

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

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BOARD USE ONLY

Date Filed:

Date Action Due

Public Hearing:

Decision:

Revised Form Date: 04/26/2011

NATURE OF APPLICATION:

- Petition for Special Permit pursuant to Article ____, Section ____ of the Zoning Bylaw.
- Petition for Finding pursuant to Article ____, Section ____ of the Bylaw.
- Petition for a Variance from Article IV, Section *, of the Zoning Bylaw.
* Table of Dimensional Requirements
- 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 Ziad F. Shahin
- b. Address 21 Summer Street, Topsfield, MA 01983
- c. Phone Number 1-978-884-9004
- 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) 126, Zoning District C-R
- b. Location of Premises (number and street) 47 Central and 21 Summer Street
- c. Name and address of legal owner (if different from Applicant) N/A
- d. Deed to the Premises recorded at (if known):
 Essex South District Registry of Deeds, Book 25567 Page 338
 Essex South Registry District of the Land Court, Certificate Number _____
- e. Prior zoning decisions affecting the Premises (if any):
Date of Decision 5126199 Name of Applicant Ziad F. Shahin
Nature of Decision To allow a second dwelling on the lot.
- f. Present use of the Premises Two (2) single-family homes.
- g. Present structures conform to current Zoning Bylaw. Yes No. If no, in what respect does it not conform. Structures conform to the setback requirements.

PROPOSAL (attach additional sheets if necessary):

- a. General Description:
To subdivide the existing lot into two lots.
Proposed Lot A requires a variance for Lot Area and Lot Depth.
Proposed Lot B requires a variance for Lot Area and Lot Depth.

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

** See attached summary for Proposed Lots A and B.

	FRONT	REAR	SIDE(S)	
1. Setbacks required per bylaw	_____	_____	_____	_____
2. Existing setbacks	_____	_____	_____	_____
3. Setbacks proposed	_____	_____	_____	_____

	FRONTAGE	AREA
4. Frontage and area required by bylaw	_____	_____
5. Existing frontage (s) and area	_____	_____
6. Frontage (s) and area proposed	_____	_____

	FEET	STORIES
7. Existing Height	_____	_____
8. Height proposed	_____	_____

c. Other town, state or federal permits or licenses required, if any:

None known.

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


 Signature of Applicant

TABLE OF DIMENSIONAL REQUIREMENTS

Lot A

<u>Dimension</u>	<u>Required</u>	<u>Provided</u>	<u>Variance Required</u>
Lot Area	20,000 sq.ft.	12,862 sq.ft.	Yes
Lot Frontage	100 ft.	105.44 ft.	No
Lot Depth	120 ft.	112± ft.	Yes
Front Yard	20 ft.	24 ft.	No
Side Yard	10 ft.	22 ft.	No
Rear Yard	30 ft.	N/A Corner Lot	N/A Corner Lot
% Building Area	40% max.	13%	No
Maximum Building Height	35 ft.	Not Determined	N/A
Minimum Open Space	40%	>40%	No

Lot B

<u>Dimension</u>	<u>Required</u>	<u>Provided</u>	<u>Variance Required</u>
Lot Area	20,000 sq.ft.	11,693 sq.ft.	Yes
Lot Frontage	100 ft.	108 ft.	No
Lot Depth	120 ft.	121± ft.	No
Front Yard	20 ft.	21± ft.	No
Side Yard	10 ft.	11± ft.	No
Rear Yard	30 ft.	72± ft.	No
% Building Area	40% max.	11%	No
Maximum Building Height	35 ft.	Not Determined	N/A
Minimum Open Space	40%	>40%	No

**TOWN OF TOPSFIELD, MA
ZONING BOARD OF APPEALS**

Application Supplement Form B

Attach to this form a copy of the Assessor's map (scale 1" equals 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 lot owner's name on each lot within the 300'.

List below the lot owner names and mailing addresses as shown in the Assessors' records, beginning with the property of the Applicant (locus).

Applicant's Name, Mailing Address: Ziad F. Shahin

21 Summer Street, Topsfield, MA 01983

Telephone No. 1-978-884-9004

Locus: _____

Map	Block	Location	Owner	<i>(If different from location)</i> Mailing Address
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SEE ATTACHED LIST

If needed, attach additional sheets. _____

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
Assessors' Office Pauline M. Evans

Date of Verification 4/8/14

**TOWN OF TOPSFIELD, MA
ZONING BOARD OF APPEALS**

**Application Supplement Form C
Site Plan Review Submittal Requirements & Formats**

Submittal Distribution Requirements and Formats:

1. An applicant shall file with the Town Clerk copies of all required documents in the quantities and forms as outlined below. The Clerk's copy of the required documents shall be kept on file by the Town Clerk for the duration of the permitting process and the remaining copies shall be distributed immediately by the Town Clerk to the following:

	Plan
Town Clerk	1
Granting Authority *	7
Granting Authority electronic	1
Reviewing Engineer	1
Conservation Commission	1
Public Works Department (Water & Highway)	1
Board of Health**	1
Historical Commission**	1
Building Inspector**	1
Fire Department**	1
Police Department**	1
Tree Warden**	1
Planning Board or Board of Appeals if not the Granting Authority **	1

* Two full size and five reduced size (11" x 17")

** Reduced size plans (11" x 17") are acceptable

Additional copies of any and all documents shall be furnished if requested by the Granting Authority or any other Board, Commission or Department.

2. An electronic copy of all documents shall be submitted to the Granting Authority, formatted in a single paginated PDF file with descriptive bookmarks for each plan set and for each document on either a CD or DVD disc.
3. An electronic copy of the final plans with same format as in section "4.11.2." above, and a full size hard copy of said plans showing the Signatures of the Granting Authority and date of approval shall be submitted to the Granting Authority.

SUMMARY:

* Granting Authority: **(2) Full Scale, (5) Reduced Size 11 x 17**
 Town Clerk, Review Engineer, Conservation, Public Works: **Full Scale**
 All Others: **Reduced Size 11 x 17**

Total: (6) Full Scale; (12) Reduced Size 11 x 17; (1) electronic copy

2
12-

NO ENV.

QUITCLAIM DEED


2006041400445 Bk:25567 Pg:338
04/14/2006 14:04:00 DEED Pg 1/2

**We, Ziad F. Shahin and Carole A. Shahin, of Topsfield,
Massachusetts,**

For consideration paid of One Dollar (\$1.00)

Grant to Ziad F. Shahin, Individually,

Of 47 Central Street, Topsfield, MA 01983

With QUITCLAIM COVENANTS

The land with the buildings thereon in Topsfield, Essex County, Massachusetts, situated on the corner of Central Street and Summer Street, containing about one half of an acre and bounded and described as follows:

- SOUTHERLY by land now or formerly of Potter;
- WESTERLY by a cart path on land now or formerly of Fuller;
- NORTHERLY by said Summer Street; and
- EASTERLY by said Central Street.

Being the same premises conveyed to us by deed of John Shaw a/k/a John Dyer Shaw, Jr., dated December 31, 1996 and recorded with the Essex South Registry of Deeds at Book 13914, Page 346.

Executed this 14th day of April, 2006.



Witness



Ziad F. Shahin



Carole A. Shahin

LAW OFFICE OF
MICHAEL E. LOMBARD
44 Park Street - 3rd Floor
ANDOVER, MA 01810

47 Central St., Topsfield

COMMONWEALTH OF MASSACHUSETTS

Essex, ss

April 14, 2006

On this 14 day of April, 2006, before me, the undersigned notary public, personally appeared Ziad F. Shahin and Carole A. Shahin, proved to me through satisfactory evidence of identification, which were _____, to be the person (s) whose name is signed on the preceding or attached document, and acknowledged to me that he/she/they signed it voluntarily for its stated purpose.



Notary Public: Gita Brazelis
My Commission Expires: 6/8/2012



