

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.

LOT NUMBER

OWNER'S NAME

MAILING ADDRESS

(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 _____

Date of Verification _____