TOWN OF TOPSFIELD





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

Address

Name

Chris gibbans	88	Highst Tapshe	1978-8
amy gibbons	881	tignst, Topsh	ield (978)
Deed attached	wi	^	
2. Property Address: 88	tignst, Ta	pshield, MA	
3. Registry of Deeds Title Ro	eference: Book	4915, Page 440	2_
4. Attach list of all abutters vapplication shall be given.		of each lot line to whom	notice of the
5. State the names and ages	of all occupants	of the main dwelling.	
Name	Age	Name	Age
Mns gibbons	42		
amy gibbons	<u> 38</u> _		
37.70			
6. State the names and ages of apartment.	of all proposed o	ccupants of the temporar	ry accessory
Name	Age	<u>Name</u>	Age
(aven gibbans	- He -		
7. State the identity of and t occupant of the main dwe			

Accessory Apartment upon which this application is based.

Karengiobons is Chrisgrobons' mother

8.	State the reason for the Temporary Accessory Apartment. (Article VII § 7.03 of the bylaw requires that the primary purpose of the Temporary Accessory Apartment shall be to maximize privacy, dignity, and independent living among the occupants of the main dwelling and the Temporary Accessory Apartment).
	Amnesty requested. Jamy Eldery mother I mother in Jaw Musing pendent living
9.	State estimated cost of all improvements to create the Temporary Accessory Apartment.
10.	State whether improvements include structural work, and if so describe them.
11.	State the description and frequency of the personal care assistance to be provided.
ple 13. fin the	Did this residence have a previous Temporary Accessory Apartment permit? If so, ease list the expiration date of that permit. State whether the occupant(s) of the Temporary Accessory Apartment will make any ancial contribution to the applicants and if so explain in detail. (Article VII § 7.03 of bylaw prohibits generating income as a primary purpose of the Temporary Accessory partment).
(Yes No
If	yes, state amount, frequency and explain in detail.
	Attach scaled drawings of the floor plan of the existing main dwelling and the

are proposed.

- Floor plan attached
- Elevation attached

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

Board of Health certification attached

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

Inner rusidental & agrational, Control rusidential

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 Temporary Accessory Apartment shall forthwith be discontinued upon termination as provided by the bylaw.

Dated: 200102072

PLANNING BOARD TRACKING SHEET FOR TEMPORARY ACCESSORY APARTMENT

Property Location: 88 High St, Topsheld		
Documents required by the bylaw to be attached hereto.		
Amnesty requested Filing fee paid Notice to abutters Deed Floor plan Elevations Board of Health certification Building permit Certificate of occupancy Title reference to recorded special permit Book, Page Title reference to recorded termination notice Book, Page Building Inspector confirmation of discontinuance		
Zoning District: Basis of use if not single-family zone:		
Name of each owner residing in the main dwelling: MAS GLOWS Name of each occupant of the Temporary Accessory Apartment. Date of Denial of Special Permit setting forth the reason: Date: Reason:		
Date of approval of special permit by planning board vote that each requirement of the bylaw has been met.		
Date:		
Termination Date:		
Extended Termination Date:		



TOWN OF TOPSFIELD

BOARD OF ASSESSORS

8 West Common Street Topsfield, Massachusetts 01983 Telephone: (978) 887-1514 Fax: (978) 887-1502

This form must be completed and Assessor fee of \$20.00 must be paid before release of the certified abutters list.

Submission Date Friday, December 01, 2023 Issue Date Monday, December 04, 2023

Department requiring list: Zoning Board of Appeals

300 Ft. 200 Ft. (Conservation Only) Direct Abutters

Person/Party requesting list: Amy Gibbons

Address: 88 High Street Topsfield, MA

Phone #: 978-417-9088 Email Address amy.e.smith.07@gmail.com Misc:

Property Owner: Michael Whelan

Assessor's Map(s)41 Lot(s) 98 Location 88 High Street

Assessor's Fee Paid: X Yes No

The Assessors' Office requires ten (10) working days to certify an Abutters List. This list is valid for sixty days only from date of issue.

Certified By:

Topsfield Assessors

Town OF TOPSFIELD CORY

Certification of Parties in Interest

The Board of Assessors of the Town of Topsfield do hereby certify, in accordance with the provisions of Section 10 and 11 of Chapter 808 of the Acts of 1975, that the following named persons, firms and corporations are parties in interest, as in said Section 11 defined, with respect to the premises herein above described.



Subject Property:

Parcel Number: 41-98 **CAMA Number:**

41-98

Property Address: 88 HIGH ST

Mailing Address: WHELAN MICHAEL T TR

88 HIGH ST

TOPSFIELD, MA 01983

MANUAL OF TOP OF

Abutters:

Parcel Number: 41-100

CAMA Number: 41-100

Property Address: 92 HIGH ST

Parcel Number: 41-101 CAMA Number: 41-101

Property Address: 253 BOSTON ST

Parcel Number: 41-102

CAMA Number: 41-102

256 BOSTON ST Property Address:

Parcel Number: 41-103 CAMA Number: 41-103

Property Address: 77 HIGH ST

Parcel Number: 41-85

CAMA Number: 41-85

Property Address: 78 HIGH ST

Parcel Number: 41-93

CAMA Number: 41-93

Property Address: 8 DOVER HILL RD

Parcel Number:

41-94 41-94

CAMA Number:

Property Address: 9 DOVER HILL RD

Parcel Number:

41-95 41-95

CAMA Number:

Property Address: 7 DOVER HILL RD

Parcel Number: CAMA Number: 41-96 41-96

Property Address: 3 DOVER HILL RD

Parcel Number:

12/4/2023

41-97

CAMA Number:

41-97 Property Address: 86 HIGH ST Mailing Address: GERAGHTY LISA A

92 HIGH ST

TOPSFIELD, MA 01983

Mailing Address: IANNITTO JOHN J TR

164 SYLVAN ST

DANVERS, MA 01923

Mailing Address: CARLI CHRISTOPHER J TR

201 ELLIOT ST UNIT 208

BEVERLY, MA 01915

Mailing Address: POWELL DANIEL J

77 HIGH ST

TOPSFIELD, MA 01983

Mailing Address: STAWICKI CHARLENE A

78 HIGH ST

TOPSFILED, MA 01983

GAUVIN DANIEL L Mailing Address:

8 DOVER HILL RD

TOPSFIELD, MA 01983

Mailing Address: **NAULT GREGORY**

9 DOVER HILL RD

TOPSFIELD, MA 01983

SOTEROPOULOS JAMES T Mailing Address:

7 DOVER HILL RD

TOPSFIELD, MA 01983

Mailing Address: MIRABITO LINDA M

3 DOVER HILL RD

TOPSFIELD, MA 01983

Mailing Address: ORELLANA JESSICA

86 HIGH ST

TOPSFIELD, MA 01983





300 feet Abutters List Report

Topsfield, MA December 04, 2023

Parcel Number:

41-99

CAMA Number:

41-99

Property Address:

Parcel Number: 42-1 CAMA Number:

Property Address:

Parcel Number: 42-2 CAMA Number: 42-2

Parcel Number: CAMA Number:

Property Address: 248 BOSTON ST

Parcel Number:

CAMA Number:

Property Address: 96 HIGH ST

Parcel Number:

CAMA Number:

Property Address:

Parcel Number: 49-53 CAMA Number:

Property Address:

49-65

Parcel Number: CAMA Number:

Property Address: 249 BOSTON ST

90 HIGH ST

42-1

10 DOVER HILL RD

Property Address: 11 DOVER HILL RD

49-50

49-50

49-51 49-51

49-52

49-52

96A HIGH ST

49-53

100 HIGH ST

49-65

Mailing Address: AGRI STEVEN N

90 HIGH ST

TOPSFIELD, MA 01983

WHITE TO

TOWN OF TOI

Mailing Address: ENDER MATTHEW

10 DOVER HILL ROAD TOPSFIELD, MA 01983

Mailing Address: TETREAULT CATHERINE

11 DOVER HILL RD TOPSFIELD, MA 01983

Mailing Address: NORTHSHORE EDUCATION CONSORTIU

112 SOHIER RD BEVERLY, MA 01915

Mailing Address: SWECKER VICTORIA

96 HIGH ST

TOPSFIELD, MA 01983

Mailing Address: **ODAY ADRIANA M REYES**

96A HIGH ST

TOPSFIELD, MA 01983

Mailing Address: WAITE RICHARD W

100 HIGH ST

TOPSFIELD, MA 01983

Mailing Address: KHE REALTY LLC

> 33 PIERREPONT RD WINCHESTER, MA 01890

