TOWN OF TOPSFIELD

SPECIAL PERMIT APPLICATION TO THE PLANNING BOARD FOR FAMILY ACCESSORY APARTMENT

<u>Name</u>		Address		
Dawn C. Dawson	<u>109</u> S	109 Salem Road, Topsfield, MA 01983		
Greg Gibbs	109 S	109 Salem Road, Topsfield, MA 01983		
☑ Deed attached		L.T. 5.1.1 MA 04002	 :	
2. Property Address: _	109 Salem Roa	d, Topsfield, MA 01983		
3. Registry of Deeds T	itle Reference	: Book <u>38649</u> , Page <u>1</u>	57	
4. Attach list of all ab notice of the application		300 feet of each lot line to en.	whom	
5. State the names an	d ages of all o	occupants of the main dwe	elling.	
<u>Name</u>	<u>Age</u>	Name	<u>Age</u>	
Greg Gibbs	55	Dawn C Dawson	44	
-	nd ages of all p	proposed occupants of the	family	
6. State the names an accessory apartment.			Λ σο	
	<u>Age</u>	<u>Name</u>	<u>Age</u>	

Parents of the Dawn C Dawson **

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.				
For medical reasons, my parents have lived with me since 2003 as I take care of				
them medically, however having a separate living space allows them independence.				
9. State estimated cost of all improvements to create the Family Accessory Apartment.				
Approximately \$50,000 including all build-ins, custom safety shower.				
10. State whether improvements include structural work, and if so describe them.				
No structural work outside what was required for the construction of the main house.				
11. State the description and frequency of the personal care assistance to be provided.				
Care varies dependent on the medical situtations. After almost 20 years, my				
parents would not be able to live on their own without assistance.				
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: _9/8/2021

Dawn Dawson - 617 233-5071 ddawson 32@ comcast.net

^{**} Documentation can be provided such as birth certificate and marriage certificate to verify the relationship.

PLANNING BOARD TRACKING SHEET FOR FAMILY ACCESSORY APARTMENT

Docu	
	ments required by the bylaw to be attached hereto.
	Amnesty requested Filing fee paid Notice to abutters Deed Floor plan Elevations Board of Health certification Building permit Certificate of occupancy Title reference to recorded special permit Book, Page Title reference to recorded termination notice Book, Page
	Building Inspector confirmation of discontinuance
Zonir	ng District: Basis of use if not single-family zone
	e of each occupant of the Family Accessory Apartment.
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Dennis	C Rossetti Madeleine C Rossetti
-	
Date	C Rossetti Madeleine C Rossetti of Denial of Special Permit setting forth the reason:
Date Date	C Rossetti of Denial of Special Permit setting forth the reason:
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Date Rease Date requi	of Denial of Special Permit setting forth the reason: on: of approval of special permit by planning board vote that each
Date: Rease Date requi	of Denial of Special Permit setting forth the reason: on: of approval of special permit by planning board vote that each rement of the bylaw has been met.
Date: Rease Date required Date: Term	of Denial of Special Permit setting forth the reason: on: of approval of special permit by planning board vote that each rement of the bylaw has been met.

SO.ESSEX #496 Bk:38649 Pg:157 06/25/2020 04:03 PM DEED Pg 1/4 eRecorded

MASSACHUSETTS EXCISE TAX Southern Essex District ROD Date: 06/25/2020 04:03 PM ID: 1370737 Doc# 20200625004960 Fee: \$1,596.00 Cons: \$350,000.00

QUITCLAIM DEED

I, Suzanne B. Mooney, as Trustee of The Suzanne B. Mooney 2014 Trust u/d/t dated October 9, 2014, as evidenced by a Trustee Certificate pursuant to M.G.L. c. 184 § 35 recorded in the Essex South District Registry of Deeds in Book 33855, Page 69,

And Suzanne B. Mooney and Peter B. Mooney, as Trustees of the Suzanne B. Mooney Nominee Trust u/d/t dated April 24 1992 and recorded with Essex South District Registry of Deeds in Book 11280, Page 452,

And Suzanne B. Mooney and Peter B. Mooney, Individually, a married couple, of Topsfield, Essex County, Massachusetts

For CONSIDERATION paid and in full consideration of Three Hundred Fifty Thousand and 00/100 (\$ 350,000.00) Dollars

grant an undivided 2/3 interest to Dawn C. Dawson, being unmarried, and an undivided 1/3 interest to Greg Gibbs, being unmarried, as Tenants in Common, both of 20 Cheever Street, Saugus, Massachusetts

with QUITCLAIM COVENANTS,

A certain parcel of land situated on Salem Road in said Topsfield described as follows:

Lot 1 on a plan of land entitled "Plan of Land in Topsfield, Mass. Prepared for Suzanne B. Mooney Nominee Trust, 103 Salem Road, Scale 1"=40', November 4, 2008" by Neve-Morin Group, Inc. and recorded with Essex South District Registry of Deeds as Plan No. 46, Plan Book 419, containing 109,805 square feet of land, according to said Plan.

This is a vacant parcel of land and is not a homestead property.

Meaning and intending to describe and convey a portion of the premises conveyed to the Grantors herein by deed dated October 9, 2014 and recorded with Essex South District Registry of Deeds in Book 33855, Page 71.

WITNESS my hand and seal this 15th day of June, 2020.

Suzunne SBM The Susan B. Mooney 2014 Trust SBM

Johne B. Mooney, Trustee SBM

SIZAMNE

COMMONWEALTH OF MASSACHUSETTS

Essex, ss.

day of June, 2020, before me, the undersigned notary public, personally appeared Suzanne B. Mooney who proved to me through satisfactory evidence of identification, being her current driver's license to be the person whose name is signed on the preceding or attached document, and acknowledged to me that she signed it voluntarily as Trustee of The Susan B. Mooney 2014 Trust for its stated purpose. Suscence (RTH)

My commission expires:

Seal:



WITNESS our hands and seals this 24 day of June, 2020

Signal B. Mooney Nominee Trust

Susan B. Mooney, Trustee BW

Peter B. Moopey Tradstee

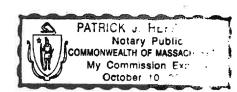
COMMONWEALTH OF MASSACHUSETTS

Essex, ss.

On this 24 day of June, 2020, before me, the undersigned notary public, personally appeared Suzanne B. Mooney and Peter B. Mooney who proved to me through satisfactory evidence of identification, being their current driver's licenses to be the persons whose names are signed on the preceding or attached document, and acknowledged to me that he/she/they signed it voluntarily as Trustees of the Susan B. Mooney Nominee Trust for its stated purpose.

Notary Public: Pariet J. Heterm My commission expires: 10/10/2025

Seal:



WITNESS our hands and seals this 24 day of June, 2020

Susta B. Mooney

Peter B. Mod

COMMONWEALTH OF MASSACHUSETTS

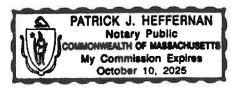
Essex, ss.

On this _24th day of June, 2020, before me, the undersigned notary public, personally appeared Suzanne B. Mooney and Peter B. Mooney who proved to me through satisfactory evidence of identification, being their current driver's licenses to be the persons whose names are signed on the preceding or attached document, and acknowledged to me that he/she/they signed it voluntarily for its stated purpose.

Notary Public:

My commission expires:

Seal:







TOWN OF TOPSFIELD

BOARD OF ASSESSORS

8 West Common Street Topsfield, Massachusetts 01983 Telephone: (978) 887-1514 Fax: (978) 887-1502

This form must be completed and Assessor fee of \$20.00 must be paid before release of the certified abutters list.

Submission Date Sunday, August 29, 2021 Issue	e Date Monday, August 30, 2021				
Department requiring list: Planning Board					
300 Ft. ⊠ 100 Ft. ☐ (Conservation Only) ☐ Dir	ect Abutters				
Person/Party requesting list: Dawn C Dawson					
Address: 20 Cheever Avenue, Saugus, MA 01906					
Phone #: 617-233-5071 Email Address dawn.daw	vson@salemfive.com Misc:				
Property Owner: <u>Dawn C. Dawson & Greg Gibbs</u>					
Assessor's Map(s) 70 Lot(s) 18 Location 109 Sale	m Road				
Assessor's Fee Paid: X Yes No					
The Assessors' Office requires ten (10) working days list is valid for sixty days only from date of issue.	s to certify an Abutters List. This				
Certified By:	WALLES OF LOW CANEER				
Topsfield Assessors	TOWN OF TOPSFIELD CERTIFIED COPY				

Certification of Parties in Interest

The Board of Assessors of the Town of Topsfield do hereby certify, in accordance with the provisions of Section 10 and 11 of Chapter 808 of the Acts of 1975, that the following named persons, firms and corporations are parties in interest, as in said Section 11 defined, with respect to the premises herein above described.



Subject Property:

Parcel Number: 70-18 CAMA Number: 70-18

Property Address: 109 SALEM RD

Mailing Address: DAWSON DAWN C

20 CHEEVER ST SAUGUS, MA 01906

Abutters:

8/30/2021

Parcel Number: 70-1 Mailing Address: SALEM & BEVERLY WATER

CAMA Number: 70-1 **50 ARLINGTON AVE** Property Address: 44 MCLEOD LN BEVERLY, MA 01915

Parcel Number: 70-13 Mailing Address: STOKES DEBRA A

CAMA Number: 70-13 23 WENHAM RD

Property Address: 23 WENHAM RD TOPSFIELD, MA 01983

Parcel Number: 70-17 Mailing Address: HALL STEVEN B

70-17 CAMA Number: 86 SALEM RD

Property Address: 100 SALEM RD TOPSFIELD, MA 01983

70-2 Parcel Number: Mailing Address: VANCE ALAN B

CAMA Number: 70-2 123 SALEM RD

Property Address: 123 SALEM RD TOPSFIELD, MA 01983

Parcel Number: 70-3 Mailing Address: MOONEY SUZANNE B

CAMA Number: 70-3 103 SALEM RD

Property Address: 103 SALEM RD TOPSFIELD, MA 01983

Parcel Number: 70-6 Mailing Address: **ROWND CHARLES J**

CAMA Number: 70-6 110 SALEM RD

Property Address: 110 SALEM RD TOPSFIELD, MA 01983

Mailing Address: SWH REALTY LLC Parcel Number: 70-7

CAMA Number: 70-7 45 MASON ST UNT 7

Property Address: 120 SALEM RD **SALEM, MA 01970**

Parcel Number: 70-8 Mailing Address: **DWINELL EVELYN H TR**

CAMA Number: 70-8 132 SALEM RD

Property Address: 128 SALEM RD TOPSFIELD, MA 01983





