


TOWN OF TOPSFIELD

SPECIAL PERMIT APPLICATION TO THE PLANNING BOARD FOR A TEMPORARY 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>
John Brophy	10 Sleepy Hollow rd
Rachel Brophy	10 Sleepy Hollow rd

 Deed attached

2. Property Address: 10 Sleepy Hollow rd
3. Registry of Deeds Title Reference: Book 41195, Page 318
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>
John M Brophy III	31		
Rachel Brophy	34		
John M Brophy IV	4		
EMMA Brophy	1		

6. State the names and ages of all proposed occupants of the temporary accessory apartment.

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
Celeste Sullivan	64		

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 Temporary Accessory Apartment upon which this application is based.

Celeste Sullivan is the Mother of John M Brophy III

8. State the reason for the Temporary Accessory Apartment. (Article VII § 7.03 of the bylaw requires that the primary purpose of the Temporary Accessory Apartment shall be to maximize privacy, dignity, and independent living among the occupants of the main dwelling and the Temporary Accessory Apartment).

☒ Amnesty requested.

My Mother (Celeste) has been battling Lymphoma for several years and is having trouble maintaining her own home, this apartment will help me care for her

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

\$200,000

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

Knock Down current attached 2 car garage and replace w/ 3 car garage w/ Attached in-law

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

Daily Assistance as needed, all house upkeep. Assistance to increase as / is needed

12. State whether the occupant(s) of the Temporary 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 Temporary Accessory Apartment).

☒ Yes
☐ No


If yes, state amount, frequency and explain in detail.

Celeste will pay for all costs associated w/ Building and will pay her share of utilities and taxes

13. Attach scaled drawings of the floor plan of the existing main dwelling and the proposed Temporary 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 Temporary Accessory Apartment.

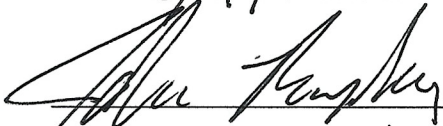

 Board of Health certification attached

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

ORA / Single Family 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 Temporary Accessory Apartment shall forthwith be discontinued upon termination as provided by the bylaw.

Dated: 8/14/23

**PLANNING BOARD TRACKING SHEET
FOR TEMPORARY ACCESSORY APARTMENT**

Property Location: 10 Sleepy Hollow rd

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: ORA Basis of use if not single-family zone:

Name of each owner residing in the main dwelling:

John Brophy Rachel Brophy

Name of each occupant of the Temporary Accessory Apartment.

Celeste Sullivan

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: _____