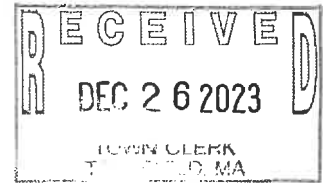




TOWN OF TOPSFIELD

ZONING BOARD OF APPEALS

8 West Common Street, Topsfield, Massachusetts 01983



ZONING BOARD OF APPEALS

APPLICATION FORM A

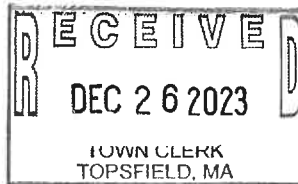
APPLICATION FEE \$200

ZONING BOARD OF APPEALS APPLICATION GUIDELINES:

- Questions regarding the application should be directed to the ZBA Administrator or Building Inspector (978-887-1522).
- See the Building Inspector for permit denial.
- Procure an application from the ZBA Website, ZBA Administrator, Building Inspector or Town Clerk.
- See Assessor's Office for Abutters' List. *Two stamped envelopes must be submitted with the application for each abutter as well as for the six surrounding towns.*
- File with the Town Clerk. "Each application for a special permit shall be filed by the petitioner with the town clerk and a copy of said application, including the date and time of filing certified by the town clerk, shall be filed forthwith by the petitioner with the special permit granting authority." (M.G.L. Chapter 40A, Section 9)
- The petitioner, after filing with the Town Clerk, files the granting authority's copies with the ZBA Administrator who receives application for the permit granting authority, in this case the Zoning Board of Appeals.

Lynne Bermudez
ZBA Administrator
617-797-2135
lbermudez@topsfeld-ma.gov

Forms
Contact:
Candice Hodgson
781-572-5966
Candice@lyvrealty.com



Issue Date: 04/26/2011

NATURE OF APPLICATION:

- ☒ Petition for Special Permit pursuant to Article 3.02, Section 4.10 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 alliance Auto Center
- b. Address 610 Lafayette Rd, Hampton, NH 03842
- c. Phone Number 603-271-3561 / 603-531-7726
- 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 49, Lot(s) 41, 42, Zoning District BH
- b. Location of Premises (number and street) 222 + 224 Boston St, Topsfield
- c. Name and address of legal owner (if different from Applicant) (S) 222 Boston St Realty Trust
224 Boston St, Realty Trust
240 Boston Street, Topsfield, MA 01983
- 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 Automotive Mechanical Shop
- 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:
Automotive Sales & Mechanical, alliance
Auto Center Established business in NH. to
occupy 222 + 224 Boston Street, Building and
parking lots both currently existing.

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 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:

12-21-23
Date


Signature of Applicant

TOWN OF TOPSFIELD



CLASS I & II APPLICATION

License to Buy, Sell, Exchange or Assemble Second Hand Motor Vehicles or Parts Thereof

- ☒ NEW APPLICATION – Class I or II
☐ LICENSE RENEWAL – Class I or II
☐ CHANGE TO EXISTING LICENSE

For office use only:

DATE RECEIVED: _____
 DATE APPROVED: _____
 DATE ISSUED: _____

The undersigned hereby apply for a Class II license, to Buy, Sell, Exchange or Assemble second hand motor vehicles or parts thereof, in accordance with the provisions of Massachusetts General Law c 140.

PART A INFORMATION TO BE PROVIDED FOR NEW APPLICATIONS, RENEWALS OR CHANGES TO EXISTING CLASS I or II LICENSES.

NAME OF THE BUSINESS:

ALLIANCE AUTO CENTER

DBA:

BUSINESS ADDRESS:

 222 BOSTON RD
 TOPSFIELD, MA 01983

BUSINESS TELEPHONE NUMBER:

CELL PHONE NUMBER: (603) 531 7726

APPLICANT NAME:

CLEBERSON PONTES

HOME PHONE NUMBER:

APPLICANT ADDRESS:

45 BELGIAN DR, SEABROOK, NH 03874

EMAIL ADDRESS:

CPONTES2013@GMAIL.COM

IS THIS BUSINESS: ☐ A PARTNERSHIP, ☒ CORPORATION or an ☐ ASSOCIATION (check one)?
 PLEASE LIST THE NAME, TITLE AND ADDRESS OF EACH OFFICER OR PARTNER:

NAME	TITLE	ADDRESS
CLEBERSON PONTES	OWNER	45 BELGIAN DR, SEABROOK, NH 03874
LUCIANO VALERIO SANCHES	OWNER	45 PINE HILL RD, NEWBURYPORT MA, 01950

ARE YOU ENGAGED PRINCIPALLY IN THE BUSINESS OF BUYING, SELLING OR EXCHANGING MOTOR VEHICLES? ☒ YES ☐ NO

IF YES PLEASE CHECK ONE DESCRIPTION:

- a) IS YOUR PRINCIPAL BUSINESS THE SALE OF NEW MOTOR VEHICLES? ☐ YES ☒ NO
 b) IS YOUR PRINCIPAL BUSINESS THE BUYING AND SELLING OF SECOND HAND MOTOR VEHICLES?
☒ YES ☐ NO
 c) IS YOUR PRINCIPAL BUSINESS THAT OF A MOTOR VEHICLE JUNK DEALER?
☐ YES ☒ NO

PLEASE PROVIDE A COMPLETE DESCRIPTION OF ALL PREMISES TO BE USED FOR THE PURPOSE OF CARRYING ON THE BUSINESS.

2 PROPERTIES ADJACENT/NEXT TO EACH OTHER, SAME OWNER, BEING ONE OF THEM WITH A 3 STORES BUILDING IN IT, AND THE OTHER BEING AN EMPTY, FLAT LOT, WITH SEPARATE ENTRANCES

ARE YOU A RECOGNIZED AGENT OF A MOTOR VEHICLE MANUFACTURER? ☐ YES ☒ NO
IF SO WHAT MANUFACTURER: _____

CLASS I - HAVE YOU SIGNED A CONTRACT AS REQUIRED BY SECTION 58? ☐ YES ☒ NO

HAVE YOU EVER APPLIED FOR A LICENSE TO DEAL IN SECOND HAND MOTOR VEHICLES OR PARTS THEREOF? ☐ YES ☒ NO

IF YES: IN WHAT CITY OR TOWN: _____

DID YOU RECEIVE A LICENSE? ☐ YES ☒ NO

FOR WHAT YEAR: _____

HAS ANY LICENSE ISSUED TO YOU IN MASSACHUSETTS OR ANY OTHER STATE TO DEAL IN MOTOR VEHICLES OR PARTS THEREOF EVER BEEN SUSPENDED OR REVOKED? ☐ YES ☒ NO

I, the undersigned state that the information provided in this application, and associated attachments, is true and accurate to the best of my knowledge.

Furthermore, pursuant to MGL c 62C § 49A, I certify under penalty of perjury that I, to the best of my knowledge and belief, have filed all State tax returns and paid all State Taxes required by law.

Signature: _____

Printed Name: Cleberson Ponte

Date: 11/14/2023

PART D

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY:

Approving Department	YES	NO	IF NO REASON, WHY	DATE OF FINAL APPROVAL
POLICE DEPARTMENT				

BOARD OF SELECTMEN APPROVAL/DENIAL:

☐ APPROVED
☐ DENIED

DATE: _____

By the Board of Selectmen:

State of New Hampshire
Department of Safety
Division of Motor Vehicles

VEHICLE DEALER LICENSE

THIS IS TO CERTIFY THAT THE DIRECTOR OF MOTOR VEHICLES HAS ESTABLISHED THAT THE DEALER NAMED HEREON HAS SATISFIED THE REQUIREMENTS OF RSA 261:103-a, AND IS HEREBY A LICENSED VEHICLE DEALER IN THE STATE OF NEW HAMPSHIRE.

ALLIANCE AUTO CENTER INC
610 LAFAYETTE RD
HAMPTON NH 03842

DEALER TYPE RETAIL

DEALER NUMBER A2539

LICENSE EXPIRATION: MARCH,

2024


DIRECTOR OF MOTOR VEHICLES

PDJAV 907 (Rev. 0418)

STATE OF NEW HAMPSHIRE

Effective Date: January 01, 2023



License Number
24965-RS

*New Hampshire Banking Department
53 Regional Drive, Suite 200
Concord, New Hampshire 03301
(603) 271-3561*

*This is to certify that a license to engage in business as a
RETAIL SELLER*

is hereby issued to: ALLIANCE AUTO CENTER INC
at: 610 LFAVETTE RD
HAMPTON, NH 03842
Type: PRINCIPAL OFFICE

in accordance with and subject to the provisions of New Hampshire Revised Statutes Annotated Chapter 361-A
as amended and any regulations promulgated thereunder.

License Expires: December 31, 2023

Emelia A. S. Galdieri
Emelia A.S. Galdieri
Bank Commissioner

Western Surety Company
101 S. 9th St. Suite 300, Sioux Falls, SD 57104

Monday, October 2, 2023

CONTINUATION CERTIFICATE

BOND NUMBER	BOND DESCRIPTION	BOND AMOUNT	EFFECTIVE DATE	EXPIRATION DATE
65710729	NH / Motor Vehicle Dealer Bond	\$25,000.00	12/1/2023	12/1/2024

ALLANCE Auto Center Inc

New Hampshire Department of Safety
23 Hazen Dr
Concord, NH 03305

THIS BOND CONTINUES IN FORCE TO THE ABOVE EXPIRATION DATE CONDITIONED AND PROVIDED THAT THE LOSSES OR RECOVERIES IN IT AND ALL ENDORSEMENTS SHALL NEVER EXCEED THE PENALTY SET FORTH IN THE BOND AND WHETHER THE LOSSES OR RECOVERIES ARE WITHIN THE FIRST AND/OR SUBSEQUENT OR WITHIN ANY EXTENSION OR RENEWAL PERIOD, PRESENT, PAST OR FUTURE ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Signed and dated this 2 day of October, 2023



Western Surety Company

Joshua Kayser Attorney in Fact

PROCKLY, VENTURES, LLC
803 E WALNUT STREET, 5TH FLOOR
COLUMBIA, MO 65201