

2014 JUN -9 AM 11:41

Planning Board Application for Special Permit & Site Plan Review

RECEIVED
TOWN CLERK
TOPSFIELD, MA

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.

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	per lot
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 .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	\$	_____

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:

Date

Signature of Applicant

TOWN OF TOPSFIELD

2014 JUN -9 AM 11:40

RECEIVED
PLANNING BOARD
TOPSFIELD, MA

**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>	(See letter from owners)
<u>Hamid Jaffari</u>	<u>159 Washington St</u>	
<u>Mitra Rozati</u>		

Deed attached

2. Property Address: 159 Washington St. Topsfield, MA

3. Registry of Deeds Title Reference: Book 32114, Page 525

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>Roland A. Demers II</u>	<u>39</u>		
<u>Keri L. Demers</u>	<u>39</u>		
<u>Ava L. Demers</u>	<u>10</u>		
<u>Madelyn G. Demers</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>Roland A. Demers</u>	<u>73</u>	<u>Carole J. Demers</u>	<u>68</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

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: 5/29/14

Roland Demers II

Kent Demers

Roland Demers

Carole J Demers

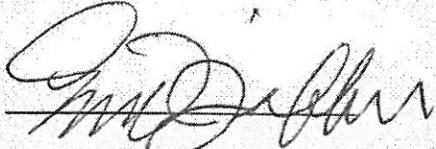
To the Town of Topsfield

Date: 5/21/2014

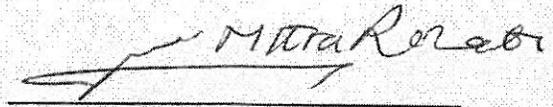
The intent of this letter is to authorize the Demers family applying for utilization of the finished basement space located at 159 Washington Street in Topsfield, MA 01983 as an in-law apartment. We have signed a contract to sell the property to Demers family on 5/20/2014.

Thank you for your cooperation

Current Owners:



Hamid Jaffari



Mitra Rozati

N2
2
(2)

MCT

2010062200459 Bk:29548 Pg:307
06/22/2010 03:52 DEED Pg 1/2

COMMONWEALTH OF MASSACHUSETTS
Southern Essex District ROD
Date: 06/22/2010 03:52 PM
ID: 795385 Doc# 20100622004590
Fee: \$2,694.96 Cons: \$591,000.00

QUITCLAIM DEED

WE, Robert J. Kalinowsky and Teresa M. Kalinowsky, both of Topsfield,
Essex County, Massachusetts

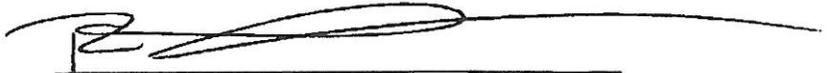
FOR CONSIDERATION PAID IN FULL CONSIDERATION OF THE SUM OF
-----Five Hundred Ninety-one Thousand and NO/100 Dollars-----
-----(\$591,000.00)-----

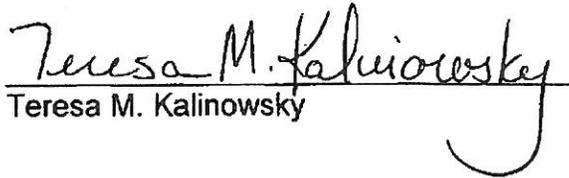
Property Address: 159 Washington Street, Topsfield, MA

CONVEY AND GRANT WITH QUITCLAIM COVENANTS TO Hamid Jaffari,
Individually, of 159 Washington Street, Topsfield, Essex County, MA

See Exhibit 'A' Attached

WITNESS my hand and seal this 22 day of JUNE , 2010.


Robert J. Kalinowsky


Teresa M. Kalinowsky

COMMONWEALTH OF MASSACHUSETTS

Essex, ss.

JUNE 22 , 2010

On this 22 day of JUNE , 2010, before me, the undersigned
notary public, personally appeared Robert J. Kalinowsky and Teresa M.
Kalinowsky , and proved to me through satisfactory evidence of identification
which was MA Driver's License, to be the persons whose name are signed on
this document and acknowledged to me that they signed it voluntarily for it's
stated purposes.


Notary Public Robert Osol
My Commission Expires: 3/12/2015



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

159 WASHINGTON STREET

Property Address

HAMID JAFFARI

Owner's Name

TOPSFIELD

City/Town

MA
State

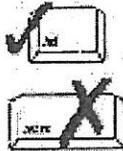
01983
Zip Code

5/22/14
Date of Inspection

Owner information is required for every page.

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. General Information

1. Inspector:

JACK DELANEY

Name of Inspector

J'S SEPTIC & DRAIN

Company Name

131 FOREST ST

Company Address

MIDDLETON

City/Town

978-774-6685

Telephone Number

MA
State

01949
Zip Code

S12325

License Number

B. Certification

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. I am a DEP approved system inspector pursuant to Section 15.34D of Title 5 (310 CMR 15.000). The system:

Passes Conditionally Passes Fails

Needs Further Evaluation by the Local Approving Authority

Inspector's Signature

5/22/14
Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

****This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.

22
887-1501
We want
clear
plan

TOPSFIELD BUILDING PERMIT NO. #451/1997 Date 3/17/97 Fee 60-
 (OWNER) Robert J. Teniak ALIHOWSKY (TEL. NO.) 887-8506 Is authorized to
FINISH BASEMENT at 159 WASHINGTON ST.
 (CONTRACTOR'S NAME) OWEN (TEL. NO.) _____ (LICENSE NO.) _____



Subject to pertinent regulations of the state of Massachusetts and the town of Topsfield, Mass. Violation of these terms or failure to commence construction within six months of the above date voids this permit. Post this permit under cover on the premises.

OWNER IS RESPONSIBLE FOR OBTAINING THE FOLLOWING INSPECTIONS:

1. Soil Conditions	2. Completion of Framing		3. Final Inspection			Date	
	Date	By	Req'd	By Inspector	Req'd		By
	3/16/97	Underground 4-4-2-Crowell	✓	Plumbing	✓	John B. Crowell	7/17/97
	3/25/97	Reinforcement of Slab	✓	Electrical	✓	R. J. Finck	1/24/97
				Heating			
				Gas			
				Health			
				Water			
				Highway			
	3/27/97	Final	✓	Fire Dept.	✓	J. E. Higgins	1/24/97
			✓	Bldg. Inspector	✓	J. E. Higgins	1/24/97

CHECK MARK UNDER COLUMNS 1, 2, 3 ABOVE MEANS THAT TYPE OF INSPECTION IS REQUIRED.
SUBMIT 2 COPIES OF PLOT PLAN STAMPED BY MASS. LICENSED SURVEYOR SHOWING BASEMENT AND FIRST FLOOR GRADES PLUS LOCATION OF FOUNDATION, FRONT, SIDE, REAR SETBACKS AND LOCATION OF DRIVEWAY, WELL, SEPTIC TANK AND LEACHING FIELD. INDICATE DRIVEWAY.
SPECIAL CONDITIONS AND SKETCH:

* Appl'd upon appl of Final Report & PL. I-415P- of Ula
 Foundation. OK 4/16/97
 Owen
 3/17/97

**TOWN OF TOPSFIELD, MA
PLANNING BOARD**

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: Keri Demers

Telephone No. 617-721-6649

Locus: 159 Washington St.
39-19

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



If needed, attach additional sheets.

Assessor's Certification

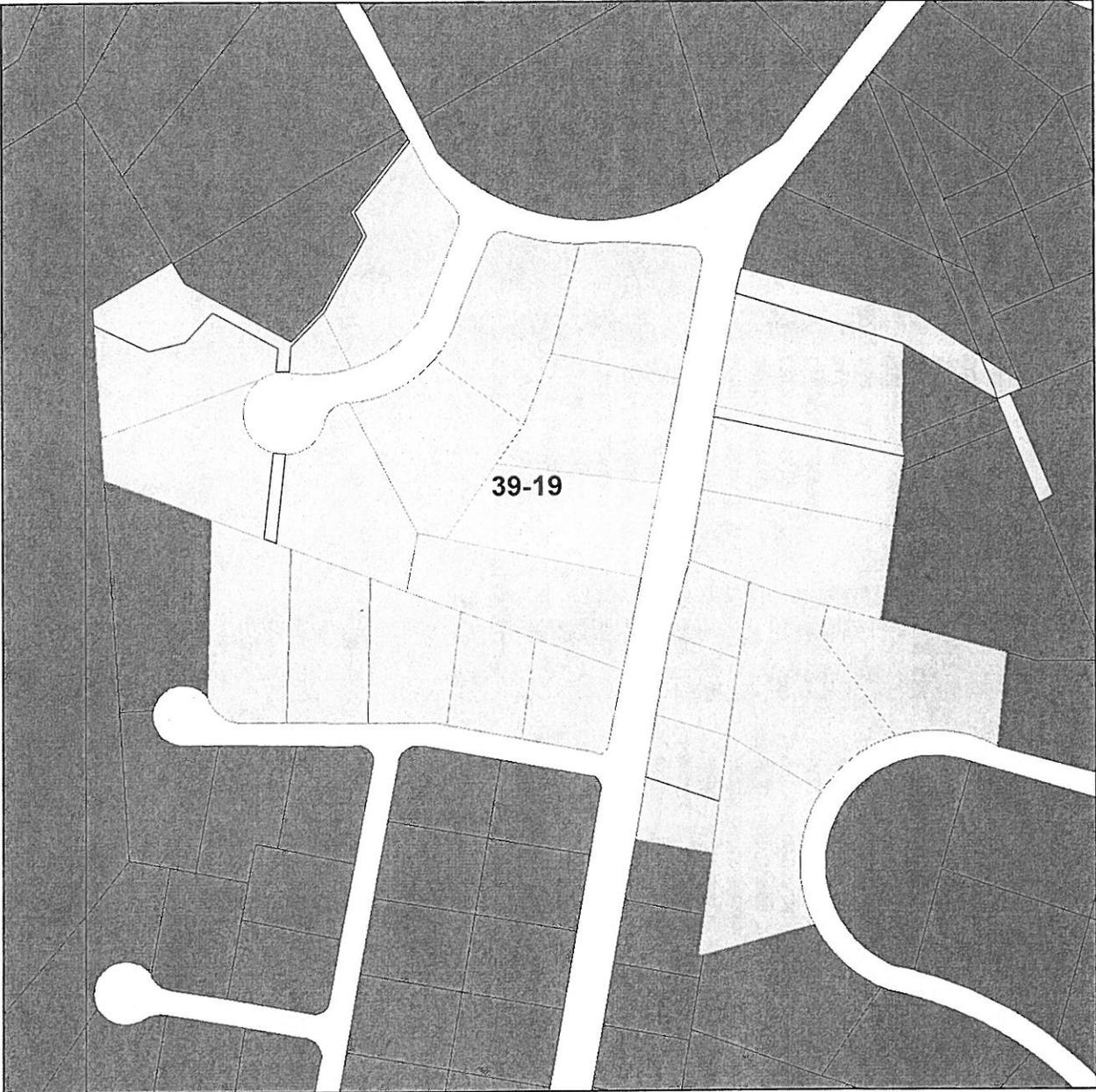
To the Topsfield Planning Board:

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 Katherine [Signature]

Date of Verification 5/22/14

39-19



GEOGRAPHIC INFORMATION SYSTEM
VISION APPRAISAL TECHNOLOGY

