

TOWN OF TOPSFIELD

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>
Alan Vance	123 Salem Rd, Topsfield, MA
Julie Vance	123 Salem Rd, Topsfield, MA

☒ Deed attached

2. Property Address: 123 Salem Rd, Topsfield, MA

3. Registry of Deeds Title Reference: Book _____ , Page _____

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>
Alan Vance	61		
Julie Vance	62		

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>
H. Charles Bartlett	86		

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.
Charles Bartlett is father of Julie Vance.

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 provide an elderly parent with personal care due to age.

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

\$427,715

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

Yes, a new addition including a small foundation and framing will be added.

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

Daily care will be needed for meal prep, hygiene, etc.

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.

Zone: ORA, Land Use Code: 101, Purchased 5/22/2013

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: 9/9/2021 _____

DocuSigned by:
Alan Vance
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DocuSigned by:
Julie Vance
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**PLANNING BOARD TRACKING SHEET
FOR FAMILY ACCESSORY APARTMENT**

Property Location: _____

Documents 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

Zoning District: _____ Basis of use if not single-family zone:

Name of each owner residing in the main dwelling:

Name of each occupant of the Family Accessory Apartment.

Date of Denial of Special Permit setting forth the reason:

Date: _____

Reason: _____

Date of approval of special permit by planning board vote that each requirement of the bylaw has been met.

Date: _____

Termination Date: _____

Extended Termination Date: _____