

Planning Board

Application for Special Permit & Site Plan Review

2014 MAR -6 PM 12:24

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	
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	\$ _____

NATURE OF APPLICATION:

- ☒ Petition for Special Permit pursuant to Article 7, Section 7.03 of the Zoning Bylaw.
- ☐ Petition for Finding pursuant to Article , Section of the Bylaw.
- ☐ Petition for Site Plan Review pursuant to Article IX of the Zoning Bylaw (and the Guidelines and Performance Standards for Activities Subject to the Provisions of Article IX of the Topsfield Zoning Bylaw; and Supplement Form C for submitted requirements and formats).
- ☐ Petition for a Scenic Road Permit pursuant to Chapter LV.
- ☐ Petition for a Stormwater & Erosion Control Permit pursuant Chapter LI.

DESCRIPTION OF APPLICANT:

- a. Name Christopher + Cathie Cunningham
- b. Address 10 Meadowview Rd
- c. Phone Number 978-887-8797
- d. Interest in Premises (e.g., owner, tenant, prospective purchaser, etc.)
(Attach copy of lease and/or letter of authorization from owner, if applicable)

DESCRIPTION OF PREMISES:

- a. Assessor's Map 39, Lot(s) 27, Zoning District IRA
- b. Location of Premises (number and street) 10 Meadowview Rd
- c. Name and address of legal owner (if different from Applicant)
- d. Deed to the Premises recorded at (if known):
 Essex South District Registry of Deeds, Book 31370 Page 415
 Essex South Registry District of the Land Court, Certificate Number
- e. Prior zoning decisions affecting the Premises (if any):
Date of Decision Name of Applicant
Nature of Decision
- f. Present use of the Premises Single Family Residence
- g. Present structures conform to current Zoning Bylaw. ☒ Yes ☐ No. If no, in what respect does it not conform.

PROPOSAL (attach additional sheets if necessary):

- a. General Description:
Construction of an accessory building
attached to the main house
for the purpose of family accessory apartment

b. If proposal is for construction or alteration of an existing structure, please state:

	FRONT	REAR	SIDE(S)
1. Setbacks required per bylaw	<u>20</u>	<u>40</u>	<u>15</u>
2. Existing setbacks	<u>90</u>	<u>182 1/2</u>	<u>37.4</u>
3. Setbacks proposed	<u>90</u>	<u>150 1/2</u>	<u>31 1/2</u>

	FRONTAGE	AREA
4. Frontage and area required by bylaw	<u>150</u>	<u>40,000</u>
5. Existing frontage (s) and area	<u>150</u> ✓	<u>43,180</u>
6. Frontage (s) and area proposed	<u>150</u> ✓	<u>43,150</u>

	FEET	STORIES
7. Existing Height	<u>124</u> 159.8	<u>2</u>
8. Height proposed	<u>124</u> ✓	<u>2</u> ✓

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:

744

Date

3/4/14

Signature of Applicant

William Cunningham
Christopher G. Conner

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>
Christopher Cunningham	10 Meadowview Rd Topsfield
Carlin Cunningham	10 Meadowview Rd Topsfield

☐ Deed attached

2. Property Address: 10 Meadowview Rd Topsfield

3. Registry of Deeds Title Reference: Book 31370, Page 415

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>
Carlin Cunningham	30		
Christopher Cunningham	30		
Baby due 5/7/14			

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>
Jodi Conway	56		

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.

Jodi Conway is mother of Carlin Cunningham

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.

Personal Care Requirements

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

240,000.+/-

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

New accessory building attached to main house - no structural work to existing house

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

Family support through meal, interaction & communication on a daily basis. Childcare.

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.

IRA - single family residence

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: 3/4/14

Caitlin Cunningham

Chris E. King



INSPECTIONAL SERVICES
DEPARTMENT

Town of Topsfield

8 West Common Street

Topsfield, MA 01983

PERMIT DENIAL

NAME: Christopher & Caitlin Cunningham

ADDRESS: 10 Meadowview

LOCATION: 10 Meadowview

ZONING DISTRICT: IRA

PERMIT REQUESTED FOR: Accessory Apartment per plans submitted

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 3/6/2014

Inspector of Buildings
Zoning Enforcement Officer



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR, 8th edition



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

This Section For Official Use Only

Building Permit Number

Date Applied:

Signature:

Building Commissioner/Inspector of Buildings

Date

SECTION 1: SITE INFORMATION

1.1 Property Address:

10 Meadowsview

1.2 Assessors Map & Parcel Numbers

Map Number

Parcel Number

1.1a Is this an accepted street? yes no

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 OWNERSHIP

2.1 Owner of Record:

Name (Print)

Address for Service

Signature

Telephone

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

New Construction ☐

Existing Building ☐

Owner-Occupied ☐

Repairs(s) ☐

Alteration(s) ☐

Addition ☒

Demolition ☐

Accessory Bldg. ☐

Number of Units

Other ☐ Specify:

Brief Description of Proposed Work:

Construction of a 3 bay garage with car in-law
apartment above and a 14 x 16 foot for playroom
for the main house

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Original Use Only
1. Building	\$	1. Building Permit Fee: \$ Indicate how fee is determined:
2. Electrical	\$	<input type="checkbox"/> Standard City/Town Application Fee
3. Plumbing	\$	<input type="checkbox"/> Total Project Cost (Item 6) x multiplier
4. Mechanical (HVAC)	\$	2. Other Fees: \$
5. Mechanical (Fire Suppression)	\$	List:
6. Total Project Cost:	\$240,000 +/-	Total All Fees: \$
		Check No. Check Amount: Cash Amount:
		<input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due:

B
10

4

Return to:
Department of Environmental Protection
Bureau of Resource Protection, Wastewater Management
{Applicable Regional Office or Boston Office address}

GRANT OF TITLE 5 BEDROOM COUNT DEED RESTRICTION

This Grant of Title 5 Bedroom Count Deed Restriction is made as of this 6TH day of March, 20 14, by Caitlin & Christopher Cunningham ("Grantor"), of Topsfield County, Essex, pursuant to M.G.L. c. 21A, §13 and 310 CMR 15.000 (collectively, "Title 5").

WITNESSETH

adomview
ad Realty
Trust

WHEREAS, Grantor, being the owner(s) in fee simple of that [those] certain parcel[s] of [vacant] land located in 10 Meadowview Road, Topsfield, MA, Essex County, Massachusetts, [with the buildings and improvements thereon], pursuant to a deed from adomview ad Realty Trust to Grantor, dated 5/24/2012, and recorded with Essex County Registry of Deeds in Book 31370, Page 415 [source of title other than by deed] and/or pursuant to Certificate of Title No. _____ issued by the Land Registration Office of the Essex County Registry District, said parcel(s) of land being more particularly bounded and described in Exhibit A, attached hereto and made a part hereof, and being shown on a plan entitled, "* see below", dated _____, prepared by Hoyes Engineering, recorded with Essex County Registry of Deeds as Plan No. 80, in Plan Book 97 and/or registered as Land Court Plan No. _____, on file with the Land Registration Office of Essex County Registry District ("Property"); and

WHEREAS, Grantor desires to restrict the number of bedrooms, as the term bedroom is defined at 310 CMR 15.002 ("Bedroom"), through the granting of this Title 5 Bedroom Count Deed Restriction;

NOW, THEREFORE, Grantor does hereby GRANT to Town of Topsfield of Essex County, Massachusetts, a municipal corporation located in Essex County, having a mailing address of 3 West Common St, Topsfield, Massachusetts, and acting by and through its Board of Health ("Local Approving Authority"), for nominal and non-monetary consideration, the sufficiency and receipt of which are hereby acknowledged, with QUITCLAIM COVENANTS, a TITLE 5 BEDROOM COUNT DEED RESTRICTION ("Restriction") in, on, upon, through, over and under the Property.

Said Restriction operates to restrict the Property as follows:

1. Restriction. Grantor hereby restricts the total number of Bedrooms in, on, upon, through, over and under the Property to 4 (-four) Bedrooms, such that at no time shall there exist more than 4 (-four) Bedrooms in, on, upon, through, over and under said Property.

* Plan entitled, "Definitive Plan and Profile, Meadowview Road, Topsfield, Mass., Owner - Russet Trust"

2. Severability. Grantor hereby agrees that, in the event that a court or other tribunal determines that any provision of this instrument is invalid or unenforceable:
- (i) That such provision shall be deemed automatically modified to conform to the requirements for validity and enforceability as determined by such court or tribunal; or
 - (ii) That any such provision, by its nature, cannot be so modified, shall be deemed deleted from this instrument as though it had never been included herein.

In either case, the remaining provisions of this instrument shall remain in full force and effect.

3. Enforcement. Grantor expressly acknowledges that a violation of the terms of this Restriction could result in the following:
- (i) upon determination by a court of competent jurisdiction, in the issuance of criminal and civil penalties, and/or equitable remedies, including, but not limited to, injunctive relief, such injunctive relief could include the issuance of an order to modify or remove any improvements constructed upon the Property in violation of the terms of this Restriction; and
 - (ii) in the initiation of an enforcement action and/or assessment of penalties by the Local Approving Authority and/or the Massachusetts Department of Environmental Protection, a duly constituted agency with a principal office located at One Winter Street, Boston, MA 02108 (DEP), to enforce the terms of this Restriction pursuant to Title 5; M.G.L. c.111, §§ 2C, 17, 31, 122, 123, 125, 127A-O, inclusive, and 129; and M.G.L c. 83, §11.
4. Provisions to Run with the Land. The rights, liabilities, agreements and obligations created under this Restriction shall run with the Property and any portion thereof for the term of this Restriction. Grantor hereby covenants for [himself/herself/itself] and [his/her/its] executors, administrators, heirs, successors and assigns, to stand seized and to hold title to the Property and any portion thereof subject to this Restriction.

The rights granted to the Local Approving Authority, its successors and assigns, do not provide, however, that a violation of this Restriction shall result in a forfeiture or reversion of Grantor's title to the Property.

5. Concurrence Presumed. It is agreed that:
- (i) Grantor and all parties claiming by, through, or under Grantor agree to and shall be subject to the provisions of this Restriction; and

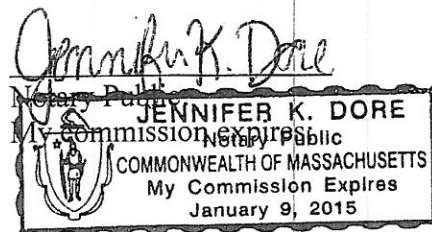
- (ii) Grantor and all parties claiming by, through, or under Grantor, and their respective agents, contractors, sub-contractors and employees, agree that the Restriction herein established shall be adhered to and shall not be violated, and that their respective interests in the Property shall be subject to the provisions herein set forth.
6. Incorporation into Deeds, Mortgages, Leases, and Instruments of Transfer. Grantor hereby agrees to incorporate this Restriction, in full or by reference, into all deeds, easements, mortgages, leases, licenses, occupancy agreements or any other instrument of transfer by which an interest and/or a right to use the Property, or any portion thereof, is conveyed.
7. Recordation. Grantor shall record and/or register this Restriction with the appropriate Registry of Deeds and/or Land Registration Office within 30 days of receiving the approved Restriction from the Local Approving Authority. Grantor shall file with the Local Approving Authority and the DEP a certified Registry copy of this Restriction as recorded and/or registered within 30 days of its date of recordation and/or registration.
8. Amendment and Release. This Restriction may be amended only upon the approval and acceptance of such amendment by the Local Approving Authority. Release of this Restriction shall be granted by the Local Approving Authority upon (i) Grantor's request of such release; and (ii) the Property being connected to a municipal sewer system and the septic system serving the Property being abandoned in accordance with 310 CMR 15.354. Any such amendment or release shall be recorded and/or registered with the appropriate Registry of Deeds and/or Land Registration Office and a certified Registry copy of said amendment or release shall be filed with the Local Approving Authority and the DEP within 30 days of its date of recordation and/or registration.
9. Term. This Restriction shall run in perpetuity and is intended to conform to M.G.L. c.184, §26, as amended.
10. Rights Reserved. This Restriction is granted to the Local Approving Authority. It is expressly agreed that acceptance of this Restriction by the Local Approving Authority shall not operate to bar, diminish, or in any way affect any legal or equitable right of the Local Approving Authority or of DEP to issue any future order with respect to the Property or in any way affect any other claim, action, suit, cause of action, or demand which the Local Approving Authority or DEP may have with respect thereto. Nor shall acceptance of the Restriction serve to impose any obligations, liabilities, or any other duties upon the Local Approving Authority.
11. Effective Date. This Restriction shall become effective upon its recordation and/or registration with the appropriate Registry of Deeds and/or Land Registration Office.

WITNESS the execution hereof under seal this 6TH day of March, 2014.

Caitlin Cunningham
Grantor - Caitlin Cunningham
Christopher Cunningham
Grantor - Christopher Cunningham

March 6, 2014

Then personally appeared the above-named Caitlin and Christopher Cunningham and acknowledged the foregoing instrument to be their free act and deed before me.



Approved and Accepted By:

Date: _____

Local Approving Authority

**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: Carl + Christopher Cunningham
978-887-8797

Telephone No. _____

Locus: 16 Meadowview Rd

Map	Block	Location	Owner	(If different from location) Mailing Address
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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

Kathens Jackson (Asst to principal assess)

Date of Verification

2/25/14

39-37 10 MEADOWVIEW RD FC8 PLANNING BOARD
TOPSFIELD, MA

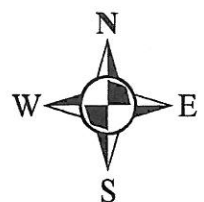
ABUTTERS LIST WITH IN 300'

Map	Block	Lot	Lot	Lot	Owners Name	Co Owners name	Mailing Address	City	St Zip
31	87				MACKAY STEPHEN M	MACKAY TARA L	90 WASHINGTON ST	TOPSFIELD	MA 01983
31	88				GUSCHOV DEMETIAN JR		3 LOVEJOY RD	ANDOVER	MA 01810
31	89				PETRELLO RAYMOND	PETRELLO ANN H	94 WASHINGTON ST	TOPSFIELD	MA 01983
31	90				KING JOHN W	KING LOUISE C	98 WASHINGTON ST	TOPSFIELD	MA 01983
31	91				MAKI LISA	MAKI RICHARD D	102 WASHINGTON ST	TOPSFIELD	MA 01983
39	36				LYONS MARK B	LYONS ALTHEA C	8 MEADOWVIEW RD	TOPSFIELD	MA 01983
39	37				CUNNINGHAM CHRISTOPHER	CUNNINGHAM CAITLIN E	10 MEADOWVIEW RD	TOPSFIELD	MA 01983
39	38				KOLINKA PHILIP E	KOLINKA JENNIFER A	14 MEADOWVIEW RD	TOPSFIELD	MA 01983
39	39				HOVER DANIEL P	HOVER LAUREN D	18 MEADOWVIEW RD	TOPSFIELD	MA 01983
39	40				GIABBAI PETER	ROSALYN SNEIDERMAN GIABBAI	20 MEADOWVIEW RD	TOPSFIELD	MA 01983
39	41				JELLOW KAREN N TR	KAREN N JELLOW FAMILY TR	21 MEADOWVIEW RD	TOPSFIELD	MA 01983
39	42				BATEMAN JOSEPH F JR	BATEMAN CYNTHIA A	17 MEADOWVIEW RD	NAPLES	FL 34109
39	43				LEONARD IRMA M TR	IRMA M LEONARD QUAL PER RES TR 2001	2342 CHESIRE LN	TOPSFIELD	MA 01983
39	44				IVES CHRISTOPHER D	IVES JOLIE LACHAPELLE	9 MEADOWVIEW RD	TOPSFIELD	MA 01983
39	45				SANDLER ERIK D	SANDLER STEPHANIE C	7 MEADOWVIEW RD	TOPSFIELD	MA 01983
39	46				BRUCE DOROTHY M TR	BRUCE NOMINEE TR	PO BOX 46	TOPSFIELD	MA 01983
39	47				DORN MARK E		PO BOX 428	TOPSFIELD	MA 01983
40	97								

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GEOGRAPHIC INFORMATION SYSTEM
VISION APPRAISAL TECHNOLOGY



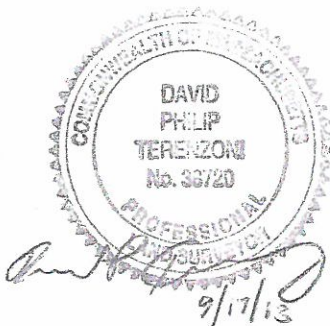
PLOT PLAN OF LAND TOPSFIELD, MA.

PREPARED FOR:

CHRISTOPHER CUNNINGHAM
10 MEADOWVIEW ROAD

SCALE: 1"=40' DATE: SEPTEMBER 17, 2013

DAVID P. TERENCEZONI, P.L.S.
4 ALLEN ROAD, PEABODY, MA. 01960



LOT 6

LOT 7
43,180 S.F.±

LOT 8

Stake/Nail
(set)

Garage
1 Story

No. 10
2 Story
Wood
Dwelling

Stake/Nail
(set)

Sill Elevation= 100.0' (assumed)
First Floor Elev.= 101.6'
Second Floor Elev.= 109.8'
Roof Peak Elev.= 124.0'

First Floor Ceiling Hgt= 7.2'
Second Floor Ceiling Hgt= 7.2'
Main Roof Hgt= 24.0'

Iron Rod
(set)

MEADOWVIEW ROAD

Iron Rod
(fnd)

Zoning District: IRA
Deed Reference: Book 31370, Page 415
Assessor's Map 39, Lot 37
Existing Lot Coverage = 3% ±

P13-027