TOWN OF TOPSFIELD

PLANNING BOARD, as Special Permitting Authority

APPLICANT'S CHECKLIST FOR SPECIAL PERMITS

SEE RULES & PROCEDURES FOR DETAILED LIST & REQUIREMENTS:

All Applications for a Special Permit must be made as follows:

_____ 7 copies of Application Form A & Accessory

_____ 7 copies of Application Supplement Form B with Assessor's certification

_____ 7 copies of Assessor's location map (provided by Assessor)

_____ ~~7 copies of Plot Plan to scale certified by a~~ registered land surveyor

_____ 7 copies of Building Inspector's denial, if any 8-11 Tues & Thurs

_____ 2 pre-addressed, stamped envelopes for each lot owner or party of interest set forth in Supplement Form B. (Return Address shall be: Planning Board, Town Hall, Topsfield, MA 01983)

_____ 2 self-addressed, stamped envelopes with the same return address as above.

Planning Board
Application for Special Permit & Site Plan Review

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, scenic road Bylaw, Stormwater & Erosion Control Bylaw and the respective Planning Board Rules and Procedures that are available from the Town Clerk and Community development Coordinator as well as the Town website at www.topsfield-ma.gov.

Incomplete applications will not be considered unless waivers are previously obtained from the Planning Board.

SPECIAL PERMIT FEES:

Business Park Use Permits	$200.00
Elderly Housing Special Permits	$1000.00 (New construction EHD see Site Plan Review fees listed below)
Common Drive	~~$100.00~~ per lot
* Accessory Apartment	$100.00
Groundwater Protection District	
Wind Energy Conversion System – Small Scale	$200.00
Ground Mounted Solar Photovoltaic Installations	$200.00
Scenic Road	
Stonewall Removal	$75.00
Tree Removal	$75.00
Stormwater & Erosion Control	$100.00 plus .0030 times the total square footage of the area to be altered by the project; see exemptions under regulations

SITE PLAN REVIEW:

1). Coverage Fee

$100/5,000 sq. ft. or any portion thereof of new/altered lot disturbance (the total square footage of all new/altered building footprints, plus all paved surfaces, septic installations and stormwater management systems).

_____ sq. ft. ÷ 5,000 sq. ft. x $100 = _____ area of new/altered coverage

2). Gross Floor Area Fee

$200/5,000 square feet or any portion thereof of new/altered Gross Floor Area (gross floor area – the total square footage of all new floor area on all levels of all new or existing buildings).

_____ sq. ft. ÷ 5,000 sq. ft. x $200 = _____ area of new/altered gross floor area

Coverage Fee	$_____
Gross Floor Area Fee	$_____
Total Site Plan Review Fee	$_____

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 Planning Board 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 Planning Board Rules and Procedures, Section III (1) (e))
All required supporting data attached _____ Yes _____ No

If all required supporting data is <u>not</u> attached, why not:

_____
_____
_____
_____

_____
Date Signature of Applicant

Town of Topsfield
8 West Common Street
Topsfield, MA 01983

INSPECTIONAL SERVICES
DEPARTMENT

PERMIT DENIAL

NAME: **Chad & Jill Stutz; Janet Rinne**

ADDRESS: **15 Norfolk Ave. Swampscott, MA 01907**

LOCATION: **15 Perkins Circle**

ZONING DISTRICT: **IRA**

PERMIT REQUESTED FOR: **Change of name on Special Permit for Accessory Apartment.**

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

- ☐ ZONING BOARD OF APPEALS
- X **PLANNING BOARD**
- ☐ BOARD OF SELECTMEN

FOR A:

- ☐ VARIANCE
- ☐ FINDING
- X **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 **12/3/2015**

Inspector of Buildings
Zoning Enforcement Officer

TOWN OF TOPSFIELD

SPECIAL PERMIT APPLICATION TO THE PLANNING BOARD FOR FAMILY ACCESSORY APARTMENT

1. Applicant(s): (This application must be signed by all owners as identified in the deed attached to this application).

Name	Address
Janice A Rinne	49 Farrar Farm Rd, Norwell, Ma 02061
Chad P Stutz	15 Norfolk Ave, Swampscott Ma 01907
Jillayne K Stutz	15 Norfolk Ave, Swampscott Ma 01907

☐ Deed attached

2. Property Address: 15 Perkins Circle, Topsfield MA

3. Registry of Deeds Title Reference: Book 27, Page 16

4. Attach list of all abutters within 300 feet of each lot line to whom notice of the application shall be given.

5. State the names and ages of all occupants of the main dwelling.

Name	Age	Name	Age
Chad P Stutz	40	Eliza B. Stutz	5
Jillayne K. Stutz	40		
Jason P. Stutz	13		
Susana A. Stutz	12		

6. State the names and ages of all proposed occupants of the family accessory apartment.

Name	Age	Name	Age
Janice A Rinne	68		

7. State the identity of and the family or other relationship between the owner or occupant of the main dwelling and the owner or occupant of the Family Accessory Apartment upon which this application is based.

Mother of Jillayne K. Stutz

8. State the reason for the Family Accessory Apartment. (Article VII § 7.03 of the bylaw requires that the primary purpose of the Family Accessory Apartment shall be to maximize privacy, dignity, and independent living among the occupants of the main dwelling and the Family Accessory Apartment).

☐ Amnesty requested.

Generational Family Living
Janice is a Widow

9. State estimated cost of all improvements to create the Family Accessory Apartment.

N/A

10. State whether improvements include structural work, and if so describe them.

N/A

11. State the description and frequency of the personal care assistance to be provided.

None needed

12. State whether the occupant(s) of the Family Accessory Apartment will make any financial contribution to the applicants and if so explain in detail. (Article VII § 7.03 of the bylaw prohibits generating income as a primary purpose of the Family Accessory Apartment).

☐ Yes
☐ No

If yes, state amount, frequency and explain in detail.

Chad Stutz, Jillayne Stutz, Janice Rinne
Are all owners of the property and on the deed

13. Attach scaled drawings of the floor plan of the existing main dwelling and the proposed Family Accessory Apartment including elevations if exterior modifications are proposed.

☐ Floor plan attached
☐ Elevation attached

14. Attach written certification by the Board of Health that the sewage disposal system has sufficient capacity to accommodate the occupants of the Family Accessory Apartment.

☐ Board of Health certification attached

15. Identify the zoning district and present use of the subject property and the commencement date of that use.

~~R~~ 1RA

By signing this application, all applicants verify that all purposes, procedures and requirements as set forth in the bylaw have been fulfilled and covenant that the use of the Family Accessory Apartment shall forthwith be discontinued upon termination as provided by the bylaw.

Dated: 12-3-15

Chad P. Stutz

Janice A Rixie

Jo Wayne K. Stutz

NATURE OF APPLICATION:

X Petition for Special Permit pursuant to Article 7, Section 7.03 of the Zoning Bylaw.

_____ Petition for Finding pursuant to Article ____, Section ____ of the 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 Scenic Road Permit pursuant to Chapter LV.

_____ Petition for a Stormwater & Erosion Control Permit pursuant Chapter LI.

DESCRIPTION OF APPLICANT:

a. Name Chad Stutz, Jillayne Stutz, Janice Rinne Day phone: 702-271-2786 Email: janicerinne@gmail.com

b. Address 15 Norfolk Ave, Swampscott, MA 01907

c. Phone Number 702-271-2786

d. Interest in Premises (e.g., owner, tenant, prospective purchaser, etc.) Owners
(Attach copy of lease and/or letter of authorization from owner, if applicable)

DESCRIPTION OF PREMISES:

a. Assessor's Map 27, Lot(s) 16, Zoning District IRA

b. Location of Premises (number and street) 15 Perkins Circle

c. Name and address of legal owner (if different from Applicant) Daniel & Lynn McNamara

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 Jan 12, 2012 Name of Applicant D. McNamara
Nature of Decision SP accessory apartment

f. Present use of the Premises Residential

g. Present structures conform to current Zoning Bylaw. X Yes _____ No. If no, in what respect does it not conform. _____

PROPOSAL (attach additional sheets if necessary):

a. General Description:

Town of Topsfield

8 West Common Street
Topsfield, MA 01983

INSPECTIONAL SERVICES
DEPARTMENT

PERMIT DENIAL

NAME: **Chad & Jill Stutz; ~~Janet~~ Janice Rinne**

ADDRESS: **15 Norfolk Ave. Swampscott, MA 01907**

LOCATION: **15 Perkins Circle**

ZONING DISTRICT: **IRA**

PERMIT REQUESTED FOR: **Change of name on Special Permit for Accessory Apartment.**

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

- ☐ ZONING BOARD OF APPEALS
- X **PLANNING BOARD**
- ☐ BOARD OF SELECTMEN

FOR A:

- ☐ VARIANCE
- ☐ FINDING
- X **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 **12/3/2015**

Glenn Clofine
Inspector of Buildings
Zoning Enforcement Officer

TWO sets stamped envelopes

7 copies
7 packets

RECEIVED
DEC 1 2015
TOPSFIELD ASSESSORS

TOWN OF TOPSFIELD, MA
PLANNING BOARD

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: Jill & Chad Stutz 15 Norfolk Ave Swampscott 01907

Janice Rinne 219 Wildcat LN Norwell MA 02061

Telephone No. 617.694.9721

Locus: 15 Perkins Circle 27-16

Map	Block	Location	Owner	(If different from location) Mailing Address

SEE ATTACHED LIST

If needed, attach additional sheets.

Assessor's Certification

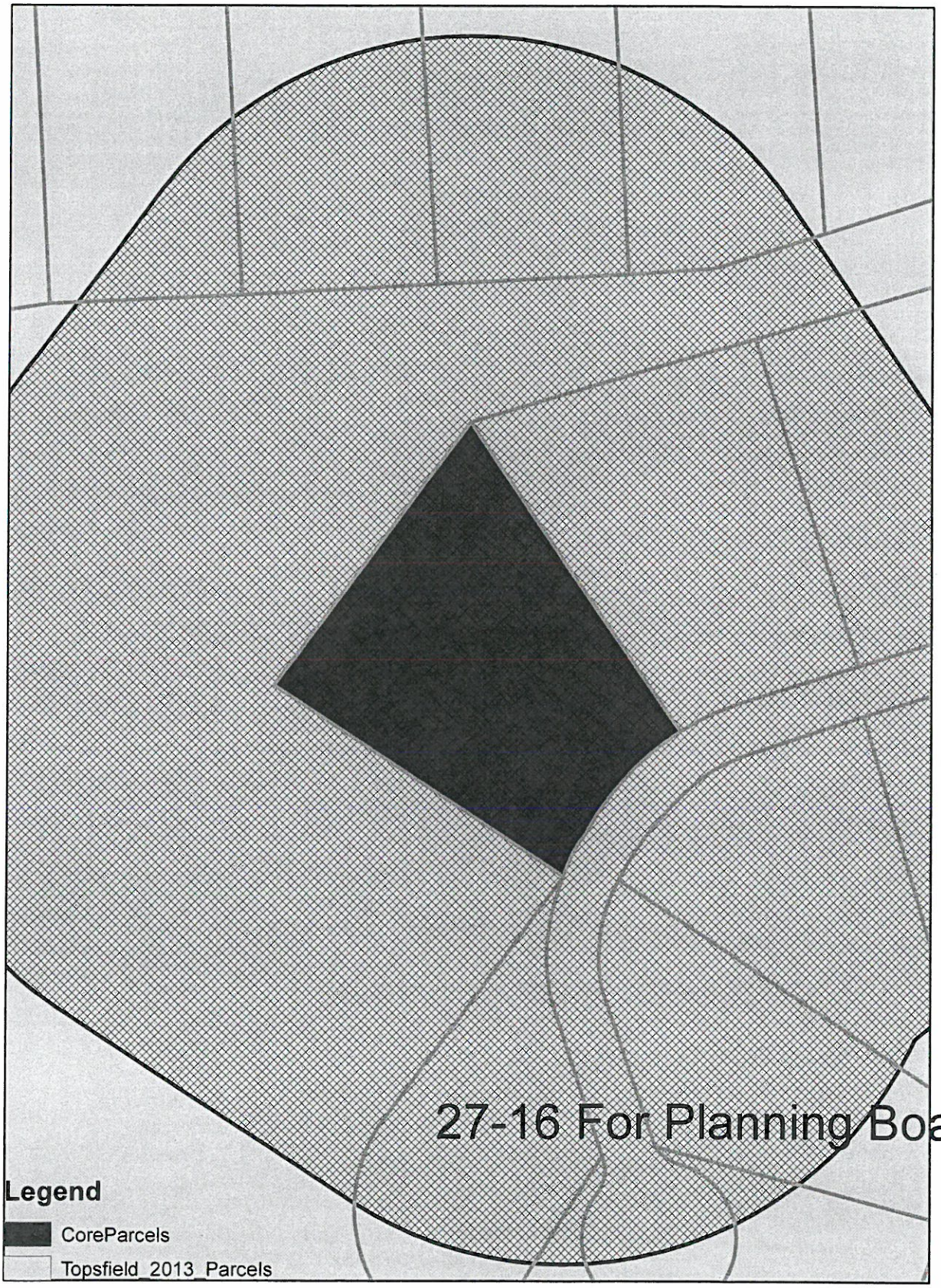
To the Topsfield Planning Board:

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 12/1/15

15 Perkins Circle



Patriot Properties

12/01/2015

11:45:33AM

Town of Topsfield

GIS - Abutters by Parcel ID

Filter Used:

DataProperty.AccountNumber in (835,836,837,809,838,826,825,824,823,817,818,822,819,820,821)

Town of Topsfield
GIS - Abutters by ParcelID

Parcel ID - Map/Block/Lot	Location	Owner/Mailing Address
27-10	10 PERKINS CIR	SIMONS DAVID D TR / SIMONS PERKINS CIRCLE NOI 10 PERKINS CIR TOPSFIELD MA 01983
27-11	14 PERKINS CIR	SORIANO JAN AND DAWN / COLELLO RALPH 14 PERKINS CIR TOPSFIELD MA 01983
27-12	20 PERKINS CIR	BERGSTEN DANIEL E / BERGSTEN KEL A 20 PERKINS CIR TOPSFIELD MA 01983
27-13	24 PERKINS CIR	ROAF PEGGY A & EDWARD R TRS / ROAF REALTY T 24 PERKINS CIR TOPSFIELD MA 01983
27-14	23 PERKINS CIR	MELLINGER SUSAN T 23 PERKINS CIR TOPSFIELD MA 01983
27-15	19 PERKINS CIR	ADDONIZIO PAUL A. JR / ADDONIZIO CAITLIN R 19 PERKINS CIR TOPSFIELD MA 01983
27-16	15 PERKINS CIR	MCNAMARA DANIEL J / MCNAMARA LYNN 15 PERKINS CIR TOPSFIELD MA 01983
27-17	13 PERKINS CIR	HELIOTIS JOHN 13 PERKINS CIR TOPSFIELD MA 01983
27-18	9 PERKINS CIR	GIBBONS JOSEPH K & SUSAN E TRS / GIBBONS 201 9 PERKINS CIR TOPSFIELD MA 01983
27-19	7 PERKINS CIR	EVANS DENNIS C / EVANS KONNIE K 7 PERKINS CIR TOPSFIELD MA 01983
27-28	31 WINSOR LN	ROSENTHAL IRWIN T / ROSENTHAL NANCY 31 WINSOR LN TOPSFIELD MA 01983
27-29	27 WINSOR LN	BARREN DAVID / BARREN TRACY A 27 WINSOR LN TOPSFIELD MA 01983
27-30	25 WINSOR LN	VANLENTEN DONALD G / VANLENTEN GERALDINE B 25 WINSOR LN TOPSFIELD MA 01983
27-31	21 WINSOR LN	PALACE JONATHAN H / PALACE KRISTIN M 21 WINSOR LN TOPSFIELD MA 01983
35-4	250 PERKINS ROW	TOWN OF TOPSFIELD / WATER DEPT 8 WEST COMMON ST TOPSFIELD MA 01983