



TOWN OF TOPSFIELD

ZONING BOARD OF APPEALS

8 West Common Street, Topsfield, Massachusetts 01983



ZONING BOARD OF APPEALS

APPLICATION FORM A

APPLICATION FEE \$200

ZONING BOARD OF APPEALS APPLICATION GUIDELINES:

- Questions regarding the application should be directed to the Community Development Coordinator, Chairman of the ZBA or Inspector of Buildings.
- See Inspector of Buildings for permit denial.
- Procure an application from the Community Development Coordinator, Inspector of Buildings or Town Clerk
- See Assessor's Office for Abutters' List.
- File with the Town Clerk. "Each application for a special permit shall be filed by the petitioner with the town clerk and a copy of said application, including the date and time of filing certified by the town clerk, shall be filed forthwith by the petitioner with the special permit granting authority." (M.G.L. Chapter 40A, Section 9)
- The petitioner, after filing with the Town Clerk, files the granting authority's copies with the Community Development Coordinator who receives application for the permit granting authority, in this case the Zoning Board of Appeals.

Roberta M. Knight
Community Development Coordinator
Town Hall
978-887-1504
rknight@topsfeld-ma.gov

NATURE OF APPLICATION:

- ☐ Petition for Special Permit pursuant to Article ____, Section ____ of the Zoning Bylaw.
☒ Petition for Finding pursuant to Article III, 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 JUDSON & BARBARA PRATT
 b. Address 27 R EAST ST, Topsfield
 c. Phone Number 978-376-3400
 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)

DESCRIPTION OF PREMISES:

- a. Assessor's Map 13, Lot(s) 29, Zoning District ORA
 b. Location of Premises (number and street) 27 R EAST 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 446 Page 4
☐ Essex South Registry District of the Land Court, Certificate Number _____
 e. Prior zoning decisions affecting the Premises (if any):
 Date of Decision 10/2/14 Name of Applicant JUDSON & BARBARA PRATT
 Nature of Decision FINDING
 f. Present use of the Premises RESIDENTIAL
 g. Present structures conform to current Zoning Bylaw. Yes ☒ No ☐ If no, in what respect does it not conform. Two buildings existed on one lot prior to adoption of Subdivision Control Act, both of which are still standing

PROPOSAL (attach additional sheets if necessary):

- a. General Description:
add GARAGE to property

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

1. Setbacks required per bylaw	FRONT	REAR	SIDE(S)
2. Existing setbacks	_____	_____	_____
3. Setbacks proposed	_____	_____	_____
4. Frontage and area required by bylaw	FRONTAGE	AREA	
5. Existing frontage (s) and area	_____	_____	
6. Frontage (s) and area proposed	<u>24</u> <u>24</u>	<u>576</u> <u>ft</u>	
7. Existing Height	FEET	STORIES	
8. Height proposed	<u>14'</u>	<u>1 1/2</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 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:

In Zoning files

Date _____

[Signature]
Signature of Applicant

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: Ludson Pratt,

27 R. East St Topsfield

Telephone No.

978-376-3400

Locus:

27 R. East street (new parcel out of 13-25)

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

Laurie M. Travis

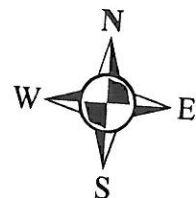
Date of Verification

6/30/2015

MAP TITLE



GEOGRAPHIC INFORMATION SYSTEM
VISION APPRAISAL TECHNOLOGY



cut 04 13-25 21 year East Street
EAST STREET

TOPSFIELD, MA

Map	Block	Lot	Lot Location	Owner CHR (39) s Name	Co grantee-s Name
✓13	5		56 CAMPMEETING RD	WHITE CAROL ANNE	GIUNTA FILIPPA
✓13	6		58 CAMPMEETING RD	BICKERTON RICHARD H	BICKERTON JOYCE
✓20	69		70 CAMPMEETING RD	PEABODY DANIEL	PEABODY GRACE
✓20	39		76 CAMPMEETING RD	PEABODY NORMA L TR	CAMPMEETING ROA
✓20	68		15 EAST ST	KIERNAN PETER R	KIERNAN PAMELA
✓13	26		25 EAST ST	KIELLEY HOWARD W	Moshirfar, Brian Hayes
✓13	7		26 EAST ST	CONLEY DAVID E TR	
✓13	25		27 EAST ST	PRATT JUDSON W	EAST ST REALTY
✓13	8		30 EAST ST	CAMPBELL JAMES W	PRATT BARBARA W
✓13	24		31 EAST ST	LARUSSA SALVATORE J	CAMPBELL DIANA
✓13	23		33 EAST ST	YOUNG RAYMOND H TR	LARUSSA JENNIFE
✓13	9		34 EAST ST	MCKEON JOHN J	EAST STREET TR
✓13	10		36 EAST ST	SINAPIS PETER S	MCKEON ERICA L
✓13	41		8 WILLOWDALE RD	CROTHERS PATRICK C	SINAPIS CHERYL J
✓13	42		12 WILLOWDALE RD	HARTON JOEL	CROTHERS MAUREN
✓13	27		16 WILLOWDALE RD	BELCHER RUSSELL H	PICKERING JEANNE
✓13	28		20 WILLOWDALE RD	MCDONALD BRYAN F	BELCHER CAROLYN
✓13					MCDONALD JENNIFE

Harris Scott A



INSPECTIONAL SERVICES
DEPARTMENT

Town of Topsfield
8 West Common Street
Topsfield, MA 01983

PERMIT DENIAL

NAME: **Judson Pratt**

ADDRESS: **21R East Street**

LOCATION: **21R East Street**

ZONING DISTRICT: **ORA**

PERMIT REQUESTED FOR: **Detached 24' x 24' Two Car Garage**

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 checked="" 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: **200'**

PROPOSED: **Existing 12.06'**

Date Permit Denied **7/2/2015**

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: John Clokey - Denied 7/2/15 Denied
Building Commissioner/Inspector of Buildings Date

SECTION 1: SITE INFORMATION

1.1 Property Address: 27 R EAST ST
1.1a Is this an accepted street? yes ☒ no _____
1.2 Assessors Map & Parcel Numbers
Map Number 13 Parcel Number 29
1.3 Zoning Information: ORA GARAGE
Zoning District Proposed Use
1.4 Property Dimensions:
Lot Area (sq ft) 29,588 Frontage (ft) 15'

-1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
1.6 Water Supply: (M.G.L c. 40, § 54)		1.7 Flood Zone Information:		1.8 Sewage Disposal System:	
Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>		Zone: _____ Outside Flood Zone? Check if yes <input checked="" type="checkbox"/>		Municipal <input type="checkbox"/> On site disposal system <input checked="" type="checkbox"/>	

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:
Name (Print) JOHNSON & BARBARA PRATT Address for Service: 27 R EAST ST
Signature John & Barbara Pratt Telephone 978-376-3400

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

New Construction ☐ Existing Building ☐ Owner-Occupied ☐ Repairs(s) ☐ Alteration(s) ☐ Addition ☐
Demolition ☐ Accessory Bldg. ☒ Number of Units 1 Other ☐ Specify: _____

Brief Description of Proposed Work²: add GARAGE (24'x24')

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ <u>30,600</u>	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ <u>incl</u>	
3. Plumbing	\$ <u>—</u>	
4. Mechanical (HVAC)	\$ <u>—</u>	
5. Mechanical (Fire Suppression)	\$ <u>—</u>	
6. Total Project Cost:	\$ <u>30,000</u>	

RECEIVED

JUL 02 2015

TOWN OF TOPSFIELD