

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 | |
| 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 4.0030 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/alterd lot disturbance (the total square footage of all new/alterd building footprints, plus all paved surfaces, septic installations and stormwater management systems).

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

2). Gross Floor Area Fee

\$200/5,000 square feet or any portion thereof of new/alterd 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/alterd gross floor area

| | |
|----------------------------|----------|
| Coverage Fee | \$ _____ |
| Gross Floor Area Fee | \$ _____ |
| Total Site Plan Review Fee | \$ _____ |

NATURE OF APPLICATION:

- _____ Petition for Special Permit pursuant to Article _____, Section _____ 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 Briana Visini
- b. Address 21 Reservoir Drive, Danvers, MA 01923
- c. Phone Number 978-766-1235
- d. Interest in Premises (e.g., owner, tenant, prospective purchaser, etc.) Tenant
(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) 30 Main Street, Topsfield, MA 01983, Unit 111
- 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 _____ 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 Empty. Formerly "Gift Horse"
- g. Present structures conform to current Zoning Bylaw. _____ Yes _____ No. If no, in what respect does it not conform. _____

PROPOSAL (attach additional sheets if necessary): no construction changes, age groups, hours of op, when we open

- a. General Description:
Dance studio for ages 2 through adult studying a variety of styles including ballet, jazz, tap, pointe, and contemporary. Hours of operations intended for Monday-Thursdays 2pm-9pm, Fridays 2pm-6pm, and Saturdays 9am-6pm. Intended opening date September 1st, 2024. No construction changes to outside premises. Cosmetic construction inside (painting walls, putting dance floor on top of existing carpet, adding a bathroom to code).

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 not attached, why not:

3/5/2024

Date



Signature of Applicant

**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: _____

Telephone No.

Locus:

| Map | Block | Location | Owner | <i>(If different from location)</i> 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 _____

Date of Verification _____

**TOWN OF TOPSFIELD, MA
PLANNING BOARD**

**Application Supplement Form C
Site Plan Review Submittal Requirements & Formats**

Submittal Distribution Requirements and Formats:

1. An applicant shall file with the Town Clerk copies of all required documents in the quantities and forms as outlined below. The Clerk's copy of the required documents shall be kept on file by the Town Clerk for the duration of the permitting process and the remaining copies shall be distributed immediately by the Town Clerk to the following:

| | Plan |
|--|------|
| Town Clerk | 1 |
| Granting Authority * | 7 |
| Granting Authority electronic | 1 |
| Reviewing Engineer | 1 |
| Conservation Commission | 1 |
| Public Works Department (Water & Highway) | 1 |
| Board of Health** | 1 |
| Historical Commission** | 1 |
| Building Inspector** | 1 |
| Fire Department** | 1 |
| Police Department** | 1 |
| Tree Warden** | 1 |
| Planning Board or Board of Appeals if not the Granting Authority ** | 1 |

* Two full size and five reduced size (11" x 17")

** Reduced size plans (11" x 17") are acceptable

Additional copies of any and all documents shall be furnished if requested by the Granting Authority or any other Board, Commission or Department.

2. An electronic copy of all documents shall be submitted to the Granting Authority, formatted in a single paginated PDF file with descriptive bookmarks for each plan set and for each document on either a CD or DVD disc.
3. An electronic copy of the final plans with same format as in section "4.11.2." above, and a full size hard copy of said plans showing the Signatures of the Granting Authority and date of approval shall be submitted to the Granting Authority.

SUMMARY:

* Granting Authority: **(2) Full Scale, (5) Reduced Size 11 x 17**

Town Clerk, Review Engineer, Conservation, Public Works: **Full Scale**

All Others: **Reduced Size 11 x 17**

Total: (6) Full Scale; (12) Reduced Size 11 x 17; (1) electronic copy