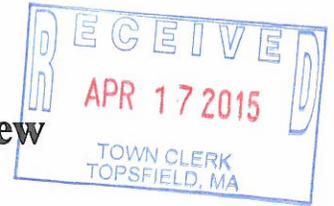


# Planning Board Application for Special Permit & Site Plan Review



## 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, scenic road Bylaw, Stormwater & Erosion Control Bylaw and the respective Planning Board Rules and Procedures that are available from the Town Clerk and Community development Coordinator as well as the Town website at [www.topsfield-ma.gov](http://www.topsfield-ma.gov).

Incomplete applications will not be considered unless waivers are previously obtained from the Planning Board.

**SPECIAL PERMIT FEES:**

Business Park Use Permits	\$200.00	
Elderly Housing Special Permits	\$1000.00	(New construction EHD see Site Plan Review fees listed below)
Common Drive	\$100.00	
✓ Accessory Apartment	\$100.00	
Groundwater Protection District		
Wind Energy Conversion System – Small Scale	\$200.00	
Ground Mounted Solar Photovoltaic Installations	\$200.00	
Scenic Road		
Stonewall Removal	\$75.00	
Tree Removal	\$75.00	
Stormwater & Erosion Control	\$100.00	plus 4.0030 times the total square footage of the area to be altered by the project; see exemptions under regulations

**SITE PLAN REVIEW:**

**1). Coverage Fee**

\$100/5,000 sq. ft. or any portion thereof of new/alterd lot disturbance (the total square footage of all new/alterd building footprints, plus all paved surfaces, septic installations and stormwater management systems).

\_\_\_\_\_ sq. ft. ÷ 5,000 sq. ft. x \$100 = \_\_\_\_\_ area of new/alterd coverage

**2). Gross Floor Area Fee**

\$200/5,000 square feet or any portion thereof of new/alterd Gross Floor Area (gross floor area – the total square footage of all new floor area on all levels of all new or existing buildings).

\_\_\_\_\_ sq. ft. ÷ 5,000 sq. ft. x \$200 = \_\_\_\_\_ area of new/alterd gross floor area

Coverage Fee	\$ _____
Gross Floor Area Fee	\$ _____
Total Site Plan Review Fee	\$ _____

NATURE OF APPLICATION:

- Petition for Special Permit pursuant to Article 7, Section 03 of the Zoning Bylaw.
- Petition for Finding pursuant to Article     , Section      of the 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 Scenic Road Permit pursuant to Chapter LV.
- Petition for a Stormwater & Erosion Control Permit pursuant Chapter LI.

DESCRIPTION OF APPLICANT:

- a. Name Joseph Lincoln & Tracy Cassidy
- b. Address 32 MAIN ST., BYFIELD, MA 01922
- c. Phone Number 978-462-5786
- d. Interest in Premises (e.g., owner, tenant, prospective purchaser, etc.) Prospective Purchaser  
(Attach copy of lease and/or letter of authorization from owner, if applicable)

DESCRIPTION OF PREMISES:

- a. Assessor's Map 17, Lot(s) 46, Zoning District ORA
- b. Location of Premises (number and street) 4 WILMOR RD
- c. Name and address of legal owner (if different from Applicant) BRIAN CALDWELL, 4 WILMOR RD TOPSFIELD
- d. Deed to the Premises recorded at (if known):  
 Essex South District Registry of Deeds, Book 22221 Page 25  
 Essex South Registry District of the Land Court, Certificate Number
- e. Prior zoning decisions affecting the Premises (if any):  
Date of Decision      Name of Applicant       
Nature of Decision
- f. Present use of the Premises RESIDENCE
- g. Present structures conform to current Zoning Bylaw.  Yes  No. If no, in what respect does it not conform.

PROPOSAL (attach additional sheets if necessary):

- a. General Description:  
RECONFIGURE EXISTING SPACES TO INCLUDE  
FAMILY ACCESSORY APT.

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

	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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 Planning Board 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 Planning Board Rules and Procedures, Section III (1) (e))

All required supporting data attached  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4.16.15  
Date

AND

Handwritten signature of Tracy R. Cassidy  
Signature of Applicant

**TOWN OF TOPSFIELD**

**SPECIAL PERMIT APPLICATION TO THE PLANNING BOARD  
FOR FAMILY ACCESSORY APARTMENT**

1. Applicant(s): (This application must be signed by all owners as identified in the deed attached to this application).

<u>Name</u>	<u>Address</u>
<u>Joseph G. Linonis III</u>	<u>32 MAIN ST, BYFIELD, MA</u>
<u>TRACY R. CASSIDY</u>	<u>32 MAIN ST, BYFIELD, MA</u>

Deed attached PURCHASE & SALE

2. Property Address: 4 WILMOR ROAD

3. Registry of Deeds Title Reference: Book 22221 , Page 25

4. Attach list of all abutters within 300 feet of each lot line to whom notice of the application shall be given.

5. State the names and ages of all occupants of the main dwelling.

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
<u>Joseph Linonis</u>	<u>42</u>	_____	_____
<u>TRACY CASSIDY</u>	<u>48</u>	_____	_____
<u>Spencer Linonis</u>	<u>6</u>	_____	_____
<u>TREVOR LINONIS</u>	<u>6</u>	_____	_____

6. State the names and ages of all proposed occupants of the family accessory apartment.

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
<u>JUDITH CASSIDY</u>	<u>74</u>	<u>F. MICHAEL CASSIDY</u>	<u>75</u>

7. State the identity of and the family or other relationship between the owner or occupant of the main dwelling and the owner or occupant of the Family Accessory Apartment upon which this application is based.

PARENTS OF TRACY CASSIDY

8. State the reason for the Family Accessory Apartment. (Article VII § 7.03 of the bylaw requires that the primary purpose of the Family Accessory Apartment shall be to maximize privacy, dignity, and independent living among the occupants of the main dwelling and the Family Accessory Apartment).

Amnesty requested.

AGING PARENTS AND CHILD CARE ASSISTANCE

9. State estimated cost of all improvements to create the Family Accessory Apartment.

\$40,000.00

10. State whether improvements include structural work, and if so describe them.

NO STRUCTURAL WORK

11. State the description and frequency of the personal care assistance to be provided.

ELDERLY PERSONAL CARE AS NEEDED; CHILD CARE DAILY

12. State whether the occupant(s) of the Family Accessory Apartment will make any financial contribution to the applicants and if so explain in detail. (Article VII § 7.03 of the bylaw prohibits generating income as a primary purpose of the Family Accessory Apartment).

Yes

No

If yes, state amount, frequency and explain in detail.

CONTRIBUTION TO DOWN PAYMENT AND RENOVATION.

13. Attach scaled drawings of the floor plan of the existing main dwelling and the proposed Family Accessory Apartment including elevations if exterior modifications are proposed.

Floor plan attached

Elevation attached

14. Attach written certification by the Board of Health that the sewage disposal system has sufficient capacity to accommodate the occupants of the Family Accessory Apartment.

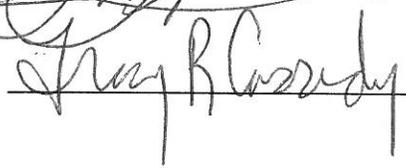
Board of Health certification attached

15. Identify the zoning district and present use of the subject property and the commencement date of that use.

OUTLYING RESIDENTIAL AND AGRICULTURAL (ORA)  
ZONING DISTRICT

By signing this application, all applicants verify that all purposes, procedures and requirements as set forth in the bylaw have been fulfilled and covenant that the use of the Family Accessory Apartment shall forthwith be discontinued upon termination as provided by the bylaw.

Dated: \_\_\_\_\_

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

TOWN OF TOPSFIELD, MA  
ZONING BOARD OF APPEALS

RECEIVED  
APR 14 2015  
TOPSFIELD ASSESSORS

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: Tracey Cassidy

Telephone No. 978-462-5786

Locus: 4 Wilmor Rd. 17-46

<u>Map</u>	<u>Block</u>	<u>Location</u>	<u>Owner</u>	<u>(If different from location) Mailing Address</u>
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If needed, attach additional sheets.

Assessor's Certification

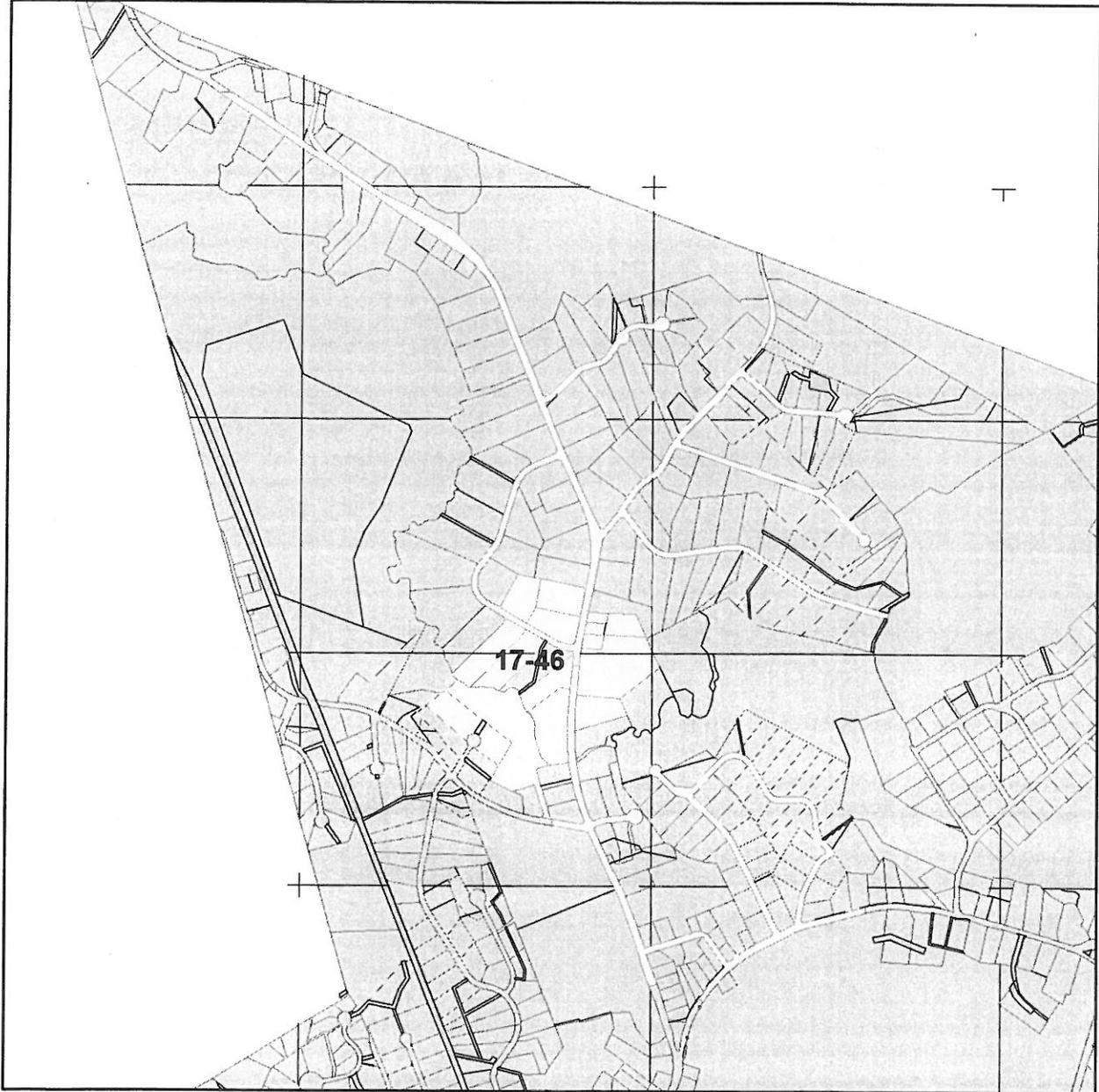
To the Topsfield Zoning Board of Appeals:

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 Kathleen Jackson Asst to principal Assessor

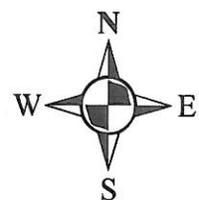
Date of Verification 4/15/15

4 WILMOR RD 17-46



GEOGRAPHIC INFORMATION SYSTEM

VISION APPRAISAL TECHNOLOGY





# TOWN OF TOPSFIELD

## Board of Health

8 West Common Street, Topsfield, Massachusetts 01983  
(978) 887-1520/Fax (978) 887-1521



April 16, 2015

To: Topsfield Planning Board  
Re: Special Permit for 4 Wilmor Road

The sewage disposal system at 4 Wilmor Road has sufficient design Capacity to accommodate the occupant(s) of the Family Accessory Apartment as proposed.

Sincerely,

John Coulon RS  
Health Agent



INSPECTIONAL SERVICES  
DEPARTMENT

# Town of Topsfield

8 West Common Street  
Topsfield, MA 01983

## PERMIT DENIAL

NAME: Brian Caldwell

ADDRESS: 4 Wilmor Rd.

LOCATION: 4 Wilmor Rd.

ZONING DISTRICT: ORA

PERMIT REQUESTED FOR: Accessory Apartment

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

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:

PROPOSED:

Date Permit Denied 4/21/2015

Inspector of Buildings  
Zoning Enforcement Officer



The Commonwealth of Massachusetts  
Board of Building Regulations and Standards  
Massachusetts State Building Code, 780 CMR, 8<sup>th</sup> 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: 4/21/15

Signature: [Signature] 4/21/15 - [Signature]  
Building Commissioner/ Inspector of Buildings Date

**SECTION 1: SITE INFORMATION**

**1.1 Property Address:** 4 Wilmore Rd.  
**1.2 Assessors Map & Parcel Numbers**  
1.1a Is this an accepted street? yes \_\_\_\_\_ no \_\_\_\_\_  
Map Number 0019 Parcel Number 0046

**1.3 Zoning Information:** ORA  
Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_  
**1.4 Property Dimensions:**  
Lot Area (sq ft) \_\_\_\_\_ Frontage (ft) \_\_\_\_\_

**-1.5 Building Setbacks (ft)**

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

**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<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**  
Name (Print) BRIAN CALDWELL Address for Service: 4 Wilmore Rd.  
Signature \_\_\_\_\_ Telephone \_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (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<sup>2</sup>: Accessory App.

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

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