

TOWN OF TOPSFIELD

RECEIVED
MAR 22 2016
PLANNING BOARD

SPECIAL PERMIT APPLICATION TO THE PLANNING BOARD
FOR FAMILY ACCESSORY APARTMENT

RECEIVED
JAN 19 2016
TOPSFIELD ASSESSORS

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>
David Martin	13 Stagecoach Rd Topsfield
Carlene Albohn	19 Perkins Rd Wenham

H-978-887-9343
C-978-393-1598

Deed attached

2. Property Address: 13 Stagecoach Rd Topsfield

3. Registry of Deeds Title Reference: Book 12354 , Page 378

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>
David Martin	57	_____	_____
Karen Martin	50	_____	_____
Sarah Martin	15	_____	_____
Jennifer Martin	12	_____	_____

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>
Kathleen Martin	88	_____	_____

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.

Mother

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.

Maximize aging parent independent living + care provided as needed to mother in family accessory apartment

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

140,000

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

Yes adding bathroom, kitchen + living room, garage

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

None upon initial occupancy

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.

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.

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: _____

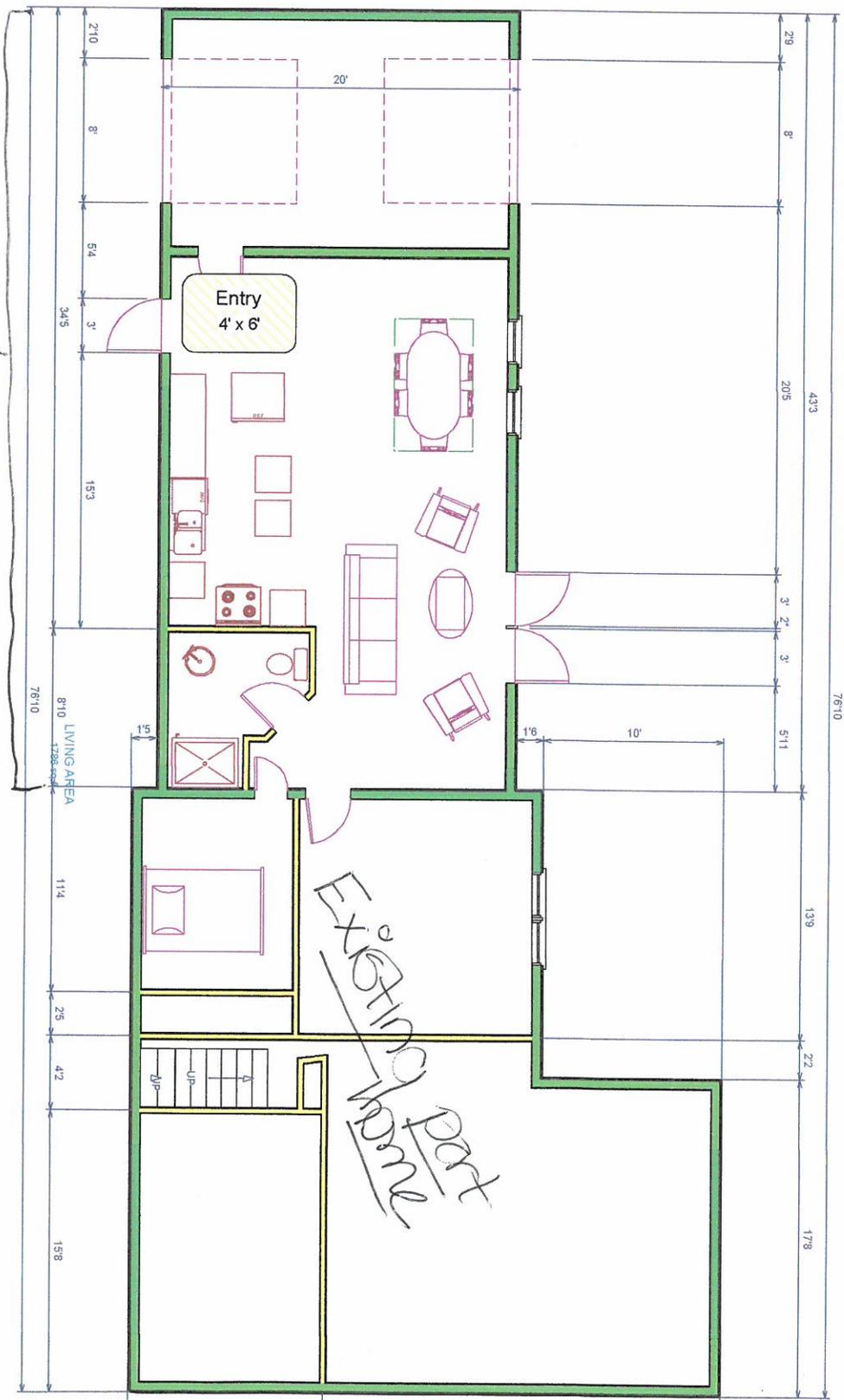
David M. A.

13 Stegeacren Rd Ipsfield

Carlene M. Allth

19 Perkins St. Wenham, 01984

new part for inlaw
inlaw 1





The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR, 7th 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: 1/26/16 - Denied

Signature: [Signature] 1/26/16 Denied
Building Commissioner/ Inspector of Buildings Date

SECTION 1: SITE INFORMATION

1.1 Property Address:
13 Stagecoach Rd

1.2 Assessors Map & Parcel Numbers
Map Number _____ Parcel Number _____

1.1a Is this an accepted street? yes _____ no _____

1.3 Zoning Information:
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
	80+		180 L, 200+R		80

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 OWNERSHIP¹

2.1 Owner¹ of Record:
David Martin
Name (Print) _____ Address for Service: 13 Stagecoach Rd Topsfield
David Martin
Signature _____ Telephone _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (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 Work²: Addition to main house for inlaw with garage. 20' W x 46'L one story with with full basement under living space. Using existing bedroom for inlaw.

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ 137000	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (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	\$ 8000	
3. Plumbing	\$ 9000	
4. Mechanical (HVAC)	\$ 6000	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ 160000	

RECEIVED
JAN 26 2016



Town of Topsfield

8 West Common Street

Topsfield, MA 01983

INSPECTIONAL SERVICES
DEPARTMENT

PERMIT DENIAL

NAME: **David Martin**

ADDRESS: **13-15 Stagecoach Rd.**

LOCATION: **13-15 Stagecoach 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

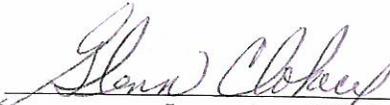
SPECIAL PERMIT

- 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 **1/26/2016**


Inspector of Buildings
Zoning Enforcement Officer

25

BOOK 8877PC433

QUITCLAIM DEED

LUCILLE M. LOUGHLIN, of Topsfield, Essex County, Massachusetts
for consideration paid of TWO HUNDRED TEN THOUSAND AND 00/100 DOLLARS (\$210,000.00)
grant to CARLENE M. ALBOTH and DAVID M. MARTIN, AS JOINT TENANTS
of 15 STAGECOACH ROAD, TOPSFIELD, MA 01983

WITH QUITCLAIM COVENANTS

The land in Topsfield, Essex County, Massachusetts, with the buildings thereon situated on the southwesterly side of Stagecoach Road and bounded and described as follows:

- NORTHERLY by Stagecoach Road, 460 feet;
- EASTERLY by Lot #5 on a plan hereinafter referred to, 259.90 feet;
- SOUTHWESTERLY on three courses by land now or formerly of MacMullen, 27.20 feet; 150.73 feet, and 40.89 feet, respectively;
- SOUTHEASTERLY by said MacMullen land, 310.25 feet; and
- WESTERLY by Lot #2 on said plan, 252.04 feet.

Containing 87,600 square feet of Land and being shown as Lot #3 on a plan dated June 30, 1956, and recorded in Essex South District Registry of Deeds, Plan Book 88, Plan 52.

Being the same premises conveyed to Paul T. Loughlin and Lucille M. Loughlin dated August 25, 1962 and recorded with said Registry, Book 4971, Page 13. Said Paul T. Loughlin being deceased.

AFFECTED PROPERTY: 15 STAGECOACH ROAD, TOPSFIELD, MA 01983, f/k/a
13 STAGECOACH ROAD, TOPSFIELD, MA 01983
Executed as a sealed instrument this 1st day of APRIL, 1987.

Lucille M. Loughlin
LUCILLE M. LOUGHLIN

1987 APR -1 PM 1:33

000384

THE COMMONWEALTH OF MASSACHUSETTS

Essex, ss.

APRIL 1, 1987

Then personally appeared before me, the above named LUCILLE M. LOUGHLIN, who acknowledged the foregoing instrument to be his/her free act and deed.

Maura Egan Conley
Notary Public
My commission expires: 2/15/97



CANCELLED

COMMONWEALTH OF MASSACHUSETTS
DEEDS & EXCISE
APR -1987
478.80
REG. 11385

**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION**

Property Address: 13 Stage Coach Rd. Topsfield, Ma. 01983

Owner: David Martin

Date of Inspection: September 4, 1998

FLOW CONDITIONS

RESIDENTIAL

Design flow:	440	g.p.d./bedroom for S.A.S.
Number of bedrooms:	4	
Number of current residents:	2	
Garbage grinder (yes or no):	No	
Laundry connected to system (yes or no):	Yes	
Seasonal use (yes or no):	No	
Water meter readings, if available (last 2 year usage (gpd):	_____	
Sump Pump (yes or no):	Yes	

Last date of occupancy: occupied

COMMERCIAL/INDUSTRIAL:

Type of establishment: _____

Design flow: _____ gallons/day

Grease trap present (yes or no): _____

Industrial Waste Holding Tank present (yes or no): _____

Non-sanitary waste discharged to the Title 5 system
(yes or no). _____

Water meter readings, if available: _____

Last date of occupancy: _____

OTHER (Describe): _____

Last date of occupancy: _____

Parcel ID - Map/Block/Lot	Location	Owner/Mailing Address
11-10	20 STAGECOACH RD	RIZZA MARK S TR / MARK S RIZZA TR 20 STAGECOACH RD TOPSFIELD MA 01983
11-15	29 STAGECOACH RD	O'MEARA JOHN F & THERESA TRS / O'MEARA FAMIL 29 STAGECOACH RD TOPSFIELD MA 01983
11-16	23 STAGECOACH RD	GRAVES WILLIAM C / GRAVES MARY BETH 23 STAGECOACH RD TOPSFIELD MA 01983
11-17	15 STAGECOACH RD	DAVCAR INC 19 PERKINS ST WENHAM MA 01984 <i>This is our property</i>
11-18	7 STAGECOACH RD	STIERITZ ELAINE 7 STAGECOACH RD TOPSFIELD MA 01983
11-19	19 ROWLEY RD	WEIL THOMAS G / WEIL DIANE 19 ROWLEY RD TOPSFIELD MA 01983
11-21	12 TIMBER LN	RENDA ERIC M / RENDA WENDY S 12 TIMBER LN TOPSFIELD MA 01983
11-22	18 TIMBER LN	RENDA ERIC M / RENDA PRISCILLA F 18 TIMBER LN TOPSFIELD MA 01983
11-23	22 TIMBER LN	MAJESKI STEPHEN V / MAJESKI LAURA H 22 TIMBER LN TOPSFIELD MA 01983
11-24	26 TIMBER LN	BROWN JOHN / MURPHY KATHLEEN P 26 TIMBER LN TOPSFIELD MA 01983
11-25	30 TIMBER LN	GREEN WINTHROP J / GREEN DIANE T 30 TIMBER LN TOPSFIELD MA 01983
11-26	34 TIMBER LN	PETERSON DAVID C / WILTON KATHERINE P 34 TIMBER LN TOPSFIELD MA 01983
11-3	17 PHEASANT LN	BERRIAN FLORENCIA JOEL 17 PHEASANT LN TOPSFIELD MA 01983
11-4	15 PHEASANT LN	SNODGRAS BAMBI L TR / PRAH CHRISTOPHER TR 15 PHEASANT LN TOPSFIELD MA 01983
11-5	13 PHEASANT LN	SPOFFORD ANDREW A / SPOFFORD JOANNE M 13 PHEASANT LN TOPSFIELD MA 01983
11-6	11 PHEASANT LN	BENNETT BRENDA 11 PHEASANT LN TOPSFIELD MA 01983

Parcel ID - Map/Block/Lot	Location	Owner/Mailing Address
11-7	7 PHEASANT LN	DILLION PETER M & SUSAN B TRS / SCHURIAN NANC 7 PHEASANT LN TOPSFIELD MA 01983
11-8	25 ROWLEY RD	BJORNSTAD BLAINE C / BJORNSTAD SUNNY T 25 ROWLEY RD TOPSFIELD MA 01983
11-9	12 STAGECOACH RD	DESROSIERS ROBERT L / DESROSIERS SYLVIA H 12 STAGECOACH RD TOPSFIELD MA 01983
6-26	31 ROWLEY RD	DIETRICH DENNIS R / BIAGIOTTI MARY M 31 ROWLEY RD TOPSFIELD MA 01983

13 Stagecoach Ln

