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



Town of Topsfield 8 West Common Street

Topsfield, MA 01983

PERMIT DENIAL

NAME:	Foti Qirjazi					
ADDRESS:	14 Maple Street					
LOCATION:	53 Main Street					
ZONING DIS	TRICT: BV					
PERMIT REQUESTED FOR: Adding walls and a trussed roof						
THIS DENIA	L IS BASED ON THE NEED FOR AN APPROVAL FROM THE:					
X	ZONING BOARD OF APPEALS					
	PLANNING BOARD					
	BOARD OF SELECTMEN					
FOR A:						
	VARIANCE					
X	FINDING					
	SPECIAL PERMIT					
Change in	X Lot Frontage Building Height Lot Coverage Side Yard Rear Yard Parking Open Space height, location) Expansion of Non-Conforming Use Non-Conforming Use Additional Principal Building Finding required because of non-conforming lot.					
ZONING REQUIREMENT:						
PROPOSED: Date Permit De	enied 6/30/15 Senso Clobul Inspector of Buildings Zoning Enforcement Officer					

Issue Date: 04/26/2011

NAT	TURE OF APPLICATION:				
	Petition for Special Permit pursuant to Article, Section of the Zoning Bylaw.				
	Petition for Finding pursuant to Article III, Section 3.05 f 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 Foti Qirjazı				
1	b. Address 14 Maple St Topsfield MA				
	c. Phone Number 978 500 2452 (cell)				
	d. Interest in Premises (e.g., owner, tenant, prospective purchaser, etc.)(Attach copy of lease and/or letter of authorization from owner, if applicable)				
DESCRI	PTION OF PREMISES:				
	Assessor's Map 41 , Lot(s) 28 , Zoning District $8-2$				
b.	Location of Premises (number and street) 53 Moun St Topsfield				
	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 26106 Page 137 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 Tops field Dry Cleaners 1St floor				
	Present structures conform to current Zoning Bylaw. Yes X No. If no, in what respect does it not conform. 4.2 feet right side lat line				
PROPOSAL (attach additional sheets if necessary):					
a.	General Description: Adding Walls and of trussed voof for increase space for Topspies Cleaner.				

b.						
	 Setbacks required per bylaw Existing setbacks Setbacks proposed 	FRONT 40.00 39.90	79.	.01 .10	SIDE(S) 30,00 13,20 13,20	300
	4. Frontage and area required by bylaw5. Existing frontage (s) and area6. Frontage (s) and area proposed	FRONTAGE 100 65.83	-	AREA 20,6	200	regh
	7. Existing Height8. Height proposed	26.10 30.00		STORIE 2	es .	
	Other town, state or federal permits or lice	enses required, if a	ny:			
						
i	SARY ACCOMPANYING DATA: It is required that every application be a ate and complete data could result in delay plicable accompanying supporting data:	accompanied by a and/or denial of a	ppropriate pplication	e supporti	ng data. ng relief.	Failure to
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Form A
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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: FOTI QIRALI						
14 Maple St	Topsfiel	ed. MA.				
Telephone No. 978 5	00 - 2452					
Locus: 41-28 - 53 1	Mainstrut					
Map Block Location	Owner	(If different from location) Mailing Address				
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 Assessors' Office	. Graus					
Date of Verification 7/1/15						
	ning Board of Appeals Form A					

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ABUTTERS LIST FOR 41-28 53 MAIN STREET WITHIN 300' FOR ZBA

JAMES S PRICE INC RILEY CATHLEEN E TR TOPSFIELD BOXFORD TOWN OF TOPSFIELD	IEF	OWNER ICHR (39) I & Name MAHONEY MICHAEL E . PETRILLO SUSAN . CROCKER DEBORAH A . TOWN OF TOPSFIELD TOPSFIELD VILLAGE SHOPPING . TOPSFIELD MAC REALTY TRUST LLC . 57 Mansey Ronald E . MAHONEY PATRICK M . AMES MATTHEW H F . AMES CARLES OBDIEN J . MAT ALCIA
C/O FRANK IOVANELLA G T MAUI REALTY TR COMMUNITY CLUB LIBEARY TOWN HALL	APPLETON ROEDER RECOCHRANE APPLETON STAPPLETON STAPPLETON STAPPLETON APPLETON STAPPLETON APPLETON APPLETON STAPPLETON APPLETON AP	19 1 14 14
8 WEST COMMON ST 23 AARON DR 372 MAIN ST 7 SCHOOL AVE 1 SOUTH COMMON ST 8 WEST COMMON ST	068887598935	
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41-28 53 MAIN ST



GEOGRAPHIC INFORMATION SYSTEM
VISION APPRAISAL TECHNOLOGY







