



The Commonwealth of Massachusetts

Department of Public Safety

Massachusetts State Building Code (780 CMR)

Building Permit Application for any Building other than a One- or Two-Family Dwelling

(This Section For Official Use Only)

Building Permit Number: **23-4CB**

Date Applied: **04/23/2023**

Building Official:

SECTION 1: LOCATION

252 ROWLEY BRIDGE RD

Topsfield, MA

01951

No. and Street

City / Town

Zip Code

80

13 0

Topsfield

Assessors Map #

Block # and/or Lot #

Name of Building (if applicable)

SECTION 2: PROPOSED WORK

Edition of MA State Code used: _____ If New Construction check here _____ or check all that apply in the two rows below

Existing Building	Repair	Alteration	Addition	Demolition	(Please fill out and submit Appendix 2)
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Change of Use	Change of Occupancy	Other	Specify: Garage/Carport/Barn
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Are building plans and/or construction documents being supplied as part of this permit application? Yes No

Is an Independent Structural Engineering Peer Review required? Yes No

Brief Description of Proposed Work:

putting up Sperry Tent as done annually

SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34)

Existing Use Group(s):

Proposed Use Group(s):

SECTION 4: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1 A-2 Nightclub A-3 A-4 A-5 **B: Business** **E: Educational**

F: Factory F-1 F2 **H: High Hazard** H-1 H-2 H-3 H-4 H-5

I: Institutional I-1 I-2 I-3 I-4 **M: Mercantile** **R: Residential** R-1 R-2 R-3 R-4

S: Storage S-1 S-2 **U: Utility** **Special Use** and please describe below:

Special Use Description:

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA	IB	IIA	IIB	IIIA	IIIB	IV	VA	VB
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SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 for details on each item)

Water Supply: Public Private	Flood Zone Information: Check if outside Flood Zone or identify Zone: _____	Sewage Disposal: Indicate municipal or on site system	Trench Permit: A trench will not be required or trench permit is enclosed	Debris Removal: Licensed Disposal Site or specify:
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Railroad right-of-way:
Not Applicable
or Consent to Build enclosed

Hazards to Air Navigation:
Is Structure within airport approach area?
Yes or No

MA Historic Commission Review Process:
Is their review completed?
Yes No

SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____

Does the building contain a Sprinkler System?: Yes No Special Stipulations: _____

Design Occupant Load per Floor and Assembly Space: _____

SECTION 9: PROPERTY OWNER AUTHORIZATION					
Name and Address of Property Owner:					
MACDOUGALL MARYLEE A TR	252 ROWLEY BRIDGE RD	TOPSFIELD, MA	01983		
Name	No. and Street	City/Town	Zip Code		
Property Owner Contact Information:					
Larry Guinee	5083280141	508-328-0141	service@danversford.com		
Title	Telephone No. (business)	Telephone No. (cell)	Email Address		
If applicable, the property owner hereby authorizes:					
Name	Street Address	City/Town	State	Zip Code	
to apply for and act on the property owner's behalf, in all matters relative to work authorized by this building permit application.					
SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 1)					
If a building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here .					
Otherwise provide construction control forms (see section 107 in the code) as required.					
10.1 Registered Professional Responsible for Construction Control (the professional coordinating document submittals)					
Name (Registrant)	Telephone No.	Email Address	Registration Number		
Street Address	City/Town	State	Zip	Discipline	Expiration Date
10.2 General Contractor					
Company Name					
Name of Person Responsible for Construction		License No. (if applicable)		License Type (if applicable)	
Street Address		City/Town		State	Zip Code
Telephone No. (business)		Telephone No. (cell)	Email Address		
SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))					
A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.					
Is a signed Affidavit submitted with this application? Yes No					
SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE					
Item	Estimated Costs: (Labor and Materials)	Total Construction Cost (from Item 6) = \$3,000.00			
1. Building	\$ 3,000.00	Building Permit Fee = Total Construction Cost x 1 (Insert here appropriate municipal factor) = \$10.00 Note: Minimum fee = \$0.00 (contact municipality) Enclose check payable to TOWN OF TOPSFIELD and enter check number here _____			
2. Electrical	\$ 0.00				
3. Plumbing	\$ 0.00				
4. Mechanical (HVAC)	\$ 0.00				
5. Mechanical (Other)	\$ 0.00				
6. Total Cost	\$ 3,000.00				
SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT					
By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.					
William Guinee	<i>William Guinee</i>		508 328 0140	04/23/2023	
Name	Signature	Title	Telephone No.	Date	
252 Rowley Bridge Rd	Topsfield	Ma	01983	Wjg@danversford.com	
Street Address	City/Town	State	Zip Code	Email Address	
Municipal Inspector to fill out this section upon application approval:					
Name			Date		

Appendix 1

Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

Checklist for Construction Documents*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction.

Registered Professional Contact Information

Name (Registrant)	Telephone No.	Email Address	Registration Number
Street Address	City/Town	State Zip Code	Discipline Expiration Date
Name (Registrant)	Telephone No.	Email Address	Registration Number
Street Address	City/Town	State Zip Code	Discipline Expiration Date
Name (Registrant)	Telephone No.	Email Address	Registration Number
Street Address	City/Town	State Zip Code	Discipline Expiration Date

Please follow this link for [construction control forms](#) to be used by Registered Design Professionals.

Appendix 2

(For total demolition only)

For the demolition of structures the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.

Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

Property Location

No. and Street	City/Town	Zip Code	Name of Building (if applicable)
Assessors Map #	Block # and/or Lot #		

For the above described property the following action was taken:

Water Shut Off?	Yes	No	Provider notified and Release obtained?	Yes	No
Gas Shut Off?	Yes	No	Provider notified and Release obtained?	Yes	No
Electricity Shut Off?	Yes	No	Provider notified and Release obtained?	Yes	No
<div style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></div>	Yes	No	Provider notified and Release obtained?	Yes	No
Other (if applicable)					
<div style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></div>	Yes	No	Provider notified and Release obtained?	Yes	No
Other (if applicable)					



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): Connemara House Farm LLC

Address: 252 Rowley Bridge Rd

City/State/Zip: Topsfield Ma 01983

Phone #: 508 328 0140

Are you an employer? Check the appropriate box:

1. I am an employer with _____ employees (full and/or part-time).*
2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
6. We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

7. New construction
8. Remodeling
9. Demolition
10. Building addition
11. Electrical repairs or additions
12. Plumbing repairs or additions
13. Roof repairs
14. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: 252 ROWLEY BRIDGE RD City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: William Guinee

Date: 04/23/2023

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: TOWN OF TOPSFIELD Permit/License # 23-4CB

Issuing Authority (choose one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

TOWN OF TOPSFIELD

8 West Common Street, Topsfield, MA 01983
(978) 887-1522



Raymond Chesley
Building Inspector

SOLID WASTE DISPOSAL AFFIDAVIT

As a result of the provisions of MGL c. 40, § 54, I acknowledge that as a condition of the Building Permit issued to (address) 252 ROWLEY BRIDGE RD, all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL, c. 111, § 150A.

I certify that I will notify the Building Official by 04/23/2023 (two months maximum) of the location of the solid waste disposal facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

William Guinee

Name of Permit Applicant (please print)

Telephone Number

William Guinee

Signature of Permit Applicant

04/23/2023

Date

Acknowledgement

Building Department By:

Company to Pick-Up or Facility Where Disposed

Address

Raymond Chesley
Building Inspector

Telephone Number

Appendix 2

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		Submitted	Incomplete	Not Required
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3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
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10	Surveyed Site Plan (Utilities, Wetland, etc.)			
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William Guinee

Name of Permit Applicant (please print)

Telephone Number

William Guinee

Signature of Permit Applicant

04/23/2023

Date

Acknowledgement

Building Department By:

Company to Pick-Up or Facility Where Disposed

Address

Raymond Chesley
Building Inspector

Telephone Number



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): Connemara House Farm LLC

Address: 252 Rowley Bridge Rd

City/State/Zip: Topsfield Ma 01983

Phone #: 508 328 0140

Are you an employer? Check the appropriate box:

1. I am a employer with _____ employees (full and/or part-time).*
2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. I am a homeowner doing all work myself. [No workers' comp. insurance required.]†
4. I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
6. We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

7. New construction
8. Remodeling
9. Demolition
10. Building addition
11. Electrical repairs or additions
12. Plumbing repairs or additions
13. Roof repairs
14. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: 252 ROWLEY BRIDGE RD City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: William Guinee

Date: 04/23/2023

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: TOWN OF TOPSFIELD Permit/License # 23-4CB

Issuing Authority (choose one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner:

MACDOUGALL MARYLEE A TR **252 ROWLEY BRIDGE RD** **TOPSFIELD, MA** **01983**
 Name No. and Street City/Town Zip Code

Property Owner Contact Information:

Larry Guinee **5083280141** **508-328-0141** **service@danversford.com**
 Title Telephone No. (business) Telephone No. (cell) Email Address

If applicable, the property owner hereby authorizes:

Name Street Address City/Town State Zip Code
 to apply for and act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 1)

If a building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here .
 Otherwise provide construction control forms (see section 107 in the code) as required.

10.1 Registered Professional Responsible for Construction Control (the professional coordinating document submittals)

Name (Registrant)	Telephone No.	Email Address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date

10.2 General Contractor

Company Name

Name of Person Responsible for Construction License No. (if applicable) License Type (if applicable)
 Street Address City/Town State Zip Code
 Telephone No. (business) Telephone No. (cell) Email Address

SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.
 Is a signed Affidavit submitted with this application? Yes No

SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE

Item	Estimated Costs: (Labor and Materials)	Total Construction Cost (from Item 6) = \$3,000.00
1. Building	\$ 3,000.00	Building Permit Fee = Total Construction Cost x 1 (Insert here appropriate municipal factor) = \$10.00 Note: Minimum fee = \$0.00 (contact municipality) Enclose check payable to TOWN OF TOPSFIELD and enter check number here _____
2. Electrical	\$ 0.00	
3. Plumbing	\$ 0.00	
4. Mechanical (HVAC)	\$ 0.00	
5. Mechanical (Other)	\$ 0.00	
6. Total Cost	\$ 3,000.00	

SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

William Guinee *William Guinee* **508 328 0140** **04/23/2023**
 Name Signature Title Telephone No. Date
252 Rowley Bridge Rd **Topsfield** **Ma** **01983** **Wjg@danversford.com**
 Street Address City/Town State Zip Code Email Address

Municipal Inspector to fill out this section upon application approval:

Name Date



The Commonwealth of Massachusetts

Department of Public Safety

Massachusetts State Building Code (780 CMR)

Building Permit Application for any Building other than a One- or Two-Family Dwelling

(This Section For Official Use Only)

Building Permit Number: **23-4CB**

Date Applied: **04/23/2023**

Building Official:

SECTION 1: LOCATION

252 ROWLEY BRIDGE RD

Topsfield, MA

01951

No. and Street

City /Town

Zip Code

80

13 0

Topsfield

Assessors Map #

Block # and/or Lot #

Name of Building (if applicable)

SECTION 2: PROPOSED WORK

Edition of MA State Code used: _____ If New Construction check here _____ or check all that apply in the two rows below

Existing Building

Repair

Alteration

Addition

Demolition

(Please fill out and submit Appendix 2)

Change of Use

Change of Occupancy

Other

Specify: **Garage/Carport/Barn**

Are building plans and/or construction documents being supplied as part of this permit application? Yes No

Is an Independent Structural Engineering Peer Review required? Yes No

Brief Description of Proposed Work:

putting up Sperry Tent as done annually

SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34)

Existing Use Group(s):

Proposed Use Group(s):

SECTION 4: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1 A-2 Nightclub A-3 A-4 A-5	B: Business	E: Educational
F: Factory F-1 F2	H: High Hazard H-1 H-2 H-3 H-4 H-5	
I: Institutional I-1 I-2 I-3 I-4	M: Mercantile	R: Residential R-1 R-2 R-3 R-4
S: Storage S-1 S-2	U: Utility	Special Use and please describe below:

Special Use Description:

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA	IB	IIA	IIB	IIIA	IIIB	IV	VA	VB
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SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 for details on each item)

Water Supply: Public Private	Flood Zone Information: Check if outside Flood Zone or identify Zone: _____	Sewage Disposal: Indicate municipal or on site system	Trench Permit: A trench will not be required or trench permit is enclosed	Debris Removal: Licensed Disposal Site or specify:
Railroad right-of-way: Not Applicable or Consent to Build enclosed	Hazards to Air Navigation: Is Structure within airport approach area? Yes or No	MA Historic Commission Review Process: Is their review completed? Yes No		

SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____

Does the building contain a Sprinkler System?: Yes No Special Stipulations: _____

Design Occupant Load per Floor and Assembly Space: _____



CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Environmental Health
Community Sanitation Program
250 Washington Street, Boston, MA 02108-4619
Phone: 617-624-5757 Fax: 617-624-5777
TTY: 617-624-5286

MARYLOU BUDDERS
Secretary

MARGRET R. COOKE
Commissioner

Tel: 617-624-8000
www.mass.gov/dph

2023 - WATER TESTING for Private Wells at FARM LABOR CAMPS

Along with your 2023 application including completed building and fire inspection forms, water sampling and analysis for the below listed parameters must be completed and the laboratory results returned to this office prior to the issuance of a Certificate of Occupancy for the Farm Labor Camp.

Camp Name / Contact:

Connemara House Farm, LLC.
252 Rowley Bridge Road
Topsfield, MA 01983
William Guinee
508-328-0140

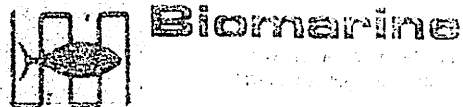
Testing required for 2023:

Total Coliform

Previous sampling results:	2016	2017	2018	2019	2020	2021	2022
Total Coliform:	ND	ND	ND	ND	ND	ND	ND

Please remember these requirements for testing PRIVATE WELLS:

- Test must be conducted by a laboratory certified for drinking water by the Massachusetts Department of Environmental Protection (DEP).
- Test must be taken by a representative of the laboratory and a **chain of custody submitted** to this office along with the test results.
- Chain of custody should identify the water sample location as well as the name and signature of the laboratory person conducting the sampling.
- Questions regarding required sampling should be addressed to Amy Medeiros, Environmental Health Inspector, Community Sanitation Program at (857) 507-7205.



Biomarine Report No.: 75429
Date: February 23, 2013

CERTIFICATE OF ANALYSIS

CUSTOMER INFORMATION:

Mr. Bill Guinee
Connemara House Farm, L.L.C.
252 Rowley Bridge Road
Topsfield, MA 01983

SAMPLE INFORMATION:

Sample(s) Collected By: Jim Groleau / Biomarine
Sample Information: Customer address, kitchen faucet, 2/21/23, 1045
Date and Time Received: 2/21/23, 1157
Date and Time Analyzed: 2/21/23, 1530

FINDINGS:

Biomarine Sample I. D.	Total Coliform Bacteria/100 mL	E. coli Bacteria/100 mL	Recommended Guideline	Method
75429	Absent	Absent	Absent	SM9213

REMARKS: According to the Massachusetts Department of Environmental Protection's 310 CMR 22.00, drinking water samples must be absent (0/100mL) for coliform and *E. coli* bacteria.

Jim Groleau, Laboratory Director



FP-006
(REV. 1.1.2015)

The Commonwealth of Massachusetts

City /Town of Topsfield Application for Standard Permit

Return completed application to: Topsfield Fire & Rescue Department

Permit Number: 23TOP-16.TL-PM
City or Town: Topsfield
Date: 05/05/2023

DIG SAFE NUMBER
%General:DigSafeNum%
Start Date: %General:DigSafeStartDate%

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section 10A, application is hereby made

by CONNEMARA FARM

(Full Name of Person, Firm or Corporation) (Phone Number)

of 252 ROWLEY BRIDGE RD, TOPSFIELD, MA

(Address: Street or P.O. Box, City or Town, Zip Code)

for permission to (state clearly purpose for which permit is requested)

This permit it for the storage of 4-40lbs. and 8-20lbs. LPG cylinders for outdoor heaters.

Name of Competent Operator (if Applicable)	Cert. No.
Date Issued-Rejected 05/05/2023	By
Date of expiration 05/05/2024	Fee 50.00
	(Signature of Applicant)
	Amount Paid \$ Yes



FP-006
(REV. 1.1.2015)

The Commonwealth of Massachusetts

City /Town of Topsfield Permit

City or Town: Topsfield
Date: 05/05/2023
Permit Number: 23TOP-16.TL-PM

DIG SAFE NUMBER
%General:DigSafeNum%
Start Date: %General:DigSafeStartDate%

In accordance with the provisions of M.G.L. Chapter 148, as provided in 10A this permit is granted

to CONNEMARA FARM

(Full Name of Person, Firm or Corporation)

for This permit it for the storage of 4-40lbs. and 8-20lbs. LPG cylinders for outdoor heaters.

Restrictions: Per Code and Fire Dept to be notified each time the heaters are set for a safety inspection. Staff on site responsible for policing that setup remain compliant.

at CONNEMARA FARM 252 ROWLEY BRIDGE RD, TOPSFIELD, MA

(Street and # or Describe location for Adequate Identification)

Fee Paid \$ 50.00 This permit will expire on 05/05/2024

Google Maps



Imagery ©2023 MassGIS, Commonwealth of Massachusetts EOE, Maxar Technologies, USDA/FPAC/GEO, Map data ©2023 200 ft

THE COMMONWEALTH OF MASSACHUSETTS

PERMIT NUMBER
2023-35



FEE
\$150.00

TOWN OF TOPSFIELD

This is to certify that:

William Guinee

NAME

Connemara House Farm LLC

NAME OF ESTABLISHMENT

252 Rowley Bridge Road, Topsfield, MA 01983

ADDRESS

Is hereby granted a permit for:

Annual Food Permit – Event Venue

This permit is granted in conformity with the statutes and ordinances relating thereto and

expires: December 31, 2023 unless sooner suspended or revoked.

March 1, 2023

Date

Gerard McDonald

Health Director

THIS PERMIT MUST BE PROMINENTLY DISPLAYED

Food Establishment Inspection Report – Town of TOPSFIELD

Establishment: <u>CONSUMERS FARM</u>		Date: <u>5/4/2023</u>	Page 1 of <u>3</u>
Address:		Time in: <u>1:30</u>	Time out: <u>3:00</u>
Telephone: <u>508 328 0141</u>	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	0
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	0
Person-in-charge: <u>LARRY GUINÉE</u>			
Inspector: <u>WENDY HANSBURY - JOHN COULON</u>			
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			
IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation			

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	Person-in-charge present, demonstrates knowledge, and performs duties	✓					
2	Certified Food Protection Manager			✓			
Employee Health							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting			✓			
4	Proper use of restriction and exclusion			✓			
5	Procedures for responding to vomiting and diarrheal events		✓				
Good Hygienic Practices							
6	Proper eating, tasting, drinking, or tobacco use			✓			
7	No discharge from eyes, nose, and mouth			✓			
Preventing Contamination by Hands							
8	Hands clean & properly washed			✓			
9	No bare hand contact with ready-to-eat food			✓			
10	Adequate handwashing sinks properly supplied and accessible	✓					
Approved Source							
11	Food obtained from approved source			✓			
12	Food received at proper temperature			✓			
13	Food received in good condition, safe, & unadulterated			✓			
14	Required records available: shellstock tags, parasite destruction			✓			

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	Food separated and protected			✓			
16	Food-contact surfaces; cleaned & sanitized			✓			
17	Proper disposition of returned, previously served, reconditioned & unsafe food			✓			
Time/Temperature Control for Safety							
18	Proper cooking time & temperatures			✓			
19	Proper reheating procedures for hot holding			✓			
20	Proper cooling time and temperature			✓			
21	Proper hot holding temperature			✓			
22	Proper cold holding temperature	✓		✓			
23	Proper date marking and disposition			✓			
24	Time as a Public Health Control			✓			
Consumer Advisory							
25	Consumer advisory provided for raw / undercooked food			✓			
Highly Susceptible Populations							
26	Pasteurized foods used; prohibited foods not offered			✓			
Food/Color Additives and Toxic Substances							
27	Food additives: approved & properly used			✓			
28	Toxic substances properly identified, stored & used			✓			
Conformance with Approved Procedures							
29	Compliance with variance / specialized process / HACCP Plan			✓			

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: _____ Discussion with Person-in-Charge: _____

5/6/23

Signature of Person-in-Charge: _____

Date: 5/4/23

Signature of Inspector: _____

Date: 5/4/23

Food Establishment Inspection Report – Town of TOPSFIELD

Establishment: <u>CONSUMERS FARM</u>	Date: <u>5-4-2023</u>	Page 2 of <u>3</u>
GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS		
IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation		

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source			✓			
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate	✓					
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present	✓					
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used	✓					

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips	✓					
49	Non-food contact surfaces clean	✓					
Physical Facilities							
50	Hot & cold water available; adequate pressure	✓					
51	Plumbing installed; proper backflow devices	✓					
52	Sewage & waste water properly disposed	✓					
53	Toilet features: properly constructed, supplied, & cleaned	✓					
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean	✓					
56	Adequate ventilation & lighting; designated areas used	✓					
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

Type of Operation(s): <input type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other <u>Event Facility</u>	Type of Inspection: <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input checked="" type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	Other Information:
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Signature of Person in Charge: _____	Date: <u>5/4/23</u>
Signature of Inspector: <u>John Coulson</u>	Date: _____

Food Establishment Inspection Report – Town of TOPSFIELD

Establishment: CONNELLAN FARM

Date: 5-1-2023

Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
REFRIGERATOR	26				

Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

Item Number	Section of Code	Description of Violation	Date to Correct By
5		Facility or Caterer must have Bio Hazard Clean up kit during all events	6/1 ✓ GMM
31		Ice Machine not in use. Needs clean service location for storing scoop(s) recommend weekly inspection for cleanliness	6/1 ✓ GMM
		Location used for events only.	
		Not currently permitted for food prep on site current process is caterer's finish food prep in on-site trailer.	
		Caterers are held responsible for food prep and allergen awareness certificates.	
43		Toilet facilities checked and found compliant.	

Signature of Person-in-Charge:

Date: 5/4/23

Signature of Inspector: _____

Date: 5/4/23