

Printed by MaryLou Tingle

# INSPECTION FIELD SHEET

INSPECTION: 4842

FINAL ELECTRICAL INSPECTION

04/27/15  
11:19:59

LOC: 286 BOSTON ST  
TOPSFIELD

PERMIT: 2015422  
STATUS: ISSUED 12/16/14  
APPLICATION: 1162

PROPERTY ID: 0041008800000

OWNER:

~~WOOD DONALD Y~~

*Town of Topsfield Water Tower*

CONTRACTOR: J R FULLER INC  
603-867-8669

REQUEST BY:

PROJ DESC: REPLACE SMALL PANEL  
WORK ORDER:

INSPECTOR: JT  
REQUESTED: 04/27/15  
SCHEDULED: 04/28/15 9AM  
UNPAID FEES: .00

RESULT:  
PRIORITY:  
COMPLETED:

*P. Amell*  
*4/28/15* *10:00*  
Date Time

MILEAGE:

TIME: TRAVEL \_\_\_\_\_ ONSITE \_\_\_\_\_

COMMENTS:

*Complete*  
*4/28/15*



Commonwealth of Massachusetts  
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

2015422  
Official Use Only  
Permit No. 110  
Occupancy and Fee Checked \_\_\_\_\_  
[Rev. 1/07] (leave blank)

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

City or Town of: Topshfield

Date: 12/15/14  
To the Inspector of Wires:

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) 286R Boston Rd. Water Tower

Owner or Tenant Town of Topshfield

Owner's Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Is this permit in conjunction with a building permit? Yes ☐ No ☐ (Check Appropriate Box)

Purpose of Building \_\_\_\_\_

Utility Authorization No. \_\_\_\_\_

Existing Service 60 Amps 1 Volts

Overhead ☐ Undgrd ☐

No. of Meters \_\_\_\_\_

New Service \_\_\_\_\_ Amps 1 Volts

Overhead ☐ Undgrd ☐

No. of Meters \_\_\_\_\_

Number of Feeders and Ampacity \_\_\_\_\_

Location and Nature of Proposed Electrical Work: Replace small panel & add plug for pump

Completion of the following table may be waived by the Inspector of Wires.

No. of Recessed Luminaires	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Luminaire Outlets	No. of Hot Tubs	Generators	KVA
No. of Luminaires	Swimming Pool Above <input type="checkbox"/> In- <input type="checkbox"/>	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers	Heat Pump Totals: Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	Local <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/>	
No. of Dryers	Heating Appliances KW	Security Systems:*	
No. of Water Heaters KW	No. of Signs	No. of Devices or Equivalent	
No. of Hydromassage Bathtubs	No. of Motors	Data Wiring: No. of Devices or Equivalent	
	Total HP	Telecommunications Wiring: No. of Devices or Equivalent	
OTHER: _____			

Estimated Value of Electrical Work: 357020

Attach additional detail if desired, or as required by the Inspector of Wires.  
(When required by municipal policy.)

Work to Start: 12/16 Inspections to be requested in accordance with MEC Rule 10, and upon completion.  
INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE ☐ BOND ☐ OTHER ☐ (Specify:)

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: J.F. Fulk Bros

Licensee: Tony Banta

Signature: Tony Banta

LIC. NO.: 2514 JR

(If applicable, enter "exempt" in the license number line.)

Address: P.O. Box 106 Topshfield, MA

LIC. NO.: \_\_\_\_\_

Bus. Tel. No.: 603-867-8669

Alt. Tel. No.: \_\_\_\_\_

Lic. No. \_\_\_\_\_

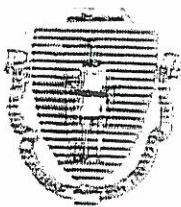
\*Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License:  
OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) ☐ owner ☐ owner's agent.

Owner/Agent  
Signature \_\_\_\_\_

Telephone No. \_\_\_\_\_

PERMIT FEE: \$ \_\_\_\_\_





Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, MA 02111  
www.mass.gov/dia

Print Form

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers  
Applicant Information Please Print Legibly

Name (Business/Organization/Individual): J.F. Fuller Inc.

Address: P.O. Box 106

City/State/Zip: Topsfield MA 01982 Phone #: 603-867-8669

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 1 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 general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
5. ☐ 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):

6. ☐ New construction  
7. ☐ Remodeling  
8. ☐ Demolition  
9. ☐ Building addition  
10. ☐ Electrical repairs or additions  
11. ☐ Plumbing repairs or additions  
12. ☐ Roof repairs  
13. ☐ 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: Travelers

Policy # or Self-ins. Lic. #: 622 / 14926

Expiration Date: 12/31/14

Job Site Address: Boston Rd

City/State/Zip: Topsfield

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of 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. Be advised that 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: [Signature]

Date: 12/15/14

Phone #: 603-867-8669

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

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

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

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_





# The Commonwealth of Massachusetts

## Department of Public Safety

### BOARD OF FIRE PREVENTION REGULATIONS 527 CMR 12:00

Office Use Only
Permit No. <u>191</u>
Occupancy & Fee Checked <u>3/90</u> (leave blank)

## APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code, 527 CMR 12:00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date 3-23-99

### TOWN OF TOPSFIELD

To the Inspector of Wires:

The undersigned applies for a permit to perform the electrical work described below.

Location (Street & Number) 286 Old Boston Rd

Owner or Tenant Town of Topsfield Water Dept

Owner's Address \_\_\_\_\_

Is this permit in conjunction with a building permit: Yes ☐ No ☒ (Check Appropriate Box)

Purpose of Building water tower Utility Authorization No. 901663

Existing Service 60 Amps 120 / 240 Volts Overhead ☒ Undgrd ☐ No. of Meters 1

New Service \_\_\_\_\_ Amps \_\_\_\_\_ Volts Overhead ☐ Undgrd ☐ No. of Meters \_\_\_\_\_

Number of Feeders and Ampacity \_\_\_\_\_

Location and Nature of Proposed Electrical Work Rebuild meter socket + up due to storm damage

No. of Lighting Outlets	No. of Hot Tubs	No. of Transformers	Total KVA
No. of Lighting Fixtures	Swimming Pool Above grnd. <input type="checkbox"/> In-grnd. <input type="checkbox"/>	Generators	KVA
No. of Receptacle Outlets	No. of Oil Burners	No. of Emergency Lighting Battery Units	
No. of Switch Outlets	No. of Gas Burners	FIRE ALARMS	No. of Zones
No. of Ranges	No. of Air Cond. Total tons	No. of Detection and Initiating Devices	
No. of Disposals	No. of Heat Pumps Total Tons	No. of Sounding Devices	
No. of Dishwashers	Space/Area Heating KW	No. of Self Contained Detection/Sounding Devices	
No. of Dryers	Heating Devices KW	Local <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/>	
No. of Water Heaters KW	No. of Signs	No. of Ballasts	Low Voltage Wiring
No. Hydro Massage Tubs	No. of Motors	Total HP	

OTHER: \_\_\_\_\_

INSURANCE COVERAGE: Pursuant to the requirements of Massachusetts General Laws I have a current Liability Insurance Policy including Completed Operations Coverage or its substantial equivalent. YES ☐ NO ☐ I have submitted valid proof of same to this office. YES ☐ NO ☐ If you have checked YES, please indicate the type of coverage by checking the appropriate box.

INSURANCE ☐ BOND ☐ OTHER ☐ (Please Specify) \_\_\_\_\_

Estimated Value of Electrical Work \$ \_\_\_\_\_ (Expiration Date) \_\_\_\_\_

Work to Start \_\_\_\_\_ Inspection Date Requested: Rough \_\_\_\_\_ Final \_\_\_\_\_

Signed under the penalties of perjury:

FIRM NAME Mayer Electric LIC. NO. A7647

Licensee Ronald H Mayer Signature Ronald H Mayer LIC. NO. \_\_\_\_\_

Address 150 River Rd Tops Bus. Tel. No. 887-8006

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the insurance coverage or its substantial equivalent as required by Massachusetts General Laws, and that my signature on this permit application waives this requirement. Owner \_\_\_\_\_ Agent \_\_\_\_\_ (Please check one)

(Signature of Owner or Agent)

Telephone No. \_\_\_\_\_

PERMIT FEE \$

fee waived



# The Commonwealth of Massachusetts

Department of Public Safety

BOARD OF FIRE PREVENTION REGULATIONS 527 CMR 12:00

Permit No. 216  
Occupancy & Fee Checked 3/90  
(leave blank)

## APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code, 527 CMR 12:00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date May 11, 1995

City or Town of Tyngsfield

To the Inspector of Wires:

The undersigned applies for a permit to perform the electrical work described below.

Location (Street & Number) 286 Old Boston St.

Owner or Tenant

Robert A. Wood

Owner's Address

Same

Is this permit in conjunction with a building permit:

Yes ☐ No ☒ (Check Appropriate Box)

Purpose of Building

Garage & Storage

Utility Authorization NO.

Existing Service

Amps

/

Volts

Overhead ☐

Undgrd ☐

No. of Meters

New Service

Amps

/

Volts

Overhead ☐

Undgrd ☐

No. of Meters

Number of Feeders and Ampacity

Location and Nature of Proposed Electrical Work

Electrical repairs and additions.

No. of Lighting Outlets	No. of Hot Tubs	No. of Transformers	Total KVA
No. of Lighting Fixtures	Swimming Pool Above grnd. <input type="checkbox"/> In-grnd. <input type="checkbox"/>	Generators	KVA
No. of Receptacle Outlets	No. of Oil Burners	No. of Emergency Lighting Battery Units	
No. of Switch Outlets	No. of Gas Burners	FIRE ALARMS	No. of Zones
No. of Ranges	No. of Air Cond. Total tons	No. of Detection and Initiating Devices	
No. of Disposals	No. of Heat Pumps Total Tons	No. of Sounding Devices	
No. of Dishwashers	Space/Area Heating KW	No. of Self Contained Detection/Sounding Devices	
No. of Dryers	Heating Devices KW	Local <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/>	
No. of Water Heaters KW	No. of Signs	No. of Ballasts	Low Voltage Wiring
No. Hydro Massage Tubs	No. of Motors	Total HP	

OTHER:

INSURANCE COVERAGE: Pursuant to the requirements of Massachusetts General Laws I have a current Liability Insurance Policy including Completed Operations Coverage or its substantial equivalent. YES ☐ NO ☐ I have submitted valid proof of same to this office. YES ☐ NO ☐ If you have checked YES, please indicate the type of coverage by checking the appropriate box.

INSURANCE ☒ BOND ☐ OTHER ☐ (Please Specify)

Estimated Value of Electrical Work \$

Will call! (Expiration Date)

Work to Start 5-11-95

Inspection Date Requested:

Rough

Final

Signed under the penalties of perjury:

FIRM NAME

Licensee Geo. W. Nash

Signature

George W. Nash

LIC. NO.

A13625

Address

11 Devonshire Rd. Tyngsfield

Bus. Tel. No.

508-779-4005

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the insurance coverage or its substantial equivalent as required by Massachusetts General Laws, and that my signature on this permit application waives this requirement. Owner Agent (Please check one)

(Signature of Owner or Agent)

Telephone No.

PERMIT FEE \$



# FOUNDATION ONLY

## APPLICATION FOR BUILDING PERMIT, TOPSFIELD MASS 01983



DATE 0/29/88 APPLICATION NO. 59 FEE \$ 200

### 1. Structure

Owner, address, telephone CONTINENTAL CABLEVISION  
 Builder, address, telephone, license SELF  
 Type of structure: FOUNDATION FOR A TOWER  
 Location: 28C 136370N ST. Size (gross) \_\_\_\_\_  
 No. of Rooms \_\_\_\_\_ No. Stories \_\_\_\_\_ Area (heated) \_\_\_\_\_  
 No. of baths \_\_\_\_\_ Garage \_\_\_\_\_ Area (garage) \_\_\_\_\_  
 Basement \_\_\_\_\_ Heat by \_\_\_\_\_ Area (porch/deck) \_\_\_\_\_  
 Fireplace \_\_\_\_\_ Stove \_\_\_\_\_ Reported cost \$ \_\_\_\_\_  
 Construction: Fireproof (concrete); Non-combustible (steel); Masonry veneer; Wood Frame  
 Use: Assembly; Business; Factory; High Hazard; Institutional; Mercantile; Residential; Storage; Temporary;  
 Miscellaneous; Fence

### 2. Zoning ORA / IRA / CR / BV / BH / BP (Circle One)

Use: Old / New / Principal / Accessory / P / S / Non conforming

#### Dimensional & Density Requirements

	ORA	IRA	CR	BV	BH	BP
Lot Area (S.F.)	87,120	40,000	20,000	20,000	40,000	87,500
Lot Frontage (ft)	200	150	100	100	200	350
Lot Depth (ft)	200	150	120	100	175	250
Front Setback (ft)	20	20	20	40	75	75
Side Setback ± (ft)	20	15	10	30*	40	50†
Rear Setback ± (ft)	40	40	30	30*	40	50†
Height	35	35	35	30	30	45
No. of Stories	2½	2½	2½	2½	2	3
Building Area (%)	15	25	40	40	40	25
Open Space (%)	50	50	40	30	30	25

\*Increase to 50 ft. where adjacent to residential use or district.

†Increase to 150 ft. where adjacent to residential use or district.

### 3. Assessors Information

Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_  
 Sketch \_\_\_\_\_

Proposed \_\_\_\_\_

NOTE ISSUANCE OF THIS  
FOUNDATION PERMIT  
DOES NOT NECESS-  
ARILY IMPLY THE  
SUBSEQUENT ISSUANCE  
OF A TOWER PERMIT

### 4. Additional Town Boards Requiring Approval Before Submitting Application — (applicable/not applicable)

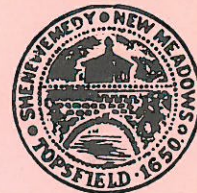
- (A/NA) Conservation Commission: "Determination of Applicability" if within 100' of "wetland".
- (A/NA) Health Department: (New building or increased occupancy or use / barn / stable / swimming pools.)
- (A/NA) Planning Board: Site plan is either part of an approved subdivision or stamped "Not Subject to Planning Board Approval".
- (A/NA) Fire Department: (New construction or major alteration for 1 or 2 family residential.)
- (A/NA) Electrical Department: (For swimming pools, electrical permit required before a building permit is issued.)
- (A/NA) Historic District Commission: (New construction or exterior alterations therein.)
- (A/NA) Soil Removal Board: (Removal of soil in excess of 120% of the volume of the foundation.)
- (A/NA) Highway Department: (Town street cuts.)
- (A/NA) State Department of Public Works: (State Road cuts — Rte. 1.)
- (A/NA) Board of Appeals:

Permit Granted/Not Granted C.C. Caban

SEE FILES - ESPECIALLY 2.B.A. REPORT OF ZONING BOARD OF APPEALS  
7-25-88 MEETING AND ACTION ON THIS SUBJECT



# APPLICATION FOR BUILDING PERMIT, TOPSFIELD MASS 01983



DATE 4/25/86 APPLICATION NO. 75 FEE \$ 1200

## 1. Structure

Owner, address, telephone (TOPSFIELD CABLE TV CO.)  
 Builder, address, telephone, license " " "  
 Type of structure: 120' CABLE TV TOWER PLUS 10 FT. DIA ANTENNA  
 Location: BOSTON ST. Size (gross) \_\_\_\_\_  
 No. of Rooms \_\_\_\_\_ No. Stories \_\_\_\_\_ Area (heated) \_\_\_\_\_  
 No. of baths \_\_\_\_\_ Garage \_\_\_\_\_ Area (garage) \_\_\_\_\_  
 Basement \_\_\_\_\_ Heat by \_\_\_\_\_ Area (porch/deck) \_\_\_\_\_  
 Fireplace \_\_\_\_\_ Stove \_\_\_\_\_ Reported cost \$ \_\_\_\_\_  
 Construction: Fireproof (concrete); Non-combustible (steel); Masonry veneer; Wood Frame  
 Use: Assembly; Business; Factory; High Hazard; Institutional; Mercantile; Residential; Storage; Temporary; Miscellaneous; Fence

## 2. Zoning ORA / IRA / CR / BV / BH / BP (Circle One)

Use: Old / New / Principal / Accessory / P / S / Non conforming

### Dimensional & Density Requirements

	ORA	IRA	CR	BV	BH	BP	Proposed
Lot Area (S.F.)	87,120	40,000	20,000	20,000	40,000	87,500	_____
Lot Frontage (ft)	200	150	100	100	200	350	_____
Lot Depth (ft)	200	150	120	100	175	250	_____
Front Setback (ft)	20	20	20	40	75	75	_____
Side Setback ± (ft)	20	15	10	30*	40	50†	_____
Rear Setback ± (ft)	40	40	30	30*	40	50†	_____
Height	35	35	35	30	30	45	_____
No. of Stories	2½	2½	2½	2½	2	3	_____
Building Area (%)	15	25	40	40	40	25	_____
Open Space (%)	50	50	40	30	30	25	_____

\*Increase to 50 ft. where adjacent to residential use or district.

†Increase to 150 ft. where adjacent to residential use or district.

## 3. Assessors Information

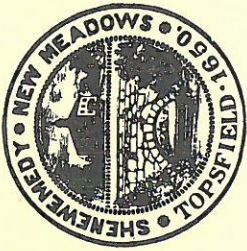
Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_  
 Sketch

## 4. Additional Town Boards Requiring Approval Before Submitting Application — (applicable/not applicable)

- (A/NA) Conservation Commission: "Determination of Applicability" if within 100' of "wetland".
- (A/NA) Health Department: (New building or increased occupancy or use / barn / stable / swimming pools.)
- (A/NA) Planning Board: Site plan is either part of an approved subdivision or stamped "Not Subject to Planning Board Approval".
- (A/NA) Fire Department: (New construction or major alteration for 1 or 2 family residential.)
- (A/NA) Electrical Department: (For swimming pools, electrical permit required before a building permit is issued.)
- (A/NA) Historic District Commission: (New construction or exterior alterations therein.)
- (A/NA) Soil Removal Board: (Removal of soil in excess of 120% of the volume of the foundation.)
- (A/NA) Highway Department: (Town street cuts.)
- (A/NA) State Department of Public Works: (State Road cuts — Rte. 1.)
- (A/NA) Board of Appeals:

Permit Granted/Not Granted Permit Granted





**TOPSFIELD BUILDING PERMIT NO.** 75 **Date** 11/25/86 **Fee** \$1200

(OWNER) TOPSFIELD CABLE TV CO. (TEL. NO.) \_\_\_\_\_ is authorized to

ERECT A CABLE TV TOWER at 1208 DAY ST  
(CONTRACTOR'S NAME) CABLE TV (TEL. NO.) \_\_\_\_\_ (LICENSE NO.) \_\_\_\_\_

Subject to pertinent regulations of the state of Massachusetts and the town of Topsfield, Mass. Violation of these terms or failure to commence construction within six months of the above date voids this permit. Post this permit under cover on the premises.

Building Inspector

**OWNER IS RESPONSIBLE FOR OBTAINING THE FOLLOWING INSPECTIONS:**

1. Soil Conditions	2. Completion of Framing		3. Final Inspection			
	Date	By	Req'd	By Inspector	Req'd	By
				Plumbing		
			✓	Electrical	✓	
				Heating		
				Gas		
				Health		
				Water		
				Highway		
				Fire Dept.		
				Bldg. Inspector	✓	

**CERTIFICATE OF OCCUPANCY:**  
(for new or substantially enlarged buildings)

Issued by \_\_\_\_\_

Date \_\_\_\_\_

**CHECK MARK UNDER COLUMNS 1, 2, 3 ABOVE MEANS THAT TYPE OF INSPECTION IS REQUIRED.**

**SUBMIT 2 COPIES OF PLOT PLAN STAMPED BY MASS. LICENSED SURVEYOR SHOWING BASEMENT AND FIRST FLOOR GRADES PLUS LOCATION OF FOUNDATION, FRONT, SIDE, REAR SETBACKS AND LOCATION OF DRIVEWAY, WELL, SEPTIC TANK AND LEACHING FIELD. INDICATE DRIVEWAY.**

**SPECIAL CONDITIONS AND SKETCH:**

1/4 FILED SEE DRAWINGS AND ENGINEER'S AFFIDAVIT





# TOPSFIELD BUILDING PERMIT NO. 59

Date

Fee 200

(OWNER) CONTRIBUTOR CARPENTRY (TEL. NO.) \_\_\_\_\_

is authorized to

CONSTRUCT A TOWER FOUNDATION at #286 1305TH ST

(CONTRACTOR'S NAME) CONTR. CARPENTRY (TEL. NO.) \_\_\_\_\_ (LICENSE NO.) \_\_\_\_\_

Subject to pertinent regulations of the state of Massachusetts and the town of Topsfield, Mass. Violation of these terms or failure to commence construction within six months of the above date voids this permit. Post this permit under cover on the premises.

Building Inspector

## OWNER IS RESPONSIBLE FOR OBTAINING THE FOLLOWING INSPECTIONS:

1. Soil Conditions	2. Completion of Framing		3. Final Inspection			
	Date	By	Req'd	By Inspector	Req'd	By
				Plumbing		
			✓	Electrical	✓	
				Heating		
				Gas		
				Health		
				Water		
				Highway		
				Fire Dept.		
			✓	Bldg. Inspector	✓	

Issued by \_\_\_\_\_

Date \_\_\_\_\_

CERTIFICATE OF OCCUPANCY:  
(for new or substantially enlarged buildings)

CHECK MARK UNDER COLUMNS 1, 2, 3 ABOVE MEANS THAT TYPE OF INSPECTION IS REQUIRED.

SUBMIT 2 COPIES OF PLOT PLAN STAMPED BY MASS. LICENSED SURVEYOR SHOWING BASEMENT AND FIRST FLOOR GRADES PLUS LOCATION OF FOUNDATION, FRONT, SIDE, REAR SETBACKS AND LOCATION OF DRIVEWAY, WELL, SEPTIC TANK AND LEACHING FIELD. INDICATE DRIVEWAY.

SPECIAL CONDITIONS AND SKETCH:

NOTE ① REFER TO ATTACHED BOARD OF APPEALS' 7-25-86 REPORT RE. THIS PROJECT.

② REFER TO DRAWING "A PLAN OF LAND - REARND VCA #86-52

③ ISSUANCE OF THIS FOUNDATION PERMIT DOES NOT NECESSARILY IMPLY THE SUBSEQUENT ISSUANCE OF A PERMIT FOR THE

120' TOWER.

④ I AGREE (AS PER AGREEMENT) SUBMISSION OF EITHER UN STAMPED DRAWINGS OR AFFIDAVIT REGARDING THE STRUCTURAL INTEGRITY OF THE TOWER BY YOUR ENGINEER MR. COMINSKY L.A.C. Allen



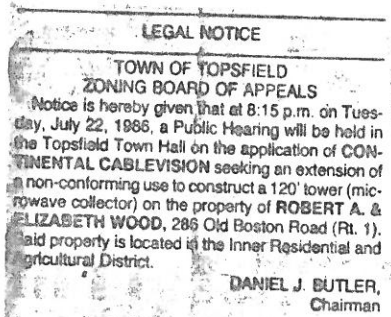


# Town of Topsfield

TOPSFIELD, MASSACHUSETTS 01983

## ZONING BOARD OF APPEALS

July 25, 1986



### DECISION

On the application of CONTINENTAL CABLEVISION seeking an extension of a non-conforming use to construct a 120' tower with microwave collector on the property of ROBERT A. & ELIZABETH WOOD, 286 Old Boston Road (Rt. 1):

After due notice to abutters and consideration of all the evidence at the Public Hearing held at the Topsfield Town Hall on July 22, 1986, with Board members Daniel Butler, Jan Jansen, Richard Carlson, George Herland, and Jean Kuftinec present and all voting affirmatively, the Board grants the permission sought subject to the following conditions:

1. The tower shall be constructed in accordance with plans submitted to the Zoning Board of Appeals and as shown on the site plan drawn by the office of John Callahan Associates, 166 North Main Street, Andover, Ma., 01810, dated July 2, 1986.
2. In the event Continental Cablevision ceases operation in Topsfield the tower shall be removed within 120 days following cessation of Continental's operation.
3. The tower shall have only a single dish of 10-ft. diameter mounted on it.
4. The tower shall be used exclusively for the purposes of cable television in the Town of Topsfield.

The Board finds that with these conditions this extension of non-conforming use will not be more detrimental or objectionable to the neighborhood than the existing non-conforming use.

Appeals, if any, shall be made pursuant to Section 17, M.G.L., Chapter 40A, and shall be filed within 20 days after the filing of this notice of decision in the office of the Town Clerk. This approval to expand the existing non-conforming use shall not take effect until a copy of the decision bearing the certification of the Town Clerk that 20 days have elapsed and no appeal has been filed, or that if such appeal has been filed, that it has been dismissed or denied, is recorded in the Registry of Deeds for the County and District in which the land is located and indexed in the grantor index under the name of the owner of record, or is recorded and noted on the owner's certificate of title.

(Zoning Board of Appeals signatures on reverse side of this page)



ZONING BOARD OF APPEALS

Decision on Expansion of non-conforming use at 286 Old Boston Rd. (Rt. 1) CONTINENTAL  
CABLEVISION (owners of record ROBERT A. AND ELIZABETH WOOD) on reverse side of this  
page:

*J. J. Kufstner*  
*Daniel Butler*  
*Peter K. K. K.*

*J. H. Jansen*  
\_\_\_\_\_

RECEIVED *July 28, 1986*  
OFFICE OF TOWN CLERK  
TOPSFIELD, MA 01983  
*Beverly Ann Gerardin*  
*Town Clerk*



# APPLICATION FOR BUILDING PERMIT, TOPSFIELD MASS 01983



DATE 6-12-81 APPLICATION NO.        FEE \$       

## 1. Structure

Owner, address, telephone CONTINENTAL CABLEVISION INC  
 Builder, address, telephone, license         
 Type of structure: 120' HIGH (MICROWAVE COLLECTOR) TOWER  
 Location: \* 28C BOSTON ST Size (gross)         
 No. of Rooms        No. Stories        Area (heated)         
 No. of baths        Garage        Area (garage)         
 Basement        Heat by        Area (porch/deck)         
 Fireplace        Stove        Reported cost \$         
 Construction: Fireproof (concrete); Non-combustible (steel); Masonry veneer; Wood Frame  
 Use: Assembly; Business; Factory; High Hazard; Institutional; Mercantile; Residential; Storage; Temporary; Miscellaneous; Fence

## 2. Zoning ORA / IRA / CR / BV / BH / BP (Circle One)

Use: Old / New / Principal / Accessory / P / S / Non conforming

	Dimensional & Density Requirements						Proposed
	ORA	IRA	CR	BV	BH	BP	
Lot Area (S.F.)	87,120	40,000	20,000	20,000	40,000	87,500	_____
Lot Frontage (ft)	200	150	100	100	200	350	_____
Lot Depth (ft)	200	150	120	100	175	250	_____
Front Setback (ft)	20	20	20	40	75	75	_____
Side Setback ± (ft)	20	15	10	30*	40	50†	_____
Rear Setback ± (ft)	40	40	30	30*	40	50†	_____
Height	35	35	35	30	30	45	_____
No. of Stories	2½	2½	2½	2½	2	3	_____
Building Area (%)	15	25	40	40	40	25	_____
Open Space (%)	50	50	40	30	30	25	_____

\*Increase to 50 ft. where adjacent to residential use or district.

†Increase to 150 ft. where adjacent to residential use or district.

## 3. Assessors Information

Map        Block        Lot         
 Sketch

## 4. Additional Town Boards Requiring Approval Before Submitting Application — (applicable/not applicable)

(A/NA) Conservation Commission: "Determination of Applicability" if within 100' of "wetland".

(A/NA) Health Department: (New building or increased occupancy or use / barn / stable / swimming pools.)

(A/NA) Planning Board: Site plan is either part of an approved subdivision or stamped "Not Subject to Planning Board Approval".

(A/NA) Fire Department: (New construction or major alteration for 1 or 2 family residential.)

(A/NA) Electrical Department: (For swimming pools, electrical permit required before a building permit is issued.)

(A/NA) Historic District Commission: (New construction or exterior alterations therein.)

(A/NA) Soil Removal Board: (Removal of soil in excess of 120% of the volume of the foundation.)

(A/NA) Highway Department: (Town street cuts.)

(A/NA) State Department of Public Works: (State Road cuts — Rte. 1.)

(A/NA) Board of Appeals:

Permit Granted/Not Granted       

DENIED. SUCH TOWERS ARE NOT ALLOWED IN IRA ZONE. RECOMMEND  
APPLIC C.C. COHEN



# *R.J. Pica Engineering*

Registered in New Hampshire & Massachusetts

November 19, 1986

Mr. Waters  
Building Inspector  
Town of Topsfield  
Topsfield, Ma.

Dear Mr. Waters:

Please be advised that we have completed a review of the 120' steel tower and foundation which will be erected off old Route 1, in Topsfield, Ma.

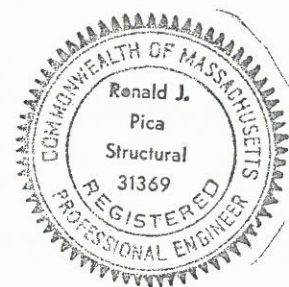
Our review considered tower section 11N, 10NA, 9NH, 8N, 7N, 6NST and the foundation design issued by John Callahan Engineering of Andover, Ma.

The results of our review show that the design is in accordance with good engineering practice and meets all of the loading requirements by the Mass. Code and all other applicable codes.

Very truly yours,



Ronald J. Pica P.E.  
RJ PICA Engineering





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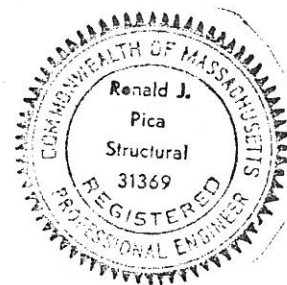
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Very truly yours,

*Ronald J. Pica*  
Ronald J. Pica P.E.  
RJ PICA Engineering





RE PERMIT FOR CABLE TV TOWER, TOPSFIELD  
GENTLEMEN,

ISSUANCE OF A CONSTRUCTION PERMIT  
FOR THE ABOVE TOWER INVOLVES TWO  
BASIC QUESTIONS:

SAFETY

POSSIBLE CONTINGENT LIABILITY

(IN THE EVENT OF ACCIDENT) TO THE  
TOWN OF TOPSFIELD

4

TO GUARD AGAINST THESE <sup>PROBLEMS</sup>

THE INSPECTOR OF BUILDINGS HAS  
CONSISTENTLY OVER THE PAST SEVERAL  
MONTHS ASKED THE CABLE TV CO. TO  
FURNISH THE TOWN AN AFFIDAVIT  
STATING THAT THE TOWER HAS BEEN  
DESIGNED IN ACCORDANCE WITH  
CURRENTLY ACCEPTED ENGINEERING DESIGN  
PRACTICES.

4 THREE DIFFERENT ENGINEERS,  
EACH PURPORTING TO BE THE  
CABLE TV COMPANY'S ENGINEER,  
HAVE, IN TURN, AGREED TO PROVIDE  
SUCH AN AFFIDAVIT TO THE TOWN.

4 TO DATE, NO AFFIDAVIT HAS  
BEEN RECEIVED,

V. T. Y

A. C. WATERS

INSPECTOR OF BUILDINGS