

Application for Zoning Relief

Form A

Before you file this application, it is necessary that you be familiar with the requirements for filing plans and other materials in support of this application as specified in the Topsfield Zoning Bylaws and the Topsfield Zoning Board of Appeals Rules and Procedures that are available from the Town Clerk.

Incomplete applications will not be considered unless waivers are previously obtained from the Zoning Board of Appeals



BOARD USE ONLY

Date Filed:
Date Action Due
Public Hearing:
Decision:

Revised Form Date: 04/26/2011

RECEIVED
TOWN CLERK
TOPSFIELD, MA
2014 FEB -4 AM 10:43

NATURE OF APPLICATION:

- Petition for Special Permit pursuant to Article _____, Section _____ of the Zoning Bylaw.
- Petition for Finding pursuant to Article III, Section 3.05 of the Bylaw.
- Petition for a Variance from Article _____, Section _____, of the Zoning Bylaw.
- Petition for Site Plan Review pursuant to Article IX of the Zoning Bylaw (and the Guidelines and Performance Standards for Activities Subject to the Provisions of Article IX of the Topsfield Zoning Bylaw; and Supplement Form C for submitted requirements and formats).
- Petition for a Comprehensive Permit pursuant to G.L.c. 40B, Section 20-23.
- Appeal from the decision dated _____ of the Building Inspector or others pursuant to L.L. c. 40A, Section 15.

DESCRIPTION OF APPLICANT:

- a. Name Shane & Jessica Steffens
- b. Address 46 South Main Street, Topsfield
- c. Phone Number 978-561-1356
- d. Interest in Premises (e.g., owner, tenant, prospective purchaser, etc.) Owner
(Attach copy of lease and/or letter of authorization from owner, if applicable)

DESCRIPTION OF PREMISES:

- a. Assessor's Map 41, Lot(s) 130, Zoning District Business Highway & Central Residential
- b. Location of Premises (number and street) 46 South Main Street
- c. Name and address of legal owner (if different from Applicant) _____
- d. Deed to the Premises recorded at (if known):
 - Essex South District Registry of Deeds, Book 31506 Page 93
 - Essex South Registry District of the Land Court, Certificate Number _____
- e. Prior zoning decisions affecting the Premises (if any):
 - Date of Decision August 14, 2008 Name of Applicant Peter Gallo
 - Nature of Decision (1) Finding per Section 3.05 (2) Special Permit per Section 4.07B
- f. Present use of the Premises Residential
- g. Present structures conform to current Zoning Bylaw. Yes No. If no, in what respect does it not conform. Lot size, building setbacks (see previous ZBA decision dated 8/14/08)

PROPOSAL (attach additional sheets if necessary):

- a. General Description: Proposed project is to raze the existing dwelling located at the rear of the property and construct a carriage house with porch.

b. If proposal is for construction or alteration of an existing structure, please state:

	FRONT	REAR	SIDE(S)	
1. Setbacks required per bylaw	<u>75' (BH) 20' (CR)</u>	<u>10'</u>	<u>10'</u>	<u>10'</u>
2. Existing setbacks	<u>111'</u>	<u>90.6'</u>	<u>3.5'</u>	<u>12'</u>
3. Setbacks proposed	<u>118'</u>	<u>88'</u>	<u>11'</u>	<u>38'</u>
	FRONTAGE	AREA		
4. Frontage and area required by bylaw	<u>200' (BH) 100' (CR)</u>	<u>40,000sf (BH) 20,000sf (CR)</u>		
5. Existing frontage (s) and area	<u>87.60'</u>	<u>19,092sf</u>		
6. Frontage (s) and area proposed	<u>87.60'</u>	<u>19,092sf</u>		
	FEET	STORIES		
7. Existing Height	<u>11' +/-</u>	<u>1</u>		
8. Height proposed	<u>20'</u>	<u>1 1/2</u>		

c. Other town, state or federal permits or licenses required, if any:
Order of Conditions from Topsfield Conservation Commission

NECESSARY ACCOMPANYING DATA:

It is required that every application be accompanied by appropriate supporting data. Failure to submit appropriate and complete data could result in delay and/or denial of application for zoning relief. Place a check next to the applicable accompanying supporting data:

Variance of Special Permit Applications:

(See Zoning Board of Appeals Rules and Procedures Section III)

All required supporting data attached

Yes

No

Site Plan Review Applications:

(See Town of Topsfield Zoning Bylaw, Article IX, Section 9.05. See also Guidelines and Performance Standards for Activities Subject to the Provisions of Article IX of the Topsfield Zoning Bylaw)

All required supporting data attached

Yes

No

Comprehensive Permit Applications:

(See G.L.c. 40B, Sections 20-23)

All required supporting data attached

Yes

No

Appeals from decisions of Building Inspector or Others:

(See Zoning Board of Appeals Rules and Procedures, Section III (1) (e))

All required supporting data attached

Yes

No

If all required supporting data is not attached, why not:

Date

Kathleen Molino
Signature of Applicant *as authorized*

TOWN OF TOPSFIELD
ZONING BOARD OF APPEALS

APPLICATION SUPPLEMENT FORM B

Attach to this form a copy of the Assessor's map (scale 1" = 200') showing the property and all other properties and roadways within 300 feet of any portion of the property. Also, show the lot number and owner's name on each lot within 300'.

List below those lot owners' names with the mailing address as shown in the Assessor's records, beginning with the property of the applicant.

<u>LOT NUMBER</u>	<u>OWNER'S NAME</u>	<u>MAILING ADDRESS</u>
41-130	Shane & Jessica Steffens	46 South Main St., Topsfield, MA

(Attach additional sheets if above space is insufficient)

ASSESSOR'S CERTIFICATION

To the Topsfield Zoning Board of Appeals:

This is to certify that, at the time of the last assessment for taxation made by the Town of Topsfield, the names and mailing addresses of the parties assessed as owners of land within 300' of the parcel of land shown in the attached sketch were as listed.

Authorized Signature Assessor's Office

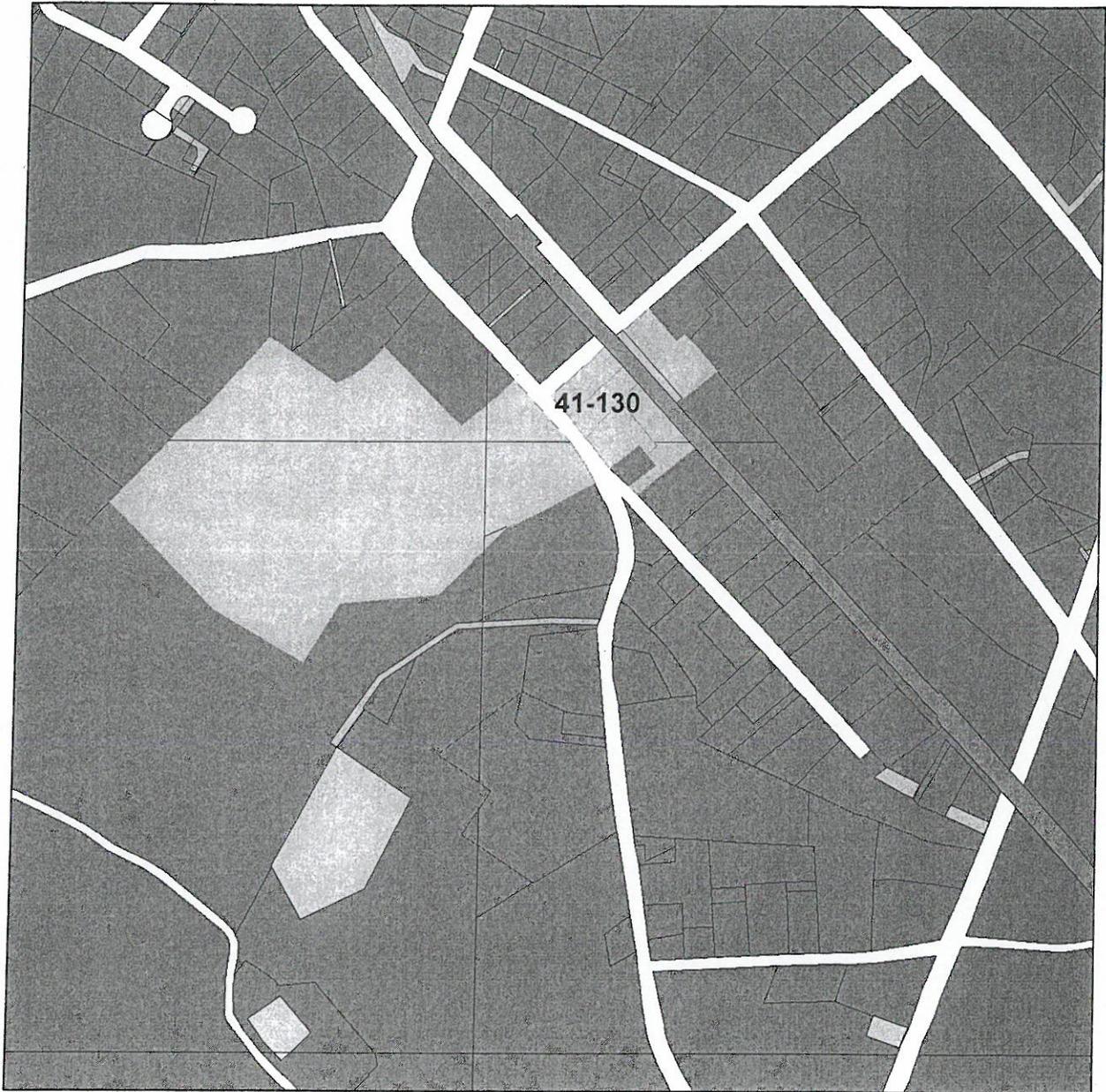
Katherine Jackson

Date of Verification

1/8/14

asst to principal assessor

46 SOUTH MAIN ST



GEOGRAPHIC INFORMATION SYSTEM

VISION APPRAISAL TECHNOLOGY



41-130 46 SOUTH MAIN ST FOR ZONING BOARD
TOPSFIELD, MA

Map	Block	Lot	Lot	Cut Location	OWNER NAME	Owner CHR(39) Is Name	CO OWNERS NAME	Co grantee-s Name	Mailing Address	City	St Zip
40	85			31 SOUTH MAIN ST	GUIDO JONATHAN D	GUIDO SARAH L	GUIDO SARAH L	GUIDO SARAH L	31 SOUTH MAIN ST	TOPSFIELD	MA 01983
41	3			34-36 SOUTH MAIN ST	TRIPPETT RONALD F				34-36 SOUTH MAIN ST	TOPSFIELD	MA 01983
41	4			40 SOUTH MAIN ST	SCOTT-FERRON WANDA				40 SOUTH MAIN ST	TOPSFIELD	MA 01983
41	6			8 SUMMER ST	MASS BAY TRANSPORTATION AUTH				77 FRANKLIN ST - 9TH FL	BOSTON	MA 02110
41	10			20 PARK ST	CHICK PHILIP E & PATRICIA A TRS				11 HENLOCK RD	BOXFORD	MA 01921
41	11			22 PARK ST	VANBUSKIRK WILLIAM G				22 PARK ST	TOPSFIELD	MA 01983
41	12			24 PARK ST	WILLIAMS ALAN M				24 PARK ST	TOPSFIELD	MA 01983
41	13			16 SUMMER ST	O'TOOLE CHARLOTTE M				16 SUMMER ST	TOPSFIELD	MA 01983
41	123			59 CENTRAL ST	RICHARDSON NICHOLAS W				59 CENTRAL ST	TOPSFIELD	MA 01983
41	127			13 SUMMER ST	LEONARDI JAMES H				13 SUMMER ST	TOPSFIELD	MA 01983
41	128			9 SUMMER ST	MAHAN JAMES C TR				9 SUMMER ST	TOPSFIELD	MA 01983
41	129			42 SOUTH MAIN ST	VILLIOTTE RICHARD B & LINDA M				42 SOUTH MAIN ST	TOPSFIELD	MA 01983
41	130			46 SOUTH MAIN ST	STEFFENS SHANE M				46 SOUTH MAIN ST	TOPSFIELD	MA 01983
41	131			52 SOUTH MAIN ST	ROTH ERIC A				52 SOUTH MAIN ST	TOPSFIELD	MA 01983
18	8			45 RIVER RD	CAMPOT PETER				45 RIVER RD	TOPSFIELD	MA 01983
19	5			2 PEMBERTON RD	RILEY JOHN D				2 PEMBERTON RD	TOPSFIELD	MA 01983
19	6			4 PEMBERTON RD	PEMBERTON ASSOCIATES LLC				PO BOX 291	TOPSFIELD	MA 01983
19	7			8 PEMBERTON RD	MENZER ERIC S				8 PEMBERTON RD	TOPSFIELD	MA 01983
19	23			64 SOUTH MAIN ST	DEVELLIAN CAROL A & GREGORY L TRS				64 SOUTH MAIN ST	TOPSFIELD	MA 01983
19	44			228 BOSTON ST	MASS BAY TRANSPORTATION AUTH				77 FRANKLIN ST - 9TH FL	BOSTON	MA 02110
19	84			55 SOUTH MAIN ST	VESPRINI MICHAEL A TR				55 SOUTH MAIN ST	TOPSFIELD	MA 01983
19	85			85 CENTRAL ST	MAHAN JAMES C TR				9 SUMMER ST	TOPSFIELD	MA 01983



Town of Topsfield
8 West Common Street
Topsfield, MA 01983

INSPECTIONAL SERVICES
DEPARTMENT

PERMIT DENIAL

NAME: **Shane & Jessica Steffens**

ADDRESS: **46 So. Main Street**

LOCATION: **46 So. Main Street**

ZONING DISTRICT: **CR & BH**

PERMIT REQUESTED FOR: Demolition of existing garage and apartment and construct a 1-1/2 story Carriage House Garage

THIS DENIAL IS BASED ON THE NEED FOR AN APPROVAL FROM THE:

ZONING BOARD OF APPEALS

PLANNING BOARD

BOARD OF SELECTMEN

FOR A:

VARIANCE

FINDING (Proposed construction will comply with zoning setbacks)

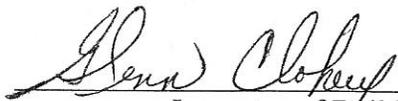
SPECIAL PERMIT

- Lot Area **Lot Frontage** Building Height Lot Coverage
- Front Yard** Side Yard Rear Yard Parking Open Space
- Sign (size, height, location) Expansion of Non-Conforming Use
- Change in Non-Conforming Use **Additional Principal Building**
- Other

ZONING REQUIREMENT: Frontage 100' Provided 87.60

PROPOSED:

Date Permit Denied **1/23/2014**



Inspector of Buildings
Zoning Enforcement Officer



The Commonwealth of Massachusetts
 Board of Building Regulations and Standards
 Massachusetts State Building Code, 780 CMR, 8th edition
 Building Permit Application To Construct, Repair, Renovate Or Demolish a
 One- or Two-Family Dwelling



This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Signature: _____
 Building Commissioner/Inspector of Buildings Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address: 46 S. Main St.

1.2 Assessors Map & Parcel Numbers
 Map Number 41 Parcel Number 130

1.3 Zoning Information:
 Zoning District C-R/B-H Proposed Use Garage

1.4 Property Dimensions:
 Lot Area (sq ft) 19092 Frontage (ft) 87.6

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
<u>20'</u>	<u>118'</u>	<u>10'</u>	<u>11'</u>	<u>30'</u>	<u>89'</u>

1.6 Water Supply: (M.G.L.c. 40, § 54)
 Public Private

1.7 Flood Zone Information:
 Zone: _____ Outside Flood Zone?
 Check if yes

1.8 Sewage Disposal System:
 Municipal On site disposal system

SECTION 2: PROPERTY OWNERSHIP

2.1 Owner of Record:
 Name (Print) Jessica Steffens
 Signature X [Signature]
 Address for Service: 46 S. Main St., Toppsfield
 Telephone: 617-794-5748

SECTION 3: DESCRIPTION OF PROPOSED WORK (check all that apply)

New Construction Existing Building Owner-Occupied Repairs(s) Alteration(s) Addition
 Demolition Accessory Bldg Number of Units _____ Other Specify: _____

Brief Description of Proposed Work:
Demolition of existing one story garage and apartment, and new construction of one and a half story wood frame carriage house.

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only	
		1. Building Permit Fee \$	Indicate how fees are determined:
1. Building	\$	<input type="checkbox"/> Standard City/Down Application Fee	
2. Electrical	\$	<input type="checkbox"/> Total Project Cost - (Item 6) x multiplier	
3. Plumbing	\$	2. Other fees \$	
4. Mechanical (HVAC)	\$	List:	
5. Mechanical (Fire Suppression)	\$	Total All Fees \$	
6. Total Project Cost:	\$	Check No. _____ Check Amount: _____ Cash Amount: _____	
		<input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due	

SECTION 5. CONSTRUCTION SERVICES

5.1 Licensed Construction Supervisor (CSL)

Name of CSL- Holder _____
 Address _____
 Signature _____
 Telephone _____

License Number _____	Expiration Date _____
List CSL Type (see below)	
Type	Description
U	Unrestricted (up to 35,000 Cu. Ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry Only
RC	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance Installation
D	Residential Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____
 Address _____
 Signature _____ Telephone _____

Registration Number _____
 Expiration Date _____

SECTION 6. WORKERS COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 23C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? Yes No

SECTION 7. OWNER AUTHORIZATION TO BE COMPLETED WITH OWNER'S AGENT OR CONTRACTOR APPLICANT FOR BUILDING PERMIT

I, Jessica Stephens, as Owner of the subject property hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit application.

[Signature] Signature of Owner Date 11/20/13

SECTION 7. OWNER OR AUTHORIZED AGENT DECLARATION

I, _____, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Print Name _____
 Signature of Owner or Authorized Agent _____ Date _____
 (Signed under the pains and penalties of perjury)

NOTES

- An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.
- When substantial work is planned, provide the information below:
 Total floors area (Sq. Ft.) _____ (including garage, finished basement/attics, decks or porch)
 Gross living area (Sq. Ft.) _____
 Number of fireplaces _____ Habitable room count _____
 Number of bathrooms _____ Number of bedrooms _____
 Type of heating system _____ Number of half/baths _____
 Type of cooling system _____ Number of decks/ porches _____
 Enclosed _____ Open _____
- "Total Project Square Footage" may be substituted for "Total Project Cost"