

## NATURE OF APPLICATION:

2014 MAR 19 PM 12:24

RECEIVED  
TOWN CLERK  
TOPSFIELD, MA

- \_\_\_\_ Petition for Special Permit pursuant to Article \_\_\_\_, Section \_\_\_\_ of the Zoning Bylaw.
- ☒ Petition for Finding pursuant to Article IV, Section 3.05 of the Bylaw.
- \_\_\_\_ Petition for a Variance from Article \_\_\_\_, Section \_\_\_\_, of the Zoning 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 Comprehensive Permit pursuant to G.L.c. 40B, Section 20-23.
- \_\_\_\_ Appeal from the decision dated \_\_\_\_\_ of the Building Inspector or others pursuant to L.L. c. 40A, Section 15.

## DESCRIPTION OF APPLICANT:

- a. Name Mark Gatti Joanne Leary
- b. Address 19 South Main ST. Topsfield
- c. Phone Number Cell 508 843 8337 WK 978 887 9546
- d. Interest in Premises (e.g., owner, tenant, prospective purchaser, etc.) owner  
(Attach copy of lease and/or letter of authorization from owner, if applicable)  
TPGmark @ AOL.com

## DESCRIPTION OF PREMISES:

- a. Assessor's Map 40, Lot(s) 86, Zoning District \_\_\_\_\_
- b. Location of Premises (number and street) 19 South Main ST.
- 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 \_\_\_\_\_ Page \_\_\_\_\_  
\_\_\_\_ 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: 2 story addition extending 8 feet off the back side of the house.

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

	FRONT	REAR	SIDE(S)
1. Setbacks required per bylaw	<u>100</u>	<u>30</u>	<u>10</u> <u>10</u>
2. Existing setbacks	<u>66</u>	<u>100</u>	<u>10' 7"</u> <u>15' 0"</u>
3. Setbacks proposed	<u>66</u>	<u>92</u>	<u>10' 7"</u> <u>15' 0"</u>

	FRONTAGE	AREA
4. Frontage and area required by bylaw	<u>100</u>	<u>20,000</u>
5. Existing frontage (s) and area	<u>66</u>	<u>10,998</u>
6. Frontage (s) and area proposed	<u>66</u>	<u>10,998</u>

	FEET	STORIES
7. Existing Height	<u>      </u>	<u>1 1/2</u>
8. Height proposed	<u>      </u>	<u>1 3/4</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 Zoning Board of Appeals 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:

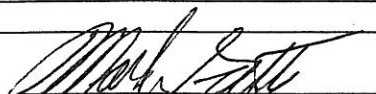
(See Zoning Board of Appeals Rules and Procedures, Section III (1) (e))

All required supporting data attached ☐ Yes ☐ No

If all required supporting data is not attached, why not:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3-19-14  
Date

  
Signature of Applicant

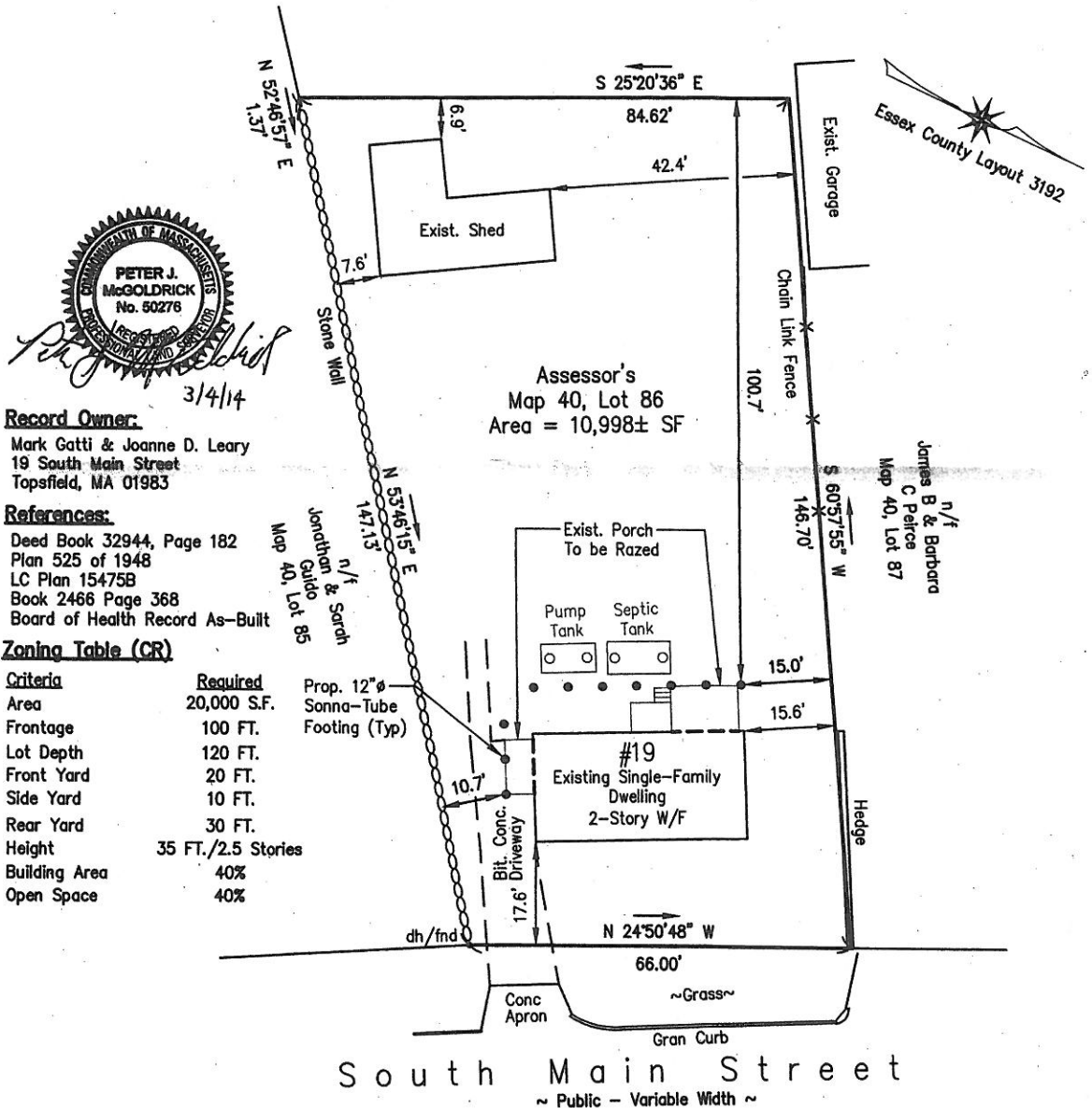
# Plan of Land Showing Proposed House Addition Foundation

<sup>in</sup>  
Topsfield, Massachusetts  
19 South Main Street

(Assessors Map 40, Lot 86)

Prepared For  
Mark Gatti

Scale: 1" = 20' Date: March 4, 2014





# Town of Topsfield

8 West Common Street  
Topsfield, MA 01983

INSPECTIONAL SERVICES  
DEPARTMENT

## PERMIT DENIAL

NAME: Mark Gatti

ADDRESS: 19 So. Main Street

LOCATION: 19 So. Main Street

ZONING DISTRICT: CR

PERMIT REQUESTED FOR: 8 x 36 Two Story Addition  
(Complies with zoning by- law setbacks)

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

☒ ZONING BOARD OF APPEALS (finding)

☐ PLANNING BOARD

☒ HISTORIC

FOR A:

☐ VARIANCE

☒ FINDING (ZBA)

☐ SPECIAL PERMIT

☒ Lot Area    ☒ Lot Frontage    ☐ Building Height    ☐ Lot Coverage  
☒ Front Yard    ☐ Side Yard    ☐ Rear Yard    ☐ Parking    ☐ Open Space  
☐ Sign (size, height, location)    ☐ Expansion of Non-Conforming Use  
☐ Change in Non-Conforming Use    ☐ Additional Principal Building  
☐ Other

ZONING REQUIREMENT:

PROPOSED:

Date Permit Denied 4/13/2014

Inspector of Buildings  
Zoning Enforcement Officer

3:00 pm

Issue Date: 04/26/2011

**TOWN OF TOPSFIELD, MA  
ZONING BOARD OF APPEALS**

**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: Mark Gatti

19 South Main ST.

Telephone No. 978-887-9546

Locus: 19 South Main ST

40-86

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 Zoning Board of Appeals:

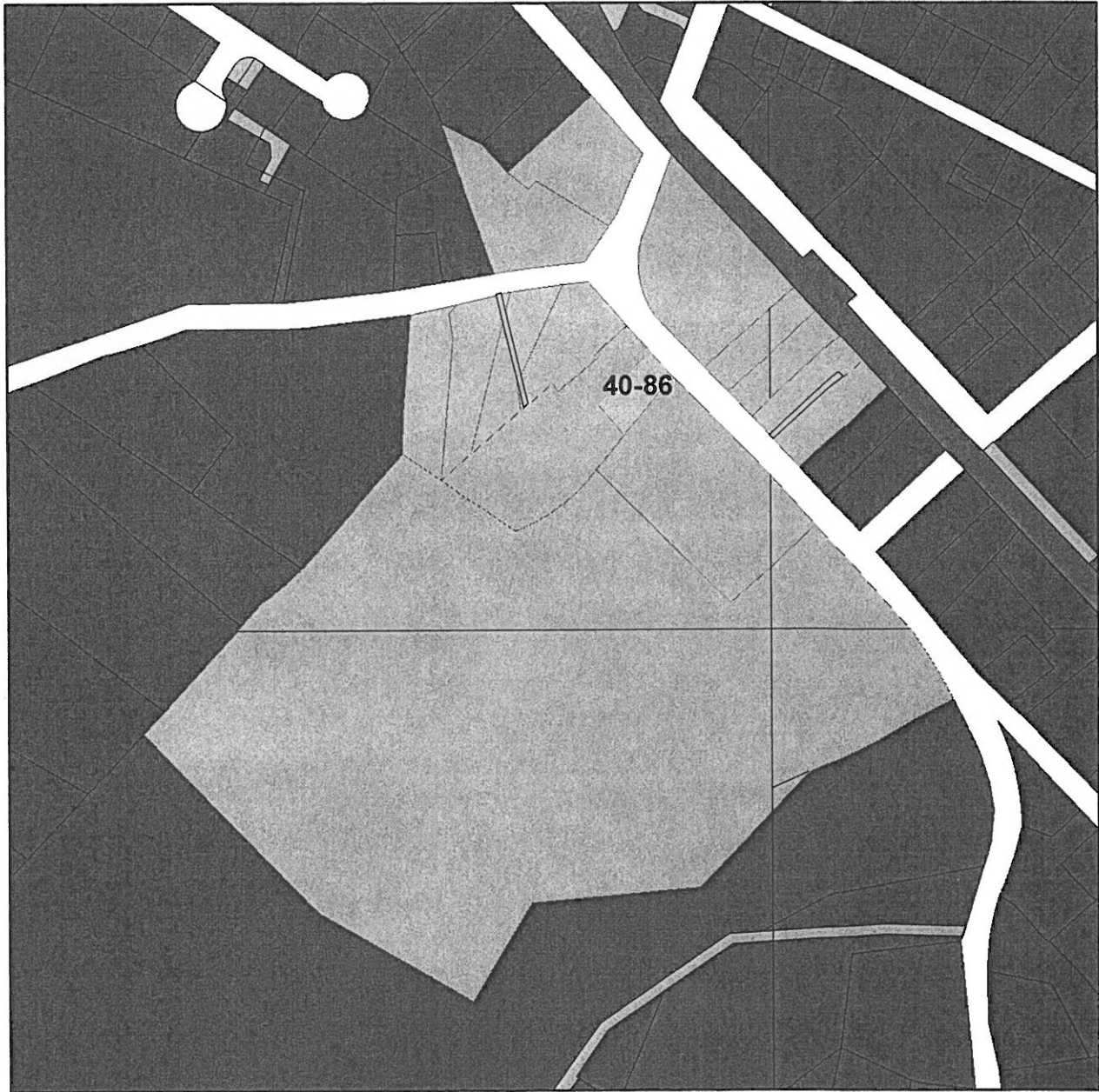
This is to certify that, at the time of the last assessment for taxation made by the Town of Topsfield, the names and mailing addresses of the parties assessed as owners of land within 300' of the parcel of land shown in the attached sketch were as listed.

Authorized Signature  
Assessors' Office Katherine Jackson (asst to principal assessor)

Date of Verification 3/12/14



40-86



GEOGRAPHIC INFORMATION SYSTEM

VISION APPRAISAL TECHNOLOGY



## TOPSFIELD, MA

Map	Block	Lot	Cut Location	Owners Name	Co Owners name Name	Mailing Address
40	9		9 SOUTH MAIN ST	GABRYAN LLC		900 LYNNFIELD STREET, UNIT
40	10	1	3 SOUTH MAIN ST #3	DOORLY MARYJANE		P O BOX 245
40	10	2	5 SOUTH MAIN ST #1	BLAIS VICTORIA		5 SOUTH MAIN ST
40	10	3	5 SOUTH MAIN ST #2	HERBEL WOLFGANG		5 SOUTH MAIN ST #2
40	82		18 SOUTH MAIN ST	TOPSFIELD CROSSING LLC		10 SOUTH MAIN ST
40	83		22 SOUTH MAIN ST	CASTELLANET VINCENT F TR		63 CALDWELL FARM RD
40	84		26 SOUTH MAIN ST	ATKINS JOHN P		26 SOUTH MAIN ST
40	85		31 SOUTH MAIN ST	GUIDO JONATHAN D		131 SOUTH MAIN ST
40	86		19 SOUTH MAIN ST	GATTI MARK		19 SOUTH MAIN ST
40	87		15 SOUTH MAIN ST	WINFREY SCOTT		15 SOUTH MAIN ST
40	88		13 SOUTH MAIN ST	MCALLISTER 13 SOUTH MAIN STREET LLC		143 SOUTH MAIN ST
40	89		8 PROSPECT ST	RYAN DENNIS P		8 PROSPECT ST
40	90		10 PROSPECT ST	PATCH TODD K		10 PROSPECT ST
40	91		12 PROSPECT ST	TOWN OF TOPSFIELD		8 WEST COMMON ST
41	1		28 SOUTH MAIN ST	KATZEN BRIAN J		28 SOUTH MAIN ST
41	2		32 SOUTH MAIN ST	VELSOR PROPERTIES INC		29 SALEM RD
41	6		8 SUMMER ST	MASS BAY TRANSPORTATION AUTH		17 FRANKLIN ST - 9TH FL
49	84		55 SOUTH MAIN ST	VESPRINI MICHAEL A TR		65 SOUTH MAIN ST