

# 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:

- X   Petition for Special Permit pursuant to Article   V  , Section   4   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       Ryan Streff (On Behalf of Educational Media Foundation)
- b. Address       408 S Eagle Rd. Suite 200, Eagle, ID 83616
- c. Phone Number       507-227-0129
- d. Interest in Premises (e.g., owner, tenant, prospective purchaser, etc.)       Agent for Tenant        
(Attach copy of lease and/or letter of authorization from owner, if applicable)

## DESCRIPTION OF PREMISES:

- a. Assessor's Map   41  , Lot(s)   90  , Zoning District   IRA
- b. Location of Premises (number and street)       285 Boston Street, Topsfield, MA 01983
- c. Name and address of legal owner (if different from Applicant)       Blue Sky Towers III, LLC        
      57 E. Washington St. Chagrin Falls, OH 44022
- 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       Wireless Communications Facility
- g. Present structures conform to current Zoning Bylaw.   X   Yes        No. If no, in what respect does it not conform.

## PROPOSAL (attach additional sheets if necessary):

- a. General Description:  
      In existing wireless communications compound, install one 1.8m satellite dish with a 4'x8' concrete pad and 6' mounting pipe on the ground. Install underground conduit and cabling. The lease area of the wireless compound will not be expanded and the tower will remain unchanged.

- b. If proposal is for construction or alteration of an existing structure, please state:

	FRONT	REAR	SIDE(S)	
1. Setbacks required per bylaw	<u>20</u>	<u>40</u>	<u>20</u>	<u>20</u>
2. Existing setbacks	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
3. Setbacks proposed	<u>244'</u>	<u>242'</u>	<u>66'</u>	<u>242'</u>

	FRONTAGE	AREA
4. Frontage and area required by bylaw	<u>200</u>	<u>87,120</u>
5. Existing frontage (s) and area	<u>285</u> <u>          </u>	<u>136,778</u>
6. Frontage (s) and area proposed	<u>285</u> <u>          </u>	<u>136,778</u>

	FEET	STORIES
7. Existing Height	<u>          </u>	<u>          </u>
8. Height proposed	<u>9' (pipe w/ mounted dish)</u>	<u>          </u>

- c. Other town, state or federal permits or licenses required, if any:

Building Permit.

#### 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   X   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   X   No

##### Comprehensive Permit Applications:

(See G.L.c. 40B, Sections 20-23)

All required supporting data attached            Yes   X   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   X   No

If all required supporting data is not attached, why not:

Only requires Special Permit Application.

8/15/23  
Date

  
o/b/o EMF  
Signature of Applicant

## 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:** Ryan Streff, 408 S. Eagle Rd. Suite 200, Eagle, ID 83616

**Telephone No.** 507-227-0129

**Locus:** \_\_\_\_\_

Map	Block	Location	Owner	<i>(If different from location)</i> 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 \_\_\_\_\_

**TOWN OF TOPSFIELD, MA  
ZONING BOARD OF APPEALS**

**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.

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**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**