

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>
Carl W Nelson	47 Rowley Road, Topsfield, Ma
Beverly Dawn Nelson	47 Rowley Road, Topsfield, Ma

☒ Deed attached

2. Property Address: 47 Rowley Road, Topsfield Ma.

978 887
9845

3. Registry of Deeds Title Reference: Book 10920, Page 164

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>
Carl W Nelson	78		
Beverly Dawn Nelson	66		
Elissa M Nelson	27		

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>
Elissa M Nelson	27		

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.

Daughter

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.

Maximize chances for successful independent living for daughter with disabilities

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

\$1 3000

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

None - converting one room to kitchen

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

No changes to number of
approved bedrooms (3)
see document

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

ORA , August 23, 1991

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: 1/20/2022

Carl Nelson

Beverly Nelson

QUITCLAIM DEED

I, CARL W. NELSON of Topsfield, Essex County, Massachusetts for nominal consideration grant to CARL W. NELSON and BEVERLY DAWN NELSON, 47 Rowley Road, Topsfield, Massachusetts husband and wife, as tenants by the entirety with QUITCLAIM COVENANTS the land in said Topsfield, with the buildings thereon, bounded and described as follows:

Beginning at a point on the Westerly side Rowley Road that is three hundred thirty-one (331) feet Southerly from a drill hole in a rock; thence turning and running

SOUTHEASTERLY by land now or formerly of Broderick, four hundred eighty (480) feet; thence turning at a right angle and running

SOUTHWESTERLY by land now or formerly of Broderick, one hundred ninety (190) feet; thence turning at a right angle and running

NORTHWESTERLY by land now or formerly of Broderick, four hundred thirty-five (435) feet to Rowley Road; and thence turning and running

NORTHERLY and NORTHEASTERLY by Rowley Road, two hundred (200) feet to the point of beginning.

Being all of said measurements more or less or however otherwise bounded and described.

Being shown as a lot containing two (2) acres on a "Plan of Land in Topsfield owned by Hugh F. Broderick, John W. Parsons, Surveyor, dated May 12, 1966," recorded with Essex South District Registry of Deeds, Book 5366, Page 628.

Being the same premises conveyed to Carl W. Nelson by deed of Carl W. Nelson and Patricia Nelson a/k/a Patricia McKee dated May 18, 1981 and recorded with said Registry in Book 6819, Page 673.

Executed as a sealed instrument this 23 day of August, 1991

Carl W. Nelson

Carl W. Nelson

BK 10920 PAGE 165

COMMONWEALTH OF MASSACHUSETTS

ESSEX, ss

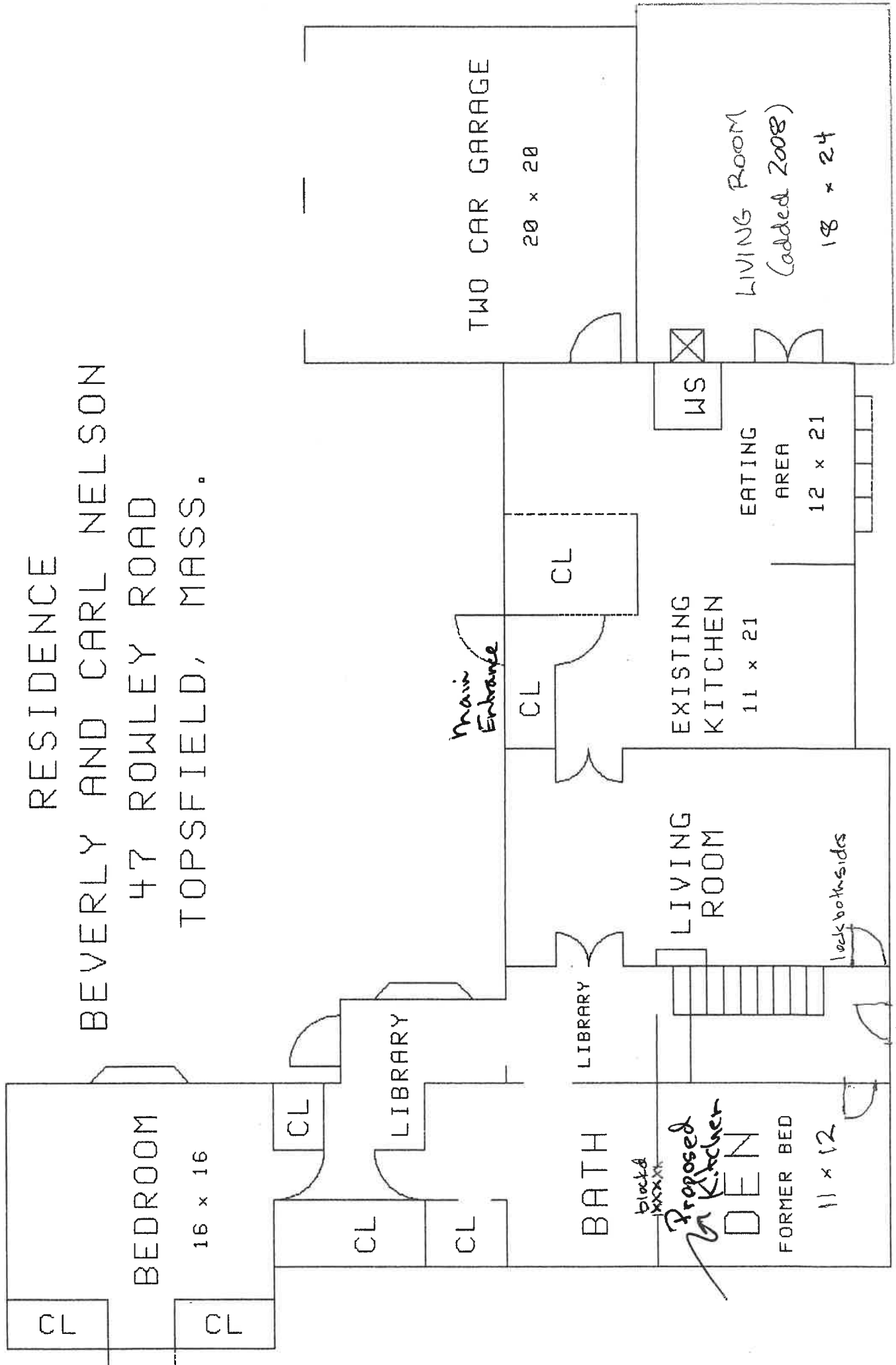
Aug 23 , 1991

Then personally appeared the above named CARL W. NELSON and acknowledged the foregoing instrument to be his free act and deed,

Paula C. Barrett
Notary Public
My Commission Expires: 7/3/98

a:nelson.d11

RESIDENCE
BEVERLY AND CARL NELSON
47 ROWLEY ROAD
TOPSFIELD, MASS.

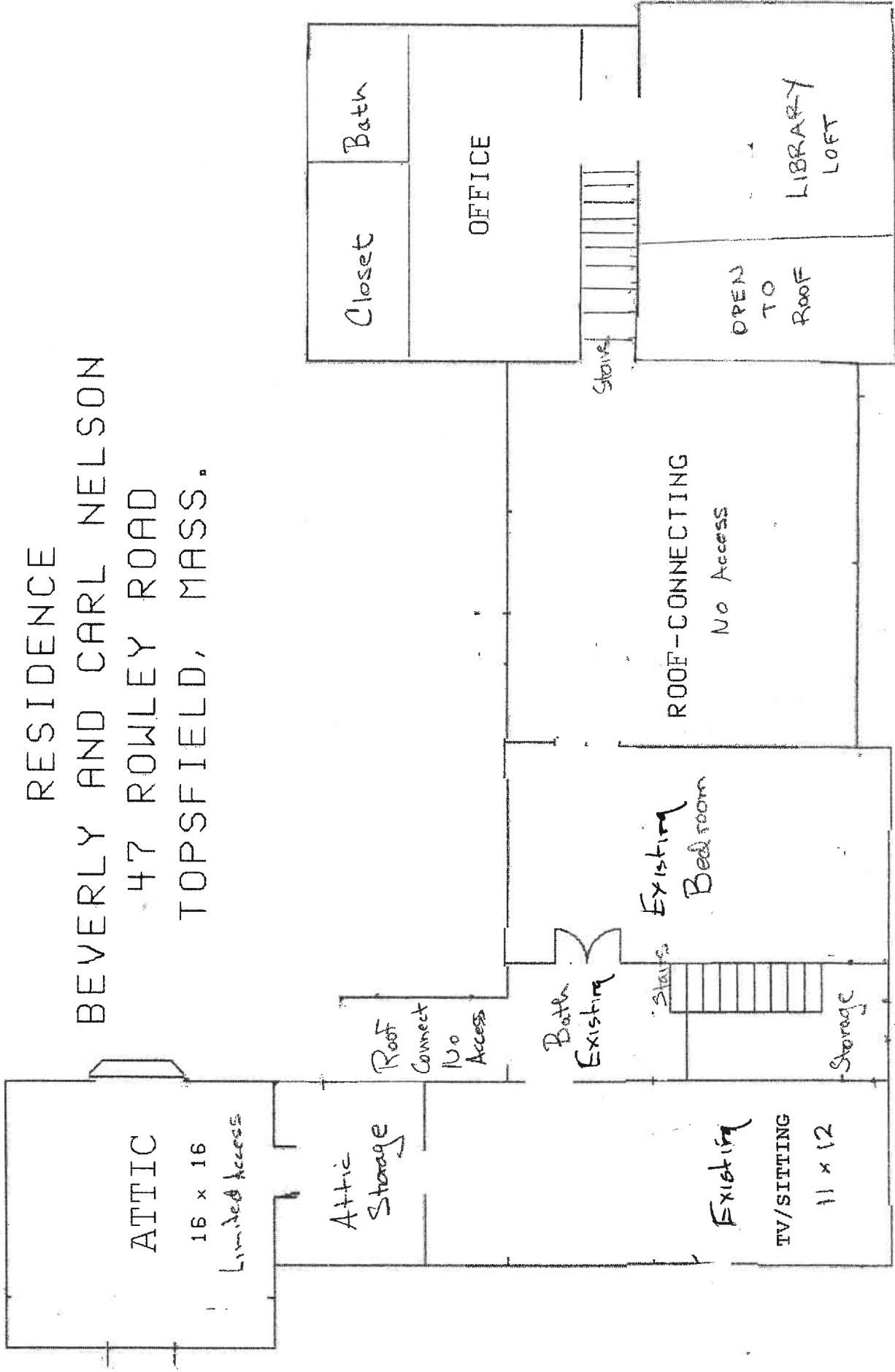


Family Accessory Apartment
(renovation of Den to Proposed Kitchen)

Carl Nelson
CWN 11-16-2021

SECOND FLOOR

RESIDENCE
BEVERLY AND CARL NELSON
47 ROWLEY ROAD
TOPSFIELD, MASS.

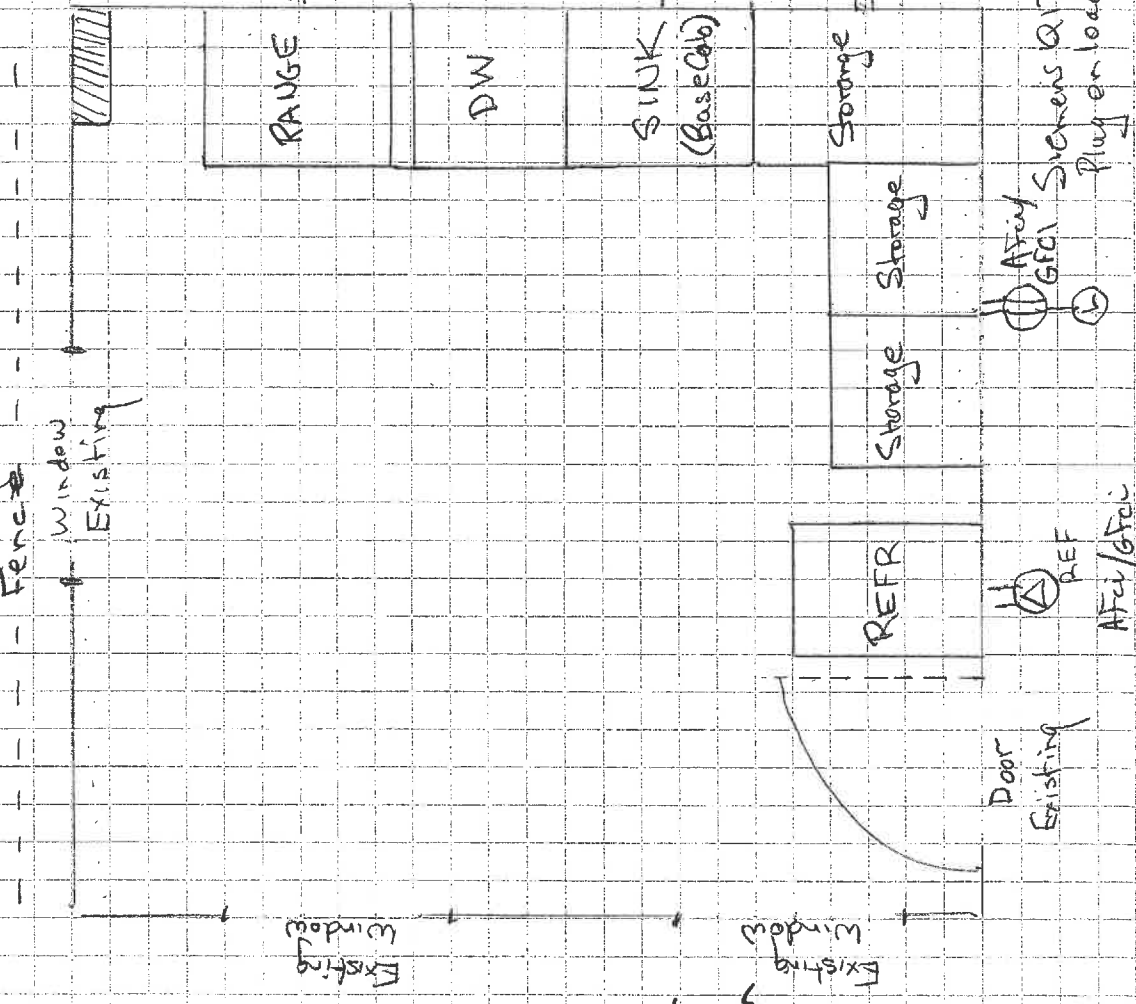


Carl Nelson-12/07/2021

47 Rowley Road
 Family Accessory Apartment

Note:

Only change will be creating a kitchen (as shown here) replacing a former bedroom/den.



No changes to existing structure except for creation of this kitchen

1 foot

Kitchen
 Ground Floor Conversion of Den
 Family Accessory Apartment

Don Carl Nelson
 11-28-2021



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

FOR
MUNICIPALITY
USE
Revised Mar 2011

This Section For Official Use Only

Building Permit Number: **Draft**

Date Applied: **10/19/2021**

Building Official (Print Name)

Signature

Date

SECTION 1: SITE INFORMATION

1.1 Property Address:

47 ROWLEY RD

1.1a Is this an accepted street? yes ☐ no ☐

1.2 Assessors Map & Parcel Numbers:

6

Map Number

6 14 0

Parcel Number

1.3 Zoning Information:

Zoning District

Proposed Use

1.4 Property Dimensions:

Lot Area (sq ft)

Frontage (ft)

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L. c. 40, § 54)

Public

Private

1.7 Flood Zone Information:

Zone: _____

Outside Flood Zone?

Check if yes ☐

1.8 Sewage Disposal System:

Municipal

On site disposal system

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

NELSON CARL W

Name (Print)

TOPSFIELD, MA 01983

City, State, ZIP

47 ROWLEY RD

No. and Street

9788879845

Telephone

Email Address

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction	Existing Building <input checked="" type="checkbox"/>	Owner-Occupied <input checked="" type="checkbox"/>	Repair(s)	Alteration(s) <input checked="" type="checkbox"/>	Addition
Demolition	Accessory Bldg.	Number of Units _____	Other	Specify: _____	

Brief Description of Proposed Work²:

Temporary Accessory Apartment Special Permit: Altering existing room to create kitchen for a dependent family member with a disability.

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ 2,000.00	1. Building Permit Fee: \$60.00 Indicate how fee is determined: <input checked="" type="checkbox"/> Standard City/Town Application Fee Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$0.00 List: Total All Fees: \$60.00 Check No. _____ Check Amount: 0.00 Cash Amount: 0.00 Paid in Full Outstanding Balance Due: 0.00
2. Electrical	\$ 500.00	
3. Plumbing	\$ 500.00	
4. Mechanical (HVAC)	\$ 0.00	
5. Mechanical (Fire Suppression)	\$ 0.00	
6. Total Project Cost:	\$ 3,000.00	

SECTION 5: CONSTRUCTION SERVICES**5.1 Construction Supervisor License (CSL):**

Name of CSL Holder _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

Email Address _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

Type

Description

U

Unrestricted (Buildings up to 35,000 cu. ft.)

R

Restricted 1&2 Family Dwelling

M

Masonry

RC

Roofing Covering

WS

Window and Siding

SF

Solid Fuel Burning Appliances

I

Insulation

D

Demolition

5.2 Registered Home Improvement Contractor (HIC):

HIC Company Name or HIC Registrant Name _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

HIC Registration Number _____

Expiration Date _____

Email Address _____

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? Yes No

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, as Owner of the subject property, hereby authorize _____
to act on my behalf, in all matters relative to work authorized by this building permit application.

Owner's Name _____

Signature _____

Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Carl W Nelson _____

Owner's or Authorized Agent's Name

Carl W Nelson _____

Signature

10/19/2021 _____

Date

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will ***not*** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____ (including garage, finished basement/attics, decks or porch)

Gross living area (sq. ft.) _____

Habitable room count _____

Number of fireplaces _____

Number of bedrooms _____

Number of bathrooms _____

Number of half/baths _____

Type of heating system _____

Number of decks/ porches _____

Type of cooling system _____

Enclosed _____

Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"



INSPECTIONAL SERVICES
DEPARTMENT

Town of Topsfield

8 West Common Street
Topsfield, MA 01983

PERMIT DENIAL

NAME: Carl Nelson

ADDRESS: 47 Rowley Rd.

LOCATION: 47 Rowley Rd.

ZONING DISTRICT: **ORA**

PERMIT REQUESTED FOR: Accessory Apartment

THIS DENIAL IS BASED ON THE NEED FOR AN APPROVAL FROM THE:

☐ ZONING BOARD OF APPEALS

☒ PLANNING BOARD

☐ BOARD OF SELECTMEN

FOR A:

☐ VARIANCE

☐ FINDING


☒ SPECIAL PERMIT

- | | | | | |
|--|--|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Lot Area | <input type="checkbox"/> Lot Frontage | <input type="checkbox"/> Building Height | <input type="checkbox"/> Lot Coverage | |
| <input type="checkbox"/> Front Yard | <input type="checkbox"/> Side Yard | <input type="checkbox"/> Rear Yard | <input type="checkbox"/> Parking | <input type="checkbox"/> Open Space |
| <input type="checkbox"/> Sign (size, height, location) | <input type="checkbox"/> Expansion of Non-Conforming Use | | | |
| <input type="checkbox"/> Change in Non-Conforming Use | <input type="checkbox"/> Additional Principal Building | | | |
| <input type="checkbox"/> Other | | | | |

ZONING REQUIREMENT:

PROPOSED:

Date Permit Denied 12/15/2021


Inspector of Buildings
Zoning Enforcement Officer

No. R29/99

THE COMMONWEALTH OF MASSACHUSETTS

FEE

N/C

TOPFIELD BOARD OF HEALTH

CERTIFICATE OF COMPLIANCE

Description of Work: ☐ Individual Component(s) ☒ Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed (), Repaired (), Upgraded (X), Abandoned ()

by: Nelson
at: 47 Rowley Rd
has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. R29/99 dated 6-29-99 Approved Design Flow 330 (gpd)
Installer: Hartman Construction
Designer: Hartman Construction Inspector: R. Manning Date: 10-18-99

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed. As Built
Rec'd

FORM 3 - CERTIFICATE OF COMPLIANCE DEP APPROVED FORM 5/96

No. R29/99

THE COMMONWEALTH OF MASSACHUSETTS

FEE

N/C

TOPFIELD BOARD OF HEALTH

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to Construct () Repair () Upgrade (X) Abandon () an individual sewage disposal system at 47 Rowley Rd, dated 7-1-99 as described in the application for Disposal System Construction Permit No. R29/99

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Date: 9-20-99 Board of Health R. Manning

FORM 2 - DSCP DEP APPROVED FORM 5/96

FORM 1255 (REV 5/96)

H&W HOBBS & WARREN™

PUBLISHERS • BOSTON

N/C

BOARD OF HEALTH

Town OF Topfield

FREE

2

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct () Repair (V) Upgrade () Abandon () - ☒ Complete System ☐ Individual Components

47 ROWLEY RD	47 ROWLEY RD	CARL NELSON
MAP 1	MAP 1	978 887-9845
		HANCOCK
		235 NEWBURY ST
		978 777 3050

Type of Building: DWELLING Lot Size 2.0 ± AC Sq. feet
Dwelling — No. of Bedrooms 3 Garbage Grinder (NO)
Other — Type of Building _____ Showers (), Cafeteria ()
Other fixtures _____

Design Flow (min. required) 330 gpd Calculated design flow 330 gpd Design flow provided 330 gpd
 Plan: Date 3-16-99 Number of sheets 3 Revision Date 7-1-99
 Title Surface Sewage Disposal System 47 Rowley Rd Prepared for Carl Nelson

Description of Soil(s) See Attached Plan Name of Soil Evaluator J. Malesky Date of Evaluation 12-4-98
Soil Evaluator Form No.

DESCRIPTION OF REPAIRS OR ALTERATIONS

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed _____ Date _____

Inspections *Approved subject to review by S and various meetings for meeting done letter to approve Topfield BOM Operator W. G. Galt 6/21/98*



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 for a certified abutters list.

Submission Date: 1/20/2022 Issue Date: 1/20/22

Department requiring list: Planning Board

300 Ft. ☒ 100 Ft. ☐ (Conservation Only) ☐ Direct Abutters

Person/Party requesting list: Carl Nelson

Address: 47 Rowley Rd.

Phone #: 887-9845 Property Owner: Carl and Beverly Nelson

Assessor's Map(s) Lot(s): 6-14 Location: 47 Rowley Road

Assessor's Fee Paid: YES ☒ NO ☐ OK # 4308 Receipt # 781697

The Assessors' Office requires ten (10) working days to certify an Abutters List. This list is valid for sixty days only from date of issue.

Certified By:

[Signature]
Topsfield Assessors



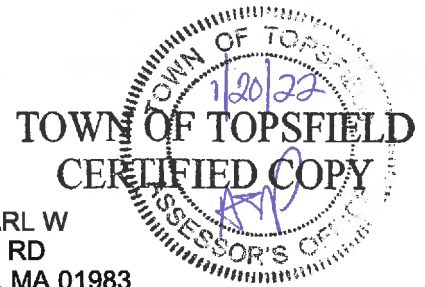
Certification of Parties in Interest

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.



300 foot Abutters List Report

Topsfield, MA
January 20, 2022



Subject Property:

Parcel Number: 6-14
CAMA Number: 6-14
Property Address: 47 ROWLEY RD

Mailing Address: NELSON CARL W
47 ROWLEY RD
TOPSFIELD, MA 01983

Abutters:

Parcel Number: 5-15
CAMA Number: 5-15
Property Address: 131 HAVERHILL RD

Mailing Address: TOWN OF TOPSFIELD
8 WEST COMMON ST
TOPSFIELD, MA 01983

Parcel Number: 6-10
CAMA Number: 6-10
Property Address: 44 ROWLEY RD

Mailing Address: GILLIGAN MATTHEW G
44 ROWLEY RD
TOPSFIELD, MA 01983

Parcel Number: 6-12
CAMA Number: 6-12
Property Address: 51 ROWLEY RD

Mailing Address: BUTLER JAMES R
51 ROWLEY RD
TOPSFIELD, MA 01983

Parcel Number: 6-13
CAMA Number: 6-13
Property Address: 49 ROWLEY RD

Mailing Address: RABINES ROLANDO
49 ROWLEY RD
TOPSFIELD, MA 01983

Parcel Number: 6-15
CAMA Number: 6-15
Property Address: 4 PHEASANT LN

Mailing Address: TEFFERA YOHANNES
4 PHEASANT LN
TOPSFIELD, MA 01983

Parcel Number: 6-16
CAMA Number: 6-16
Property Address: 6 PHEASANT LN

Mailing Address: MCILVAINE W DOUGLAS
6 PHEASANT LN
TOPSFIELD, MA 01983

Parcel Number: 6-17
CAMA Number: 6-17
Property Address: 8 PHEASANT LN

Mailing Address: BERRY JORDAN E
8 PHEASANT LN
TOPSFIELD, MA 01983

Parcel Number: 6-18
CAMA Number: 6-18
Property Address: 12 PHEASANT LN

Mailing Address: DONNELLAN BRIAN J
12 PHEASANT LN
TOPSFIELD, MA 01983

Parcel Number: 6-19
CAMA Number: 6-19
Property Address: 16 PHEASANT LN

Mailing Address: BAVARO JOSEPH P
16 PHEASANT LN
TOPSFIELD, MA 01983

Parcel Number: 6-20
CAMA Number: 6-20
Property Address: 18 PHEASANT LN

Mailing Address: GARRITY MICHAEL JAMES
18 PHEASANT LN
TOPSFIELD, MA 01983



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1/20/2022

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300 foot Abutters List Report

Topsfield, MA
January 20, 2022

Parcel Number: 6-3
CAMA Number: 6-3
Property Address: 24R BLUEBERRY LN

Mailing Address: TOWN OF TOPSFIELD
8 WEST COMMOM ST
TOPSFIELD, MA 01983

Parcel Number: 6-9
CAMA Number: 6-9
Property Address: 36 ROWLEY RD

Mailing Address: MOORE DAMON C
36 ROWLEY RD
TOPSFIELD, MA 01983

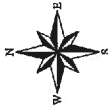


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1/20/2022

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47 Rowley Road

Topsfield, MA

January 20, 2022

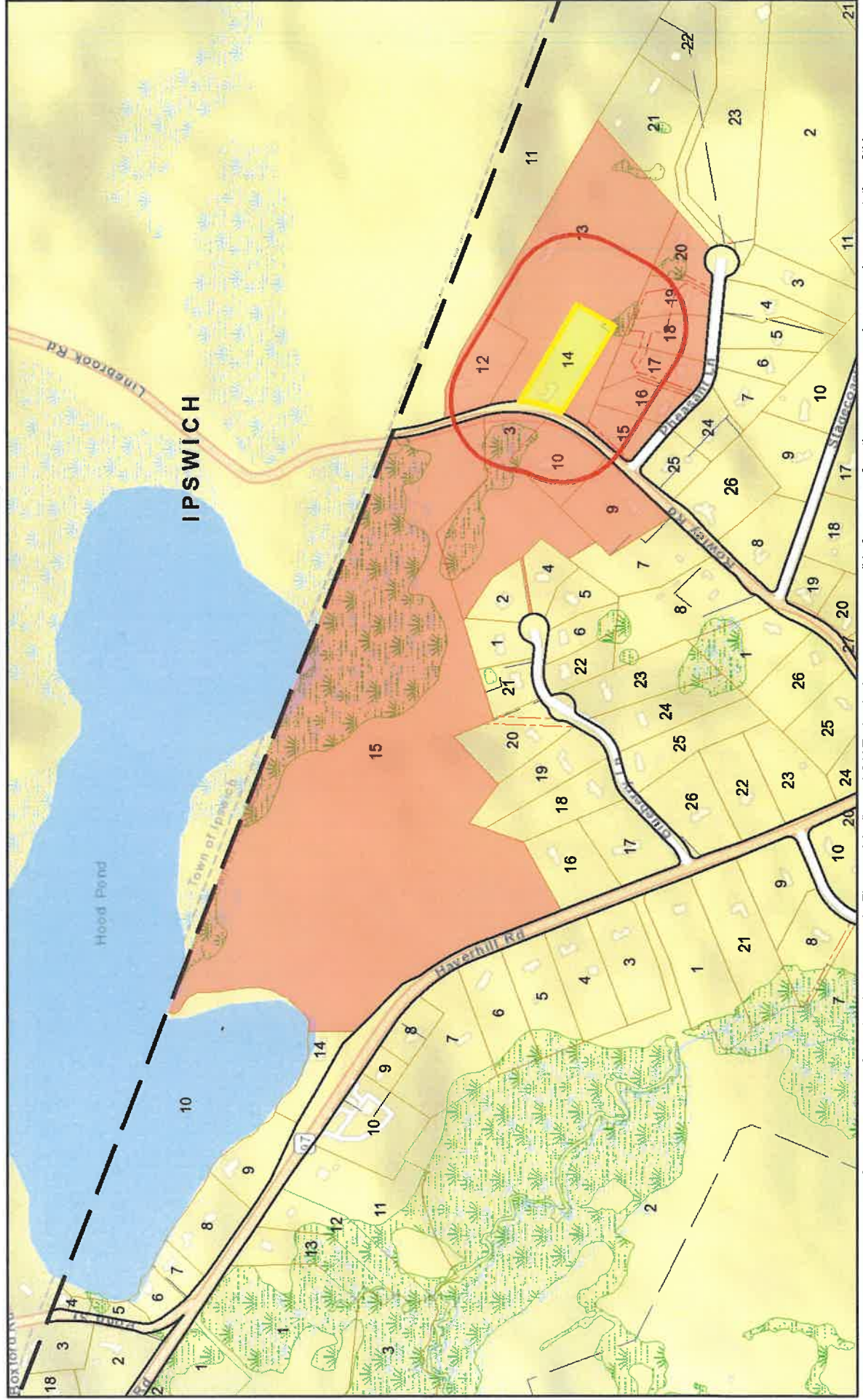
TOWN OF TOPSFIELD
CERTIFIED COPY
ASSOR'S RECORD

1 inch = 600 Feet



Precision Mapping Geospatial Solutions

www.cai-tech.com



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