

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

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BOARD USE ONLY

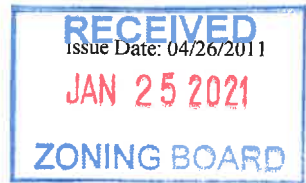
Date Filed:

Date Action Due

Public Hearing:

Decision:

Revised Form Date: 04/26/2011



NATURE OF APPLICATION:

- ☒ Petition for Special Permit pursuant to Article III, Section 3.02-2.17 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 Essex Agricultural Society
- b. Address 207 Boston St., Topsfield, MA 01983
- c. Phone Number 978-887-5000
- d. Interest in Premises (e.g., owner, tenant, prospective purchaser, etc.) Owner
(Attach copy of lease and/or letter of authorization from owner, if applicable)

DESCRIPTION OF PREMISES:

- a. Assessor's Map 57-4, Lot(s) _____, Zoning District _____
- b. Location of Premises (number and street) 207 Boston St.
- 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 N/A Name of Applicant _____
Nature of Decision _____
- f. Present use of the Premises Parking + Recreation
- 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):

- a. General Description:
To operate a 2-screen Drive-In Movie theatre. Utilizing an engineered temporary screen and food service

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:

Local Building/Health

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:

11/21/2021
Date

James P. O'Brien
Signature of Applicant
General Manager
Topsfield Fair

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: Essex Agricultural Society, P.O. Box 134,
Topsfield, MA, 01983
 Telephone No. 978-887-5000

Locus: Parking Lot A, 207 Boston Street, Topsfield, MA 01983

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 _____

Date of Verification _____