

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.

TO ASSIST IN THE CARE OF ELDERLY PARENTS

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

\$ 40,000

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

NEW CONSTRUCTION

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

NONE

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.

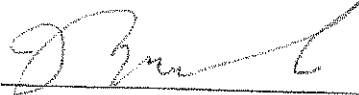
Board of Health certification attached

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

CENTRAL RESIDENTIAL

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: 12/9/2010





TOWN OF TOPSFIELD

Board of Health

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

November 17, 2010

Mr. Michael T. Whelan
6 Silver Leaf Way, Apartment 622
Peabody, MA 01970

Property Location: 88 High Street, Topsfield, MA 01983

Re: Subsurface Sewage Disposal System Plan Review

Dear Mr. Whelan,

The Topsfield Board of Health Agent has reviewed the submitted Subsurface Sewage Disposal System Plan for 88 High Street. The Agent has **approved** the Subsurface Sewage Disposal System Plan.

If you have any questions, please contact our office at 978-887-1520. Our office hours are Monday and Wednesday from 9am-12noon, but please feel free to leave a message anytime and we will return your call. Thank you.

Sincerely,

John J. Coulon
Topsfield, Board of Health Agent

Cc: C.G. Johnson Engineering

letters sent
11-29-10



Commonwealth of Massachusetts
 Town of Topsfield
**Application for Disposal System Construction
 Permit**

T5-11
 Permit Number
 \$400
 Fee
 1040
 Check Number
 11/3/2010
 Date

A. Facility Information

Application is hereby made for a permit to:

- Construction of a new on-site sewage disposal system
- Repair or replacement of an existing on-site sewage disposal system
- Repair or replacement of an existing system component (_____)

1. Location of Facility

88 High Street Map 41, lot 98
 Address or Lot # _____

2. Owner Information

Michael T. Whelan 617-306-3167
 Name Telephone
6 Silver Leaf Way, Apt. 622 Peabody MA 01970
 Address (if different from above) City/Town ST Zip Code
 Telephone Number _____

3. Installer Information

 Name/Name of Company Telephone Number

 Address City/Town ST Zip Code
 Telephone Number _____

4. Designer Information

C.G. Johnson Engineering, Inc. 978-468-2957
 Name/Name of Company Telephone Number
203 Willow Street So. Hamilton MA 01982
 Address City/Town ST Zip Code

5. Type of Building:

Dwelling # of Bedrooms: 5 Garbage Grinder (check if present) # of Showers _____
 Other: Type of Building: _____ Number of Persons Served: _____
 Cafeteria Other Fixtures: _____

6. Design Flow: 1000 Calculated Daily Flow: calculated design flow 1000 gpd, design flow provided 1008 gpd
 Gallons per Day Gallons

7. Plan Proposed On-Site Wastewater Treatment & Dispersal System 11-2-2010 2
 Title Date of Original Number of Sheets Revision Date

8. Description of Soil: sandy loam with 15% gravel

9. Nature of Repairs or Alterations (if applicable): 2000 gallon 2 compartment Septic Tank with 2 Effluent Filters
And 20' x 84' Gravity Leach Field

10. Date Last Inspected: _____
 Date

B. Agreement

The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provision of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

 Signature

 Date

Application Approved By:

John Coulson

APPROVED NOV 15 2010

(2)
#400
CK #1040
11-3-10

Name

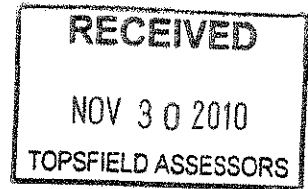
Date

Application **Disapproved** for the following reasons:

Name

Date

TOWN OF TOPSFIELD, MA
PLANNING BOARD



Application Supplement

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: MICHAEL WHELAN (CO. SCOTT JONES)
210 BROADWAY LYNNFIELD, MA (SUITE 204) 01940
Telephone No. 781-233-2308 (SCOTT JONES) 781-844-8004

Locus: _____

Map	Block	Location	Owner	(If different from location) Mailing Address
41	98	88 HIGH ST	MICHAEL WHELAN	

SEE ATTACHED LIST

If needed, attach additional sheets.

Assessor's Certification

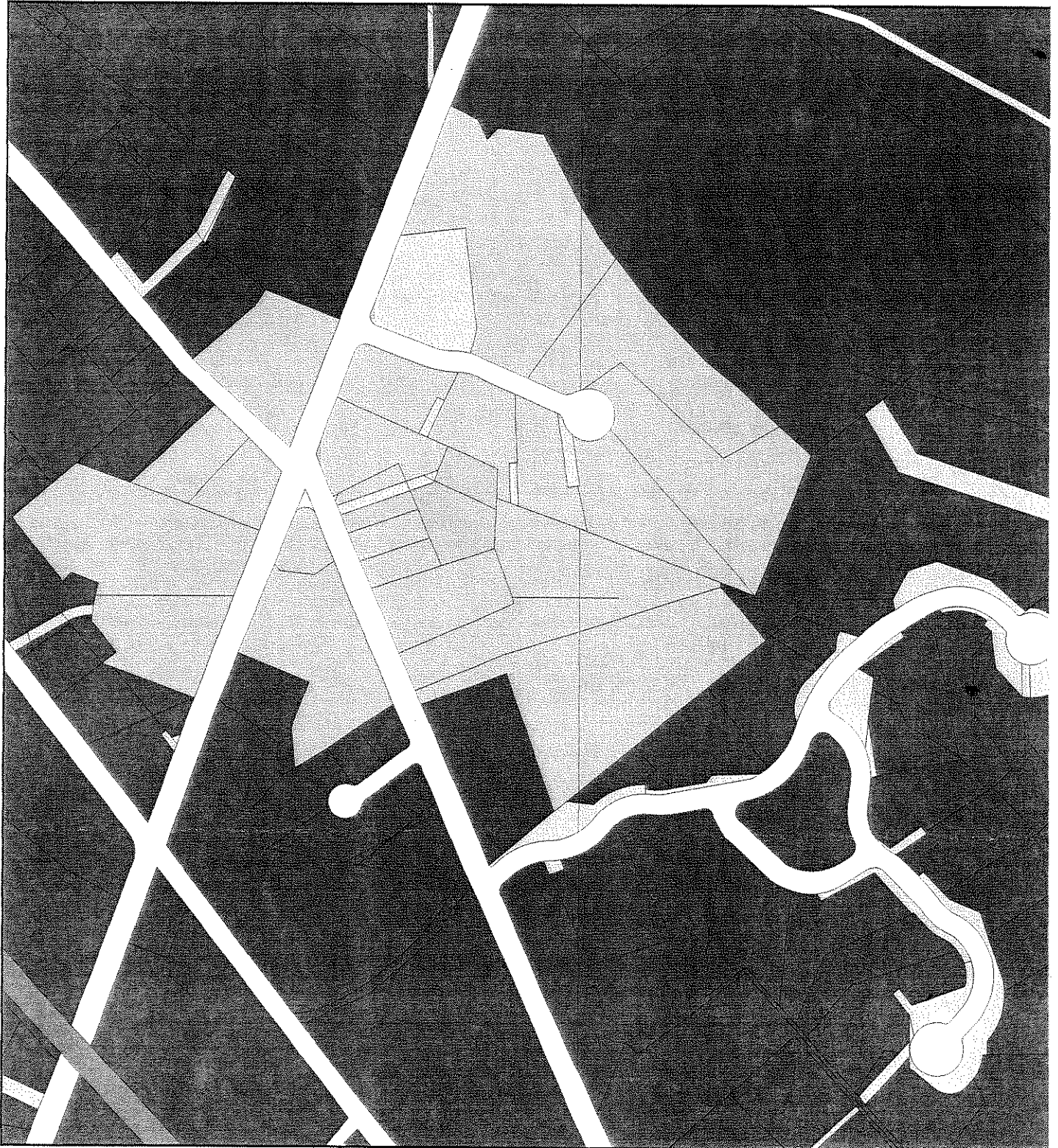
To the Topsfield Planning Board:

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 Pauline M. Evans

Date of Verification Nov. 30, 2010

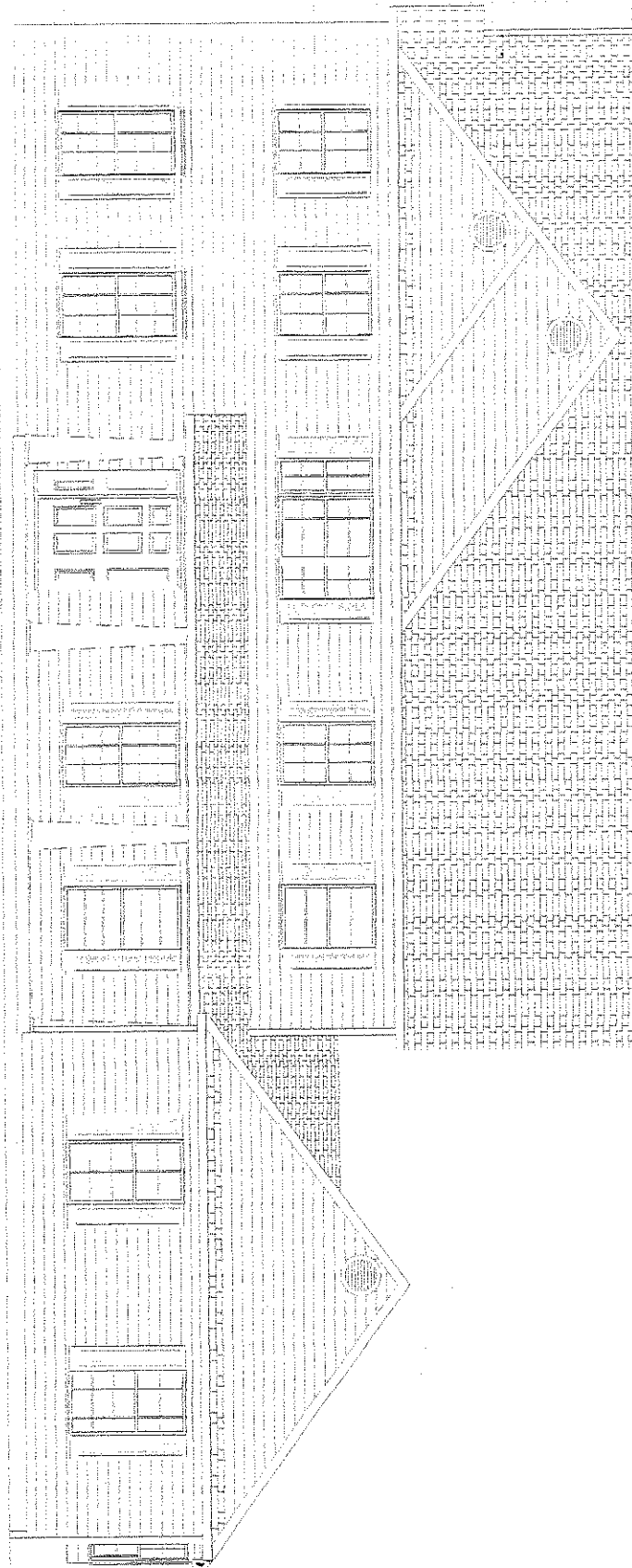
41-98 88 HIGH STREET



Information on this Map is
Compiled and Maintained for
Assessing Purposes Only

GEOGRAPHIC INFORMATION SYSTEM
VISION APPRAISAL TECHNOLOGY





SCALE: 3/16" = 1'0"

DRAWN BY A. J. FEITH
 REGIONAL SALES CONSULTANT
 WESTCHESTER MODULAR
 HOMES, INC.

BUILDER:
 Westchester Modular Homes
 Of Greater Boston
 210 Broadway Suite 204
 Lynnfield, MA 01940

USE GROUP

5B

CUSTOM COLONIAL

PAGE:

1A

DATE: 08/18/10
 8/25/10 Rev 1 10/5/10 REV 3
 11/9/10 REV 4

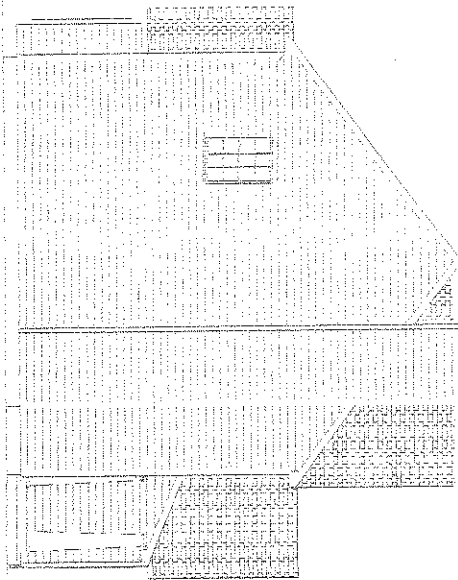
HOMEOWNER:
 WHELAN

CONST. TYPE

WOOD
 FRAME

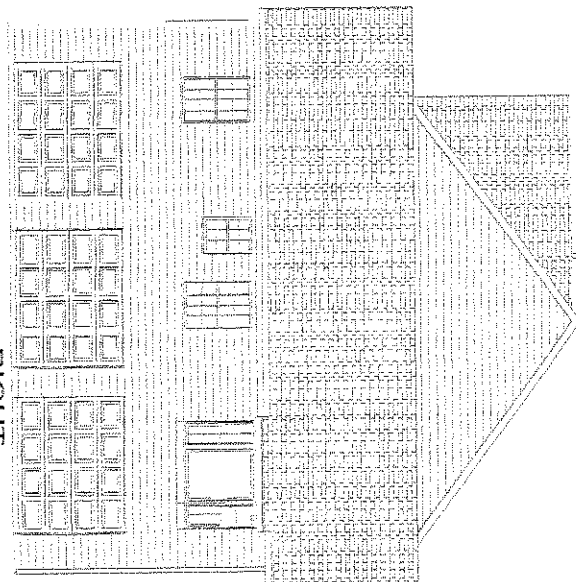
FRONT ELEVATION

LEFT

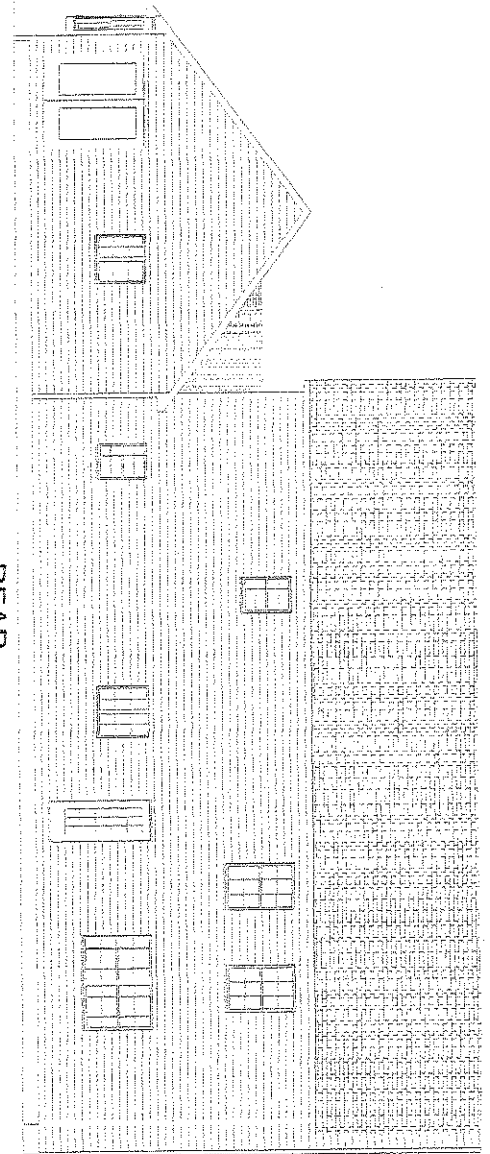


SCALE: 1/8" = 1'0"

RIGHT



REAR



DRAWN BY A. J. FEITH
REGIONAL SALES CONSULTANT
WESTCHESTER MODULAR
HOMES, INC.

BUILDER:
Westchester Modular Homes
Of Greater Boston
210 Broadway Suite 204
Lynnfield, MA 01940

USE GROUP

5B

CONST. TYPE

WOOD
FRAME

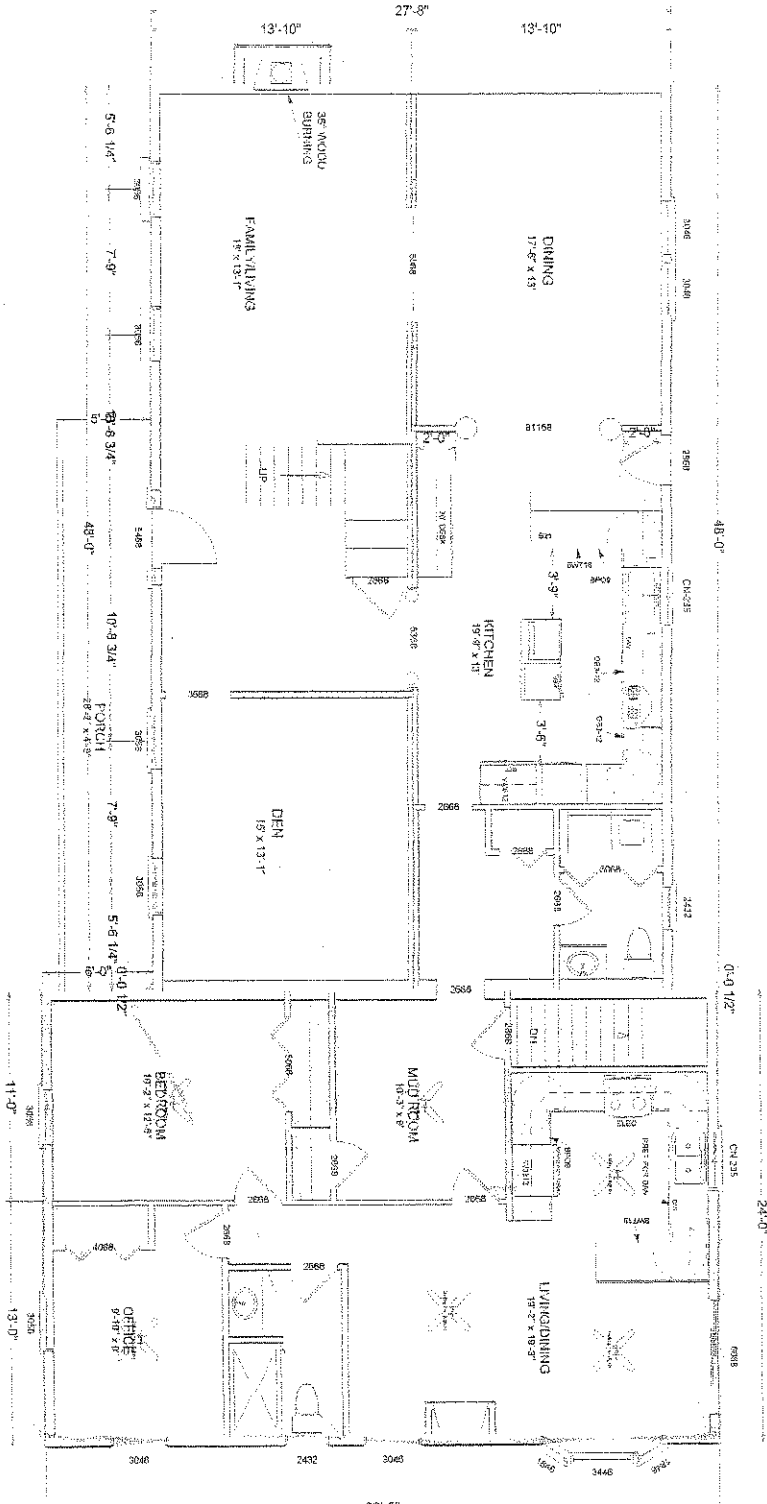
DATE: 08/19/10
8/25/10 Rev 1 10/5/10 REV 3
11/9/10 REV 4

HOMEOWNER:
WHELAN

CUSTOM COLONIAL
SIDE AND REAR
ELEVATIONS

PAGE:

1B



650 + S.C.

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 REGIONAL SALES CONSULTANT
 WESTCHESTER MODULAR
 HOMES, INC.

BUILDER:
 Westchester Modular Homes
 Of Greater Boston
 210 Broadway Suite 204
 Lynnfield, MA 01940

USE GROUP

5B

CUSTOM COLONIAL

PAGE:

2A

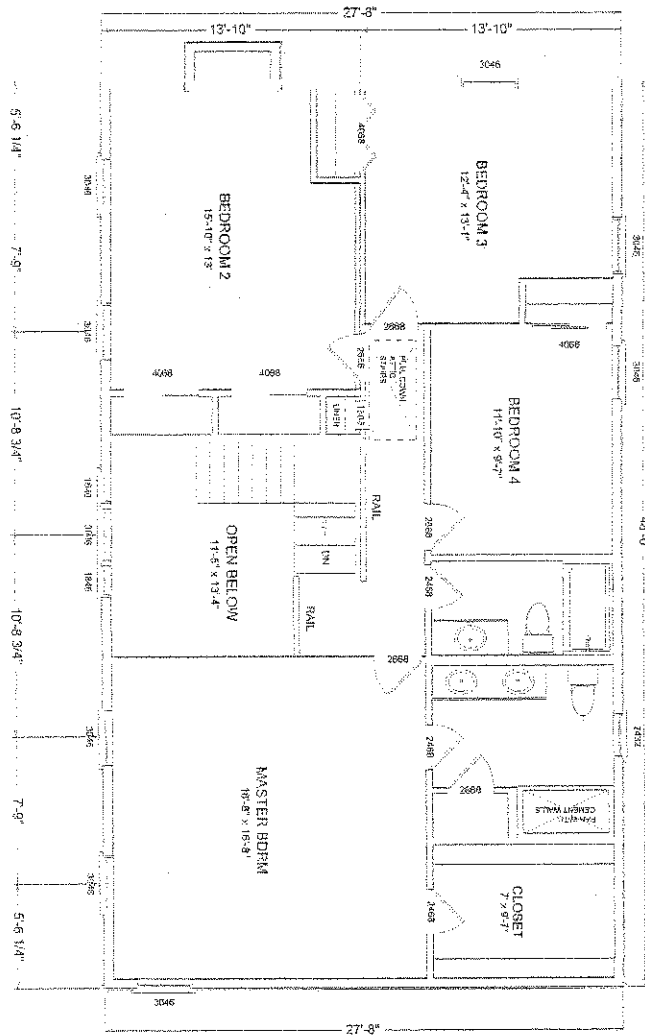
DATE: 08/18/10
 3/25/10 Rev 1 10/5/10 REV 3
 11/9/10 REV 4

HOMEOWNER:
 WHELAN

CONST. TYPE

WOOD
 FRAME

FIRST FLOOR



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 REGIONAL SALES CONSULTANT
 WESTCHESTER MODULAR
 HOMES, INC.

BUILDER:
 Westchester Modular Homes
 Of Greater Boston
 210 Broadway Suite 204
 Lynnfield, MA 01940

USE GROUP
5B

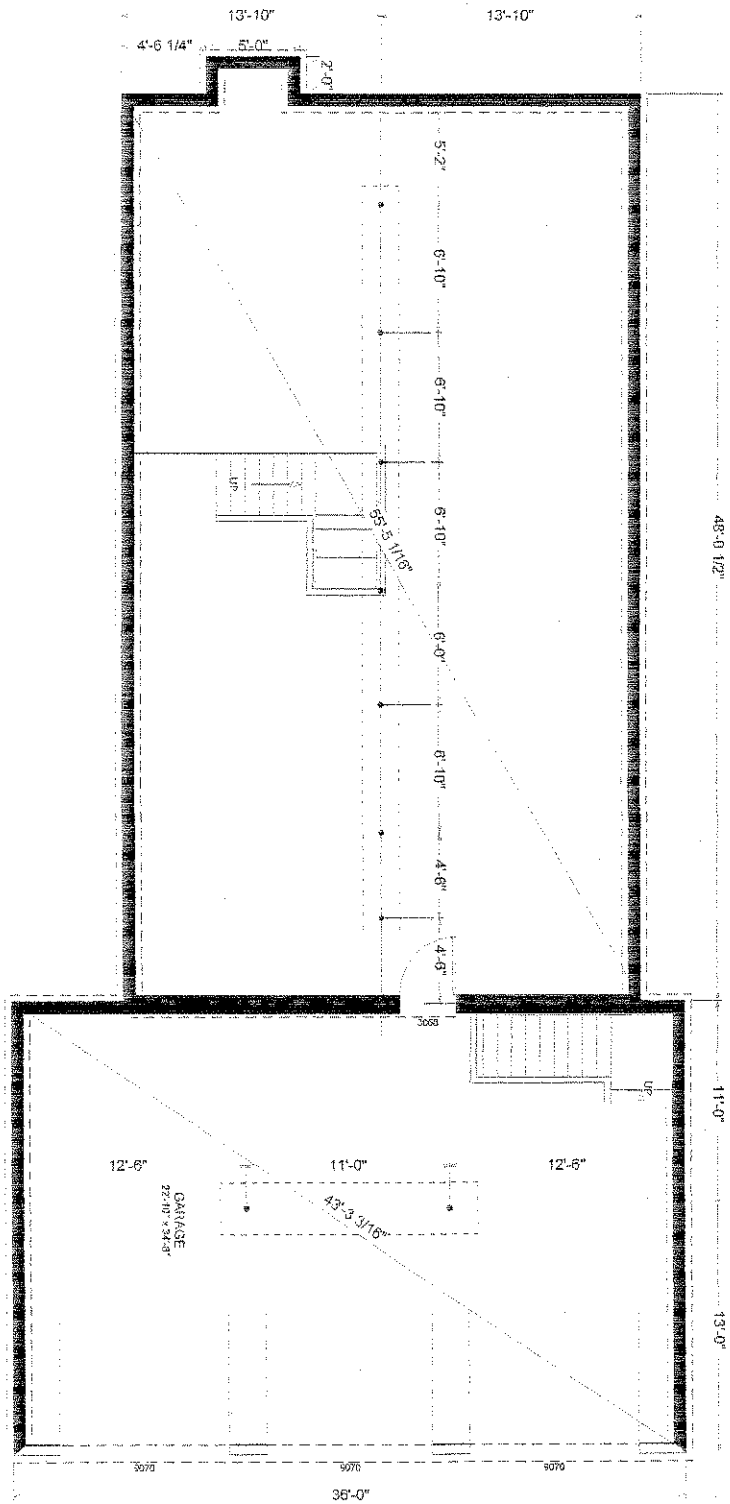
CUSTOM COLONIAL
SECOND FLOOR

PAGE:
2B

DATE: 08/18/10
 8/25/10 Rev 1 10/5/10 REV 3
 11/9/10 REV 4

HOMEOWNER:
WHELAN

CONST. TYPE.
 WOOD
 FRAME



DRAWN BY A. J. FEITH
 REGIONAL SALES CONSULTANT
 WESTCHESTER MODULAR
 HOMES, INC.

BUILDER:
 Westchester Modular Homes
 Of Greater Boston
 210 Broadway Suite 204
 Lynnfield, MA 01940

USE GROUP
5B

CUSTOM COLONIAL
FOUNDATION

PAGE:
3

DATE: 08/18/10
 8/23/10 Rev 1 10/5/10 REV 3
 11/9/10 REV 4

HOMEOWNER:
WHELAN

CONST. TYPE
**WOOD
 FRAME**