integration Initiative for Student and Adult Upward Mobility for City Council feedback. (revised)

From: John A Michitson
Sent: Friday, October 4, 2024 7:35 AM
To: Kaitlin Wright <kwright@haverhillma.gov>
Cc: tsullivan@haverhillma.gov
Subject: Agenda Item for Tuesday

Councillor Michitson wishes to provide Interim Summary on Haverhill's Education to Work Integration Initiative for Student and Adult Upward Mobility for City Council feedback.



DOCUMENT 11-H

CITY OF HAVERHILL

In Municipal Council September 24 2024

ORDERED:

AN ORDINANCE RELATING TO VEHICLES AND TRAFFIC

BE IT ORDAINED by the City Council of the City of Haverhill that the Code of the City of Haverhill, Chapter 240, §85, Schedule B: Parking Restrictions and Prohibitions, as amended, is hereby further amended by DELETING the following:

Fountain Street:	No Parking	24 hours
In front of #34	(except for 1 24-hour parking space)	

Also, BE IT ORDAINED by the City Council of the City of Haverhill that the Code of the City of Haverhill, Chapter 240, §85, Schedule B: Parking Restrictions and Prohibitions, as amended, is hereby further amended by ADDING the following:

Abbott Street:	No Parking	24 hours
In front of #2	(except for 1 24-hour parking space)	

APPROVED AS TO LEGALITY

City Solicitor

PLACED ON FILE for at least 10 days

Attest:

City Clerk

1511
HAU CITY CLERK SEP 13/24 AM 10:22



Haverhill

Engineering Department, Room 300
Tel: 978-374-2335 Fax: 978-373-8475
John H. Pettis III, P.E. - City Engineer
JPettis@CityOfHaverhill.com

September 13, 2024

**MEMO TO: CITY COUNCIL PRESIDENT THOMAS J. SULLIVAN AND
MEMBERS OF THE CITY COUNCIL**

**Subject: 34 Fountain Street – HPS-24-19 - Delete Handicap Parking
2 Abbott Street – HPS-24-20 - Add Handicap Parking**

As requested, see attached ordinance for deleting or adding handicap spots at the subject locations.

Please contact me if you have any questions.

Sincerely,

John H. Pettis III, P.E.
City Engineer

C: Mayor Barrett, Ward, Arpino, Pistone, Mead

Handicap Parking Permit · Add to a project

 **Expiration Date**

Active

Request Changes
(</#/explore/request-changes/184648>)**HPS-24-20****Details**

Submitted on Sep 3, 2024 at 10:06 am

**Attachments**

4 files

**Activity Feed**

Latest activity on Sep 13, 2024

**Applicant**

Kate McGregor

HAV CITY CLRK SEP13'24 PM12:30

**Location**

2 ABBOTT ST, Bradford, MA 01835

View ▼

Edit Workflow

**City Council Admin Review**

Completed Sep 03, 2024 at 10:07 am


**Police Review**

Completed Sep 06, 2024 at 12:57 pm


**Police Inspection**

Completed Sep 06, 2024 at 12:57 pm

**Police Chief Approval**

 Completed Sep 06, 2024 at 12:57 pm




 **Prepares Ordinance**
Completed Sep 13, 2024 at 10:07 am



 **City Clerk Advertises Ordinance**
In Progress



 **City Clerk Puts on Council Agenda**
Review



 **City Council Votes**
Review



 **DPW Notification**
Review



Details

Application Information

Edit

Application Type*

New

Do You Currently Have Offstreet Parking?*

No

Did You Have a Handicap Parking Sign at a Previous Address?*

No

Vehicle Information

Edit

Vehicle Type*

Nissan Rogue

Plate Number*

4BTX46

Plate State of Issue*

MA

For Office Use Only

Edit

 Police Approval

Yes

 City Council Vote

Yes

IN CITY COUNCIL: October 1 2024

1512

WHITE CANE AWARENESS DAY PROCLAMATION

WHEREAS, the white cane, which every blind citizen of our state/city has the right to carry, demonstrates and symbolizes the ability to achieve a full and independent life and the capacity to work productively in competitive employment; and

WHEREAS, the white cane, by allowing every blind person to move freely and safely from place to place, makes it possible for the blind to fully participate in and contribute to our society and to live the lives they want; and

WHEREAS, every citizen should be aware that the law requires that motorists and cyclists exercise appropriate caution when approaching a blind person carrying a white cane; and

WHEREAS, Massachusetts law also calls upon employers, both public and private, to be aware of and utilize the employment skills of our blind citizens by recognizing their worth as individuals and their productive capacities; and

NOW THEREFORE, I, MELINDA E. BARRETT, MAYOR of the City of Haverhill do hereby proclaim October 15, 2024 as

WHITE CANE AWARENESS DAY

And urge all citizens to observe this day recognizing the importance of this event and call upon our schools, colleges, and universities to offer full opportunities for training to blind persons; upon employers and the public to utilize the available skills of competent blind persons and to open new opportunities for the blind in our rapidly changing society; and upon all citizens to recognize the white cane as a tool of independence for blind pedestrians on our streets and highways.

POSTPONED TO OCTOBER 8 2024

Attest:

City Clerk

IN WITNESS WHEREOF I have hereunto set my hand and caused the Seal of the City of Haverhill to be affixed this 1st day of October in the Year of Our Lord Two Thousand and Twenty-Four.



MAYOR MELINDA E. BARRETT



MELINDA E. BARRETT
MAYOR

**CITY OF HAVERHILL
MASSACHUSETTS**

HAU CITY CLERK SEP26/24 PM 3:32

CITY HALL, ROOM 100
FOUR SUMMER STREET
HAVERHILL, MA 01830
PHONE 978-374-2300
FAX 978-373-7544
MAYOR@CITYOFHAVERHILL.COM
WWW.CITYOFHAVERHILL.COM

September 26, 2024

To: City Council President Thomas J. Sullivan and Members of the Haverhill City Council

Re: **White Cane Awareness Day**

Dear City Council President and Members of the Haverhill City Council:

I, Mayor Barrett request to present a proclamation recognizing October 15th, 2024 as White Cane Awareness Day in the City of Haverhill.

Sincerely,

Melinda E. Barrett
Mayor

MEB/em

1611

HAV CITY CLERK OCT 4 24 AM 8:41

P R O C L A M A T I O N

WHEREAS, according to the United States Census Bureau, almost a quarter of Haverhill's population are of Hispanic background, and Americans of Hispanic descent make contributions in every facet of our society; and

WHEREAS, in 1988, the United States Congress authorized Hispanic Heritage Month to encourage all citizens to recognize, understand and appreciate the contributions of Hispanic Americans; and

WHEREAS, Hispanic Americans enrich our culture and arts, serve at every level of government, contribute to our City's economy by creating business opportunities and jobs, serve valiantly in the military and law enforcement; and have played a significant role in making our community strong and prosperous; and

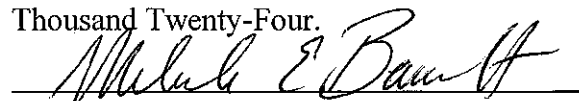
WHEREAS, Hispanic Heritage Month is an opportunity to celebrate the rich cultural traditions of the Hispanic American community:

NOW, THEREFORE I, MELINDA E. BARRETT of the City of Haverhill, Massachusetts, do hereby declare September 15 – October 15, 2024,

Hispanic Heritage Month

In the City of Haverhill and urge all citizens to join me in observing Hispanic Heritage Month.

IN WITNESS WHEREOF I have hereunto set my hand and caused the Seal of the City of Haverhill to be affixed this 8th day of October in the year of our Lord Two Thousand Twenty-Four.



MAYOR MELINDA E. BARRETT



MELINDA E. BARRETT
MAYOR

**CITY OF HAVERHILL
MASSACHUSETTS**

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October 3, 2024

To: City Council President Thomas J. Sullivan and Members of the Haverhill City Council

Re: **Hispanic Heritage Month**

Dear City Council President and Members of the Haverhill City Council:

I, Mayor Barrett request to present a proclamation recognizing September 15th-October 15th, 2024 as Hispanic Heritage Month in the City of Haverhill.

Sincerely,

Melinda E. Barrett
Mayor

MEB/em

CITY COUNCIL

Thomas J. Sullivan, President
Timothy J. Jordan, Vice President
John A. Michitson
Colin F. LePage
Melissa J. Lewandowski
Catherine P. Rogers
Shaun P. Toohey
Michael S. McGonagle
Katrina Hobbs Everett
Devan Ferreira
Ralph T. Basiliere



CITY OF HAVERHILL
HAVERHILL, MASSACHUSETTS 01830-5843

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HAVERHILL CITY CLERK JUL 3 2024

DOCUMENTS REFERRED TO COMMITTEE STUDY

103-HH	Motion by Councilor Michitson to send the <i>Home Rule Petition – An act establishing guidelines for the installation of and use of Electric vehicle charging stations in the City of Haverhill</i> , to committee in order to coordinate with condo associations.	A&F	12/23/23
40	Motion by Councilor Lewandowski to send updated Cannabis Social Equity Best Practices for the Cannabis Control Commission to A&F for further review.	A&F	4/2/24
37	Motion by Councilor Lewandowski to send Ordinance regarding Officers and Employees – Article IV City Solicitor to A&F for further review.	A&F	4/2/24
12-P	Motion by Councilor Jordan to send possible conditions on new development and potential changes to our zoning ordinances.	Planning & Development	5/21/24
12-S	Motion by Councilor Ferreira to send the City's Swimming Ordinance Chapter 193 Article III and related items at Lake Saltonstall, aka Plug Pond to NRPP for further discussion.	NRPP	6/18/24