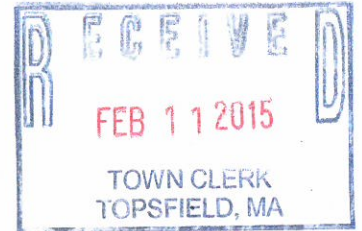


Application for Zoning Relief

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 and the Topsfield Zoning Board of Appeals Rules and Procedures that are available from the Town Clerk.

Incomplete applications will not be considered unless waivers are previously obtained from the Zoning Board of Appeals

.....

BOARD USE ONLY

Date Filed:

Date Action Due

Public Hearing:

Decision:

Revised Form Date: 04/26/2011

NATURE OF APPLICATION:

- ☒ Petition for Special Permit pursuant to Article III, Section 4.12D of the Zoning Bylaw.
- ☐ Petition for Finding pursuant to Article ____, Section ____ 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 CHRIS & MARY BANDERBECK Topsfield Bahushup.
- b. Address 42 MAIN ST Topsfield.
- c. Phone Number 978-887-0795
- 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 40, Lot(s) 78, Zoning District BV
- b. Location of Premises (number and street) 38 MAIN ST
- c. Name and address of legal owner (if different from Applicant) Brian Woodland
7 Grove St. Topsfield.
- 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 Grandfather retail
- g. Present structures conform to current Zoning Bylaw. Yes ☒ No. If no, in what respect does it not conform. grandfathered.

PROPOSAL (attach additional sheets if necessary):

- a. General Description: Retail Bake Shop with C/P/ice
and seating for customers.

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

	FRONT	REAR	SIDE(S)
1. Setbacks required per bylaw	_____	_____	_____
2. Existing setbacks	_____	_____	_____
3. Setbacks proposed	_____	_____	_____

	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	_____	_____
8. Height proposed	_____	_____

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

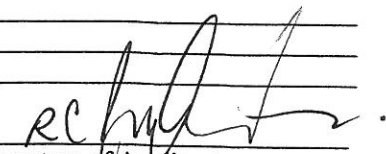
Appeals from decisions of Building Inspector or Others:

(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:

2.6.15
Date


Signature of Applicant

Proposed Use of 42 Main Street

Name of Business: Topsfield Bakeshop

Intended Use: Retail Bakeshop with the sale Baked goods, Specialty food Items, coffee and Non-Alcoholic Beverages. Hosting space for our bridal cake tastings and client meetings

Facility will not contain a kitchen but will have an oven for fresh baked items. Primary use of proposed seating is for customers to discuss catering, cake and event ordering. Viewing of our photo books and menus.

44 Main Street will be the commissary space to prepare food for Retail space

Intended Build out: moving retail counters and cases, coffee equipment, 2 sinks/ one for hand washing POS System

Single electric convection oven

Country table with seated waiting area

electric
OVEN

Coffee
grinders.

Counter / PREP

SINK

Coffee
Brewers.

HAND
SINK

Refrigerated
Showcase

CASHIER
Counter

DRY
Showcase

Refrigerated
Showcase

Meeting
Table

(waiting)
seating
area^x

42 MAIN ST.

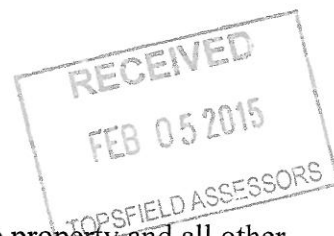
FRONT
DOOR

TOPSFIELD BAKESHOP

Tom
Gibbs

**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: Topsfield Bakeshop Inc
Mary & Chris Banderack

Telephone No. 978-887-0795

Locus: 38 Main ST

40-78

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.

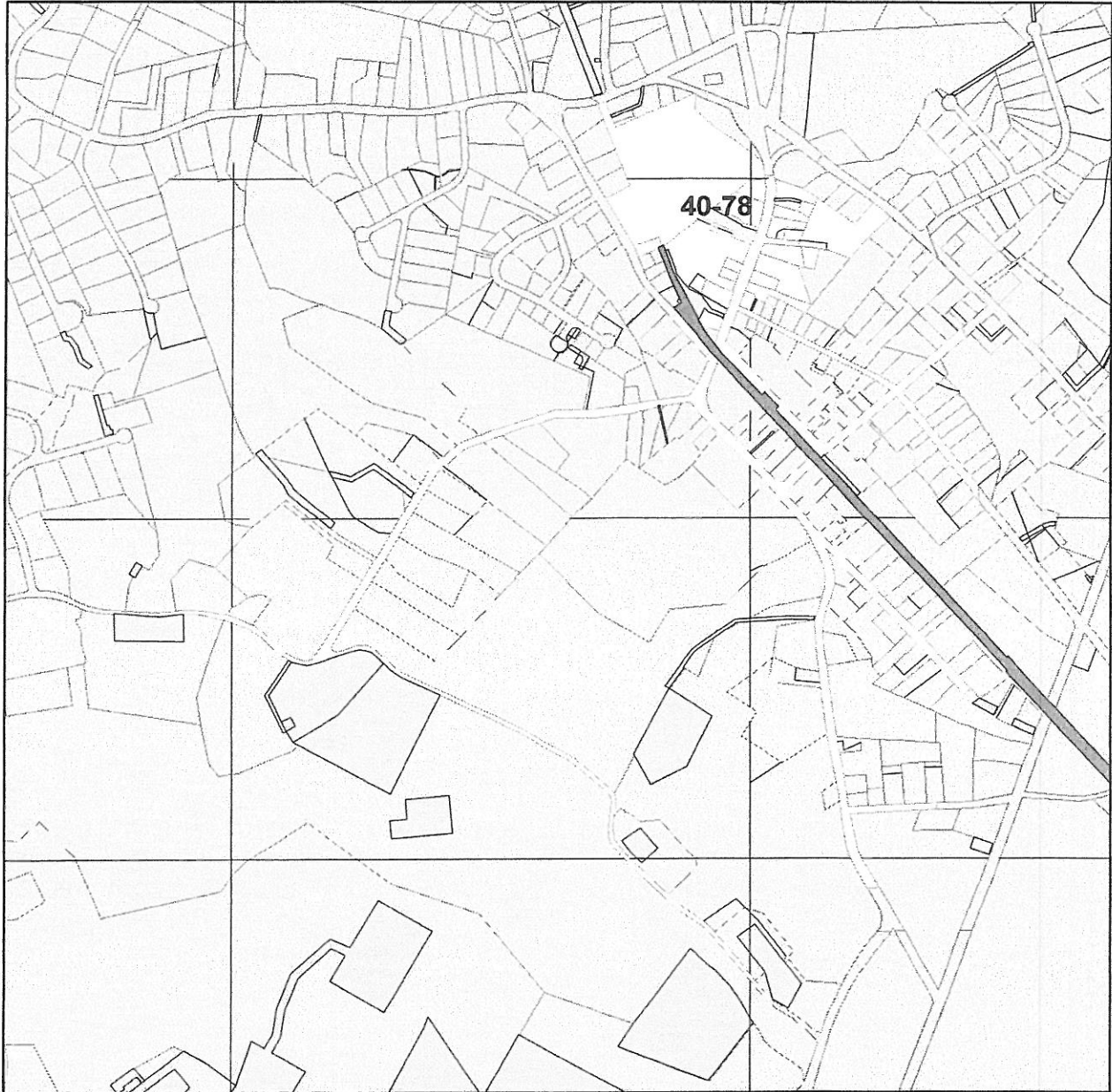
Authorized Signature
Assessors' Office

Kathleen Jackson (Asst. to principal Assessor)

Date of Verification

2/5/15

38 MAIN ST 40-78



GEOGRAPHIC INFORMATION SYSTEM

VISION APPRAISAL TECHNOLOGY





INSPECTIONAL SERVICES
DEPARTMENT

Town of Topsfield

8 West Common Street
Topsfield, MA 01983

PERMIT DENIAL

NAME: **Brian Woodland**

ADDRESS: **42 Main Street**

LOCATION: **42 Main Street**

ZONING DISTRICT: **BV**

PERMIT REQUESTED FOR: **Restaurant, Snack & Non-Alcoholic Beverage**

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 2/5/2015

Inspector of Buildings
Zoning Enforcement Officer

