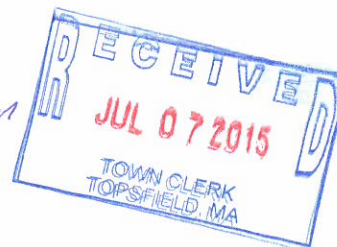


NATURE OF APPLICATION:

- \_\_\_\_ Petition for Special Permit pursuant to Article \_\_\_\_, Section \_\_\_\_ of the Zoning Bylaw.
- X 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 Richard Crosson
- b. Address 29 Wilmor Road
- c. Phone Number 978-580-0611 crossonra@icloud.com
- 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 \_\_\_\_, Lot(s) \_\_\_\_, Zoning District \_\_\_\_
- b. Location of Premises (number and street) 29 Wilmor Road
- c. Name and address of legal owner (if different from Applicant) \_\_\_\_\_
- d. Deed to the Premises recorded at (if known):  
X Essex South District Registry of Deeds, Book 11797 Page 40  
 \_\_\_\_ 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 X No. If no, in what respect does it not conform The front-right corner of the house is 10'6" from the side-property line. The minimum distance from the proposed addition will be 11'.

PROPOSAL (attach additional sheets if necessary):

- a. General Description:  
I request approval to add a 16'x16' single story music room onto the rear-right corner of the house. This additional room will be in direct proportion to the existing room off of the

rear-left of the house. The existing deck will remain between the two rooms.

- 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>0"</u>
2. Existing setbacks	_____	_____	<u>10'</u> <u>6"</u> & 10'9"
3. Setbacks proposed	_____	_____	<u>11'</u> <u>0"</u>

	FRONTAGE	AREA
4. Frontage and area required by bylaw	_____	_____
5. Existing frontage (s) and area	_____	_____
6. Frontage (s) and area proposed	_____	_____

	FEET	STORIES
7. Existing Height	_____	<u>2</u>
8. Height proposed	_____	<u>1</u> <u>13'5"</u>

- c. Other town, state or federal permits or licenses required, if any:

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#### 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:

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7/6/11

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: Richard Crosson

Telephone No. 978-580-0611

Locus: 10-12 29 WILMOR RD

<u>Map</u>	<u>Block</u>	<u>Location</u>	<u>Owner</u>	<small>(If different from location)</small> <u>Mailing Address</u>
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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.

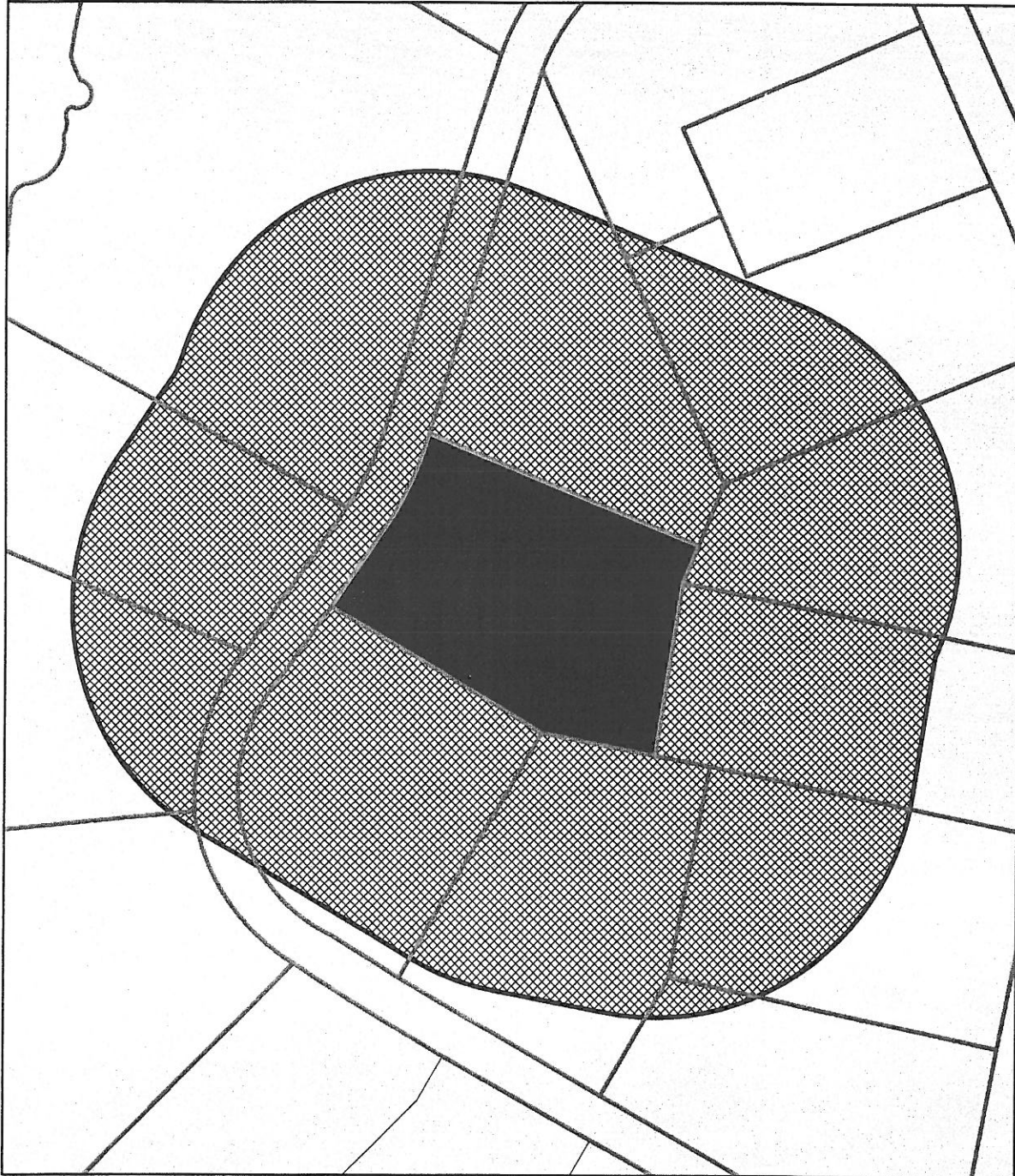
Authorized Signature  
Assessors' Office

Pauline M. Evans

Date of Verification

7/6/15

# 10-12 29 WILMOR RD



## Legend



CoreParcels



Topsfield\_2013\_Parcels



Patriot Properties

07/06/2015

10:20:35AM

# Town of Topsfield

## GIS - Abutters by Parcel ID

### Filter Used:

DataProperty.AccountNumber in (6,132,133,130,5,129,4,134,128,135,397,399,396,398)



# Town of Topsfield

8 West Common Street  
Topsfield, MA 01983

INSPECTIONAL SERVICES  
DEPARTMENT

## PERMIT DENIAL

NAME: **Richard Crosson**

ADDRESS: **29 Wilmor Rd.**

LOCATION: **29 Wilmor Rd.**

ZONING DISTRICT: **ORA**

PERMIT REQUESTED FOR: **16 x 16 Addition**

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

ZONING REQUIREMENT: **20'**

PROPOSED: **11'**

Date Permit Denied **6/9/2015**

  
Inspector of Buildings  
Zoning Enforcement Officer





The Commonwealth of Massachusetts  
Board of Building Regulations and Standards  
Massachusetts State Building Code, 780 CMR, 8<sup>th</sup> 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: Don Chokley - Denied 6/9/15 - Denied  
Building Commissioner Inspector of Buildings Date

SECTION 1: SITE INFORMATION

1.1 Property Address: 29 Wilmar Rd  
1.1a Is this an accepted street? yes \_\_\_\_\_ no \_\_\_\_\_  
1.2 Assessors Map & Parcel Numbers  
Map Number \_\_\_\_\_ 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 OWNERSHIP<sup>1</sup>

2.1 Owner<sup>1</sup> of Record: Richard Crosson 29 Wilmar Rd Tyngsboro MA  
Name (Print) Address for Service:  
Signature [Signature] Telephone 978-560-0611

SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (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<sup>2</sup>: Built new addition on set plans

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ 22,000.00	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (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	\$ 2,000.00	
3. Plumbing	\$ 2,000.00	
4. Mechanical (HVAC)	\$	
5. Mechanical (Fire Suppression)	\$	
6. Total Project Cost:	\$ 26,000.00	

29 WILMOR ROAD  
TOPSFIELD, MA.

REVISIONS:

OCEAN ENG.

60 SHEPARD AVE.  
SWAMPSCOTT, MA.  
781-585-1165

FOUNDATION  
DETAILS

SCALE: 1/4" = 1'-0"

DATE: 6-15-2015

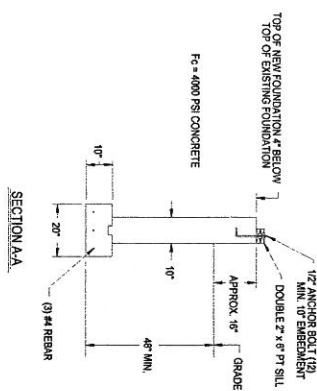
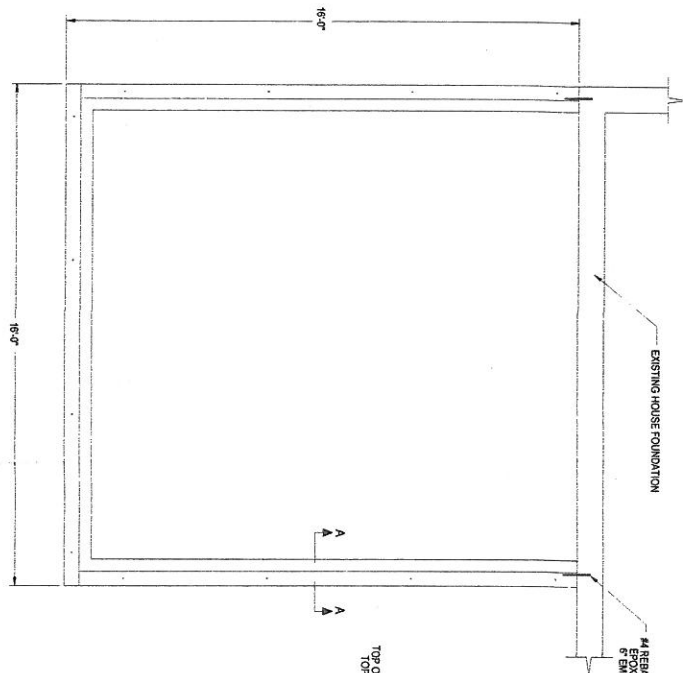
ENG: C B DERR

S1

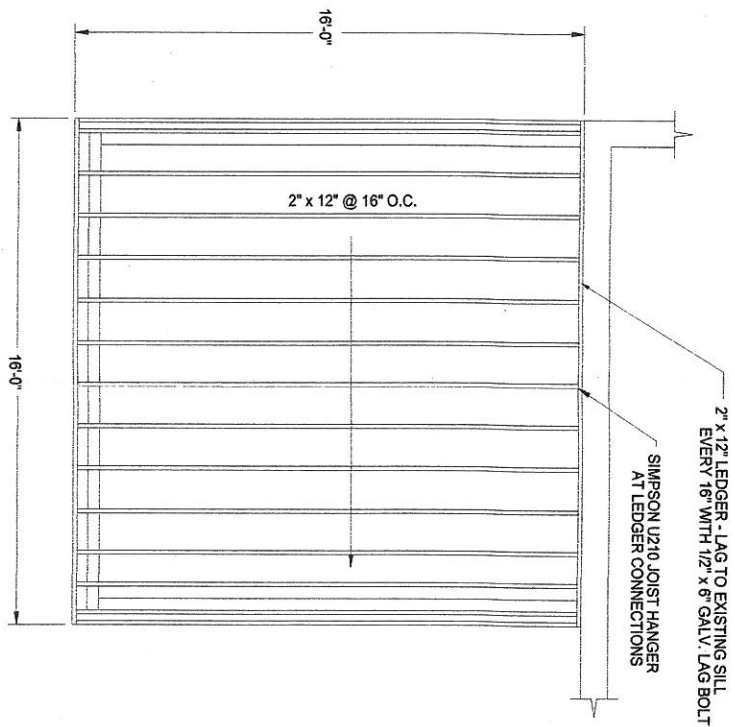


PROVIDE 3 VENTS - NO MORE THAN 3 FEET FROM CORNERS OF FOUNDATION

FOUNDATION LAYOUT







29 WILMOR ROAD  
TOPSFIELD, MA.

REVISIONS:

OCEAN ENG.

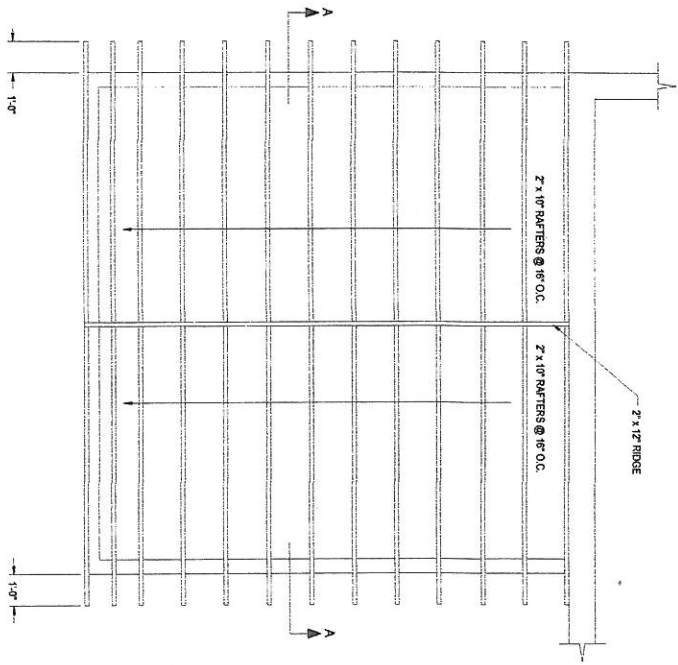
60 SHEPARD AVE.  
SWAMPSCOTT, MA  
781-595-1165

FIRST FLOOR  
FRAMING  
DETAILS

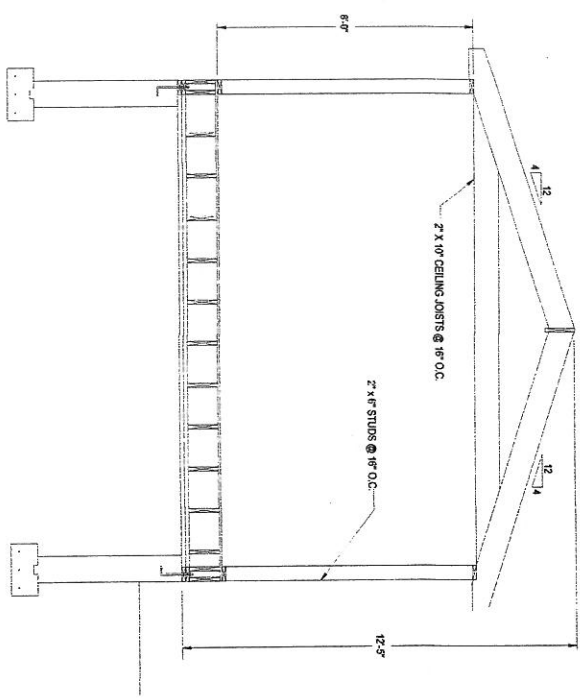
SCALE: 1/4" = 1'-0"  
DATE: 6-15-2015  
ENG: C B DERR



S2



ROOF FRAMING LAYOUT



SECTION AA

29 WILMOR ROAD  
TOPSFIELD, MA.

REVISIONS:

OCEAN ENG.

80 SHEPARD AVE.  
SWAMPSCOTT, MA.

781-585-1165

ROOF  
FRAMING  
DETAILS

SCALE: 1/4" = 1'-0"

DATE: 6-15-2015

ENG: C.B.DERR

S3

