

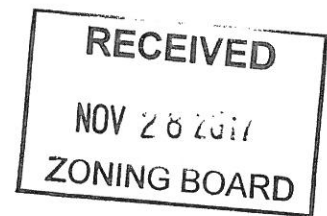


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November 28, 2017

IN HAND
Robert Moriarty, Chair
Topsfield Zoning Board of Appeals
461 Boston Street
Topsfield, MA

RE: 3 Kinsman Lane / Application for Variance dated November 21, 2017

Dear Chairman Moriarty and Members of the Board;

Reference is made to the above captioned matter. In that connection, this firm represents the Applicant, 3 Kinsman Lane LLC. The Applicant by this letter respectfully requests the Board allow the Applicant to withdrawal its Application dated November 21, 2017. I have determined that the Application did not request the appropriate forms of relief. The Applicant will be submitting a new application which will come before this board and which will include the appropriate request for relief.

I thank you for your time and consideration.

Respectfully submitted,
3 Kinsman Lane LLC
By their Attorney

A handwritten signature in dark ink, appearing to read 'Lisa L. Mead', written over a horizontal line.

Lisa L. Mead

cc: Client

Millis Office

730 Main Street, Suite 1F
Millis, MA 02054
Phone 508.376.8400

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

.....

BOARD USE ONLY

Date Filed:
Date Action Due
Public Hearing:
Decision:

Revised Form Date: 04/26/2011

RECEIVED

NOV 21 2017

ZONING BOARD

Issue Date: 04/26/2011

NATURE OF APPLICATION:

- ☐ Petition for Special Permit pursuant to Article ____, Section ____ of the Zoning Bylaw.
- ☐ Petition for Finding pursuant to Article ____, Section ____ of the Bylaw.
- ☒ Petition for a Variance from Article IV, Section 4.03 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 3 Kinsman Lane, LLC - David T. Daly
- b. Address 229 Stedman St. Lowell, MA 01851
- c. Phone Number 978.937.5553 / 978.349.3210
- 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 31, Lot(s) 81, Zoning District IRA
- b. Location of Premises (number and street) 3 Kinsman Lane
- 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 36235 Page 003
☐ Essex South Registry District of the Land Court, Certificate Number _____
- e. Prior zoning decisions affecting the Premises (if any): N/A
Date of Decision _____ Name of Applicant _____
Nature of Decision _____
- f. Present use of the Premises Vacant Land
- g. Present structures conform to current Zoning Bylaw. ☐ Yes ☐ No. If no, in what respect does it not conform. N/A

PROPOSAL (attach additional sheets if necessary):

- a. General Description:
Construct a new single family home on a single family lot. We were informed that we lack sufficient land area due to section 4.03 of the zoning code.

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>15</u> <u>15</u> |
| 2. Existing setbacks | <u>-</u> | <u>-</u> | <u>-</u> <u>-</u> |
| 3. Setbacks proposed | <u>26.2</u> | <u>40.1</u> | <u>50.7</u> <u>50.7</u> |

| | FRONTAGE | AREA |
|--|----------------------------|----------|
| 4. Frontage and area required by bylaw | <u>150</u> | <u>-</u> |
| 5. Existing frontage (s) and area | <u>179.9</u> <u>40,004</u> | <u>-</u> |
| 6. Frontage (s) and area proposed | <u>179.9</u> <u>40,004</u> | <u>-</u> |

| | FEET | STORIES |
|--------------------|-----------|------------|
| 7. Existing Height | <u>-</u> | <u>-</u> |
| 8. Height proposed | <u>39</u> | <u>2.5</u> |

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

Planning Board - Stormwater Management & Erosion Control
Approved on 11-7-17
Septic System Approval by the Town Health Dept - Approved 10-9-17
Approved # R18-13

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:

11-20-17

Date

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: 3 Kinsman Lane LLC c/o The
Daly Group LLC 229 Stedman Street Lowell MA 01851
 Telephone No. 978-937-5553

Locus: _____

| Map | Block | Location | Owner | Mailing Address |
|-------------------------------------|-------|----------|-------|-----------------|
| <i>(If different from location)</i> | | | | |

SEE ATTACHED LIST

If needed, attach additional sheets. _____

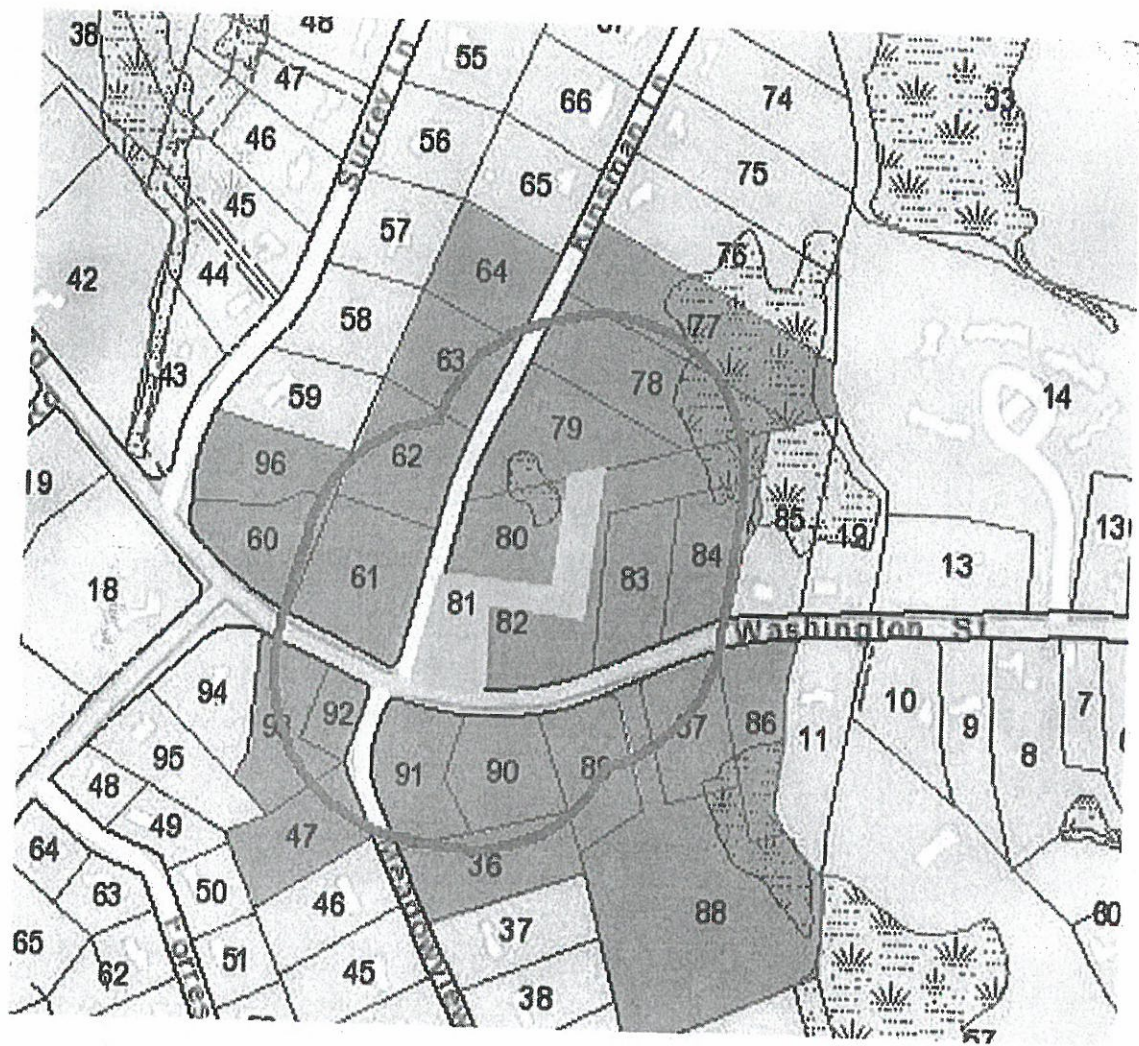
Assessor's Certification

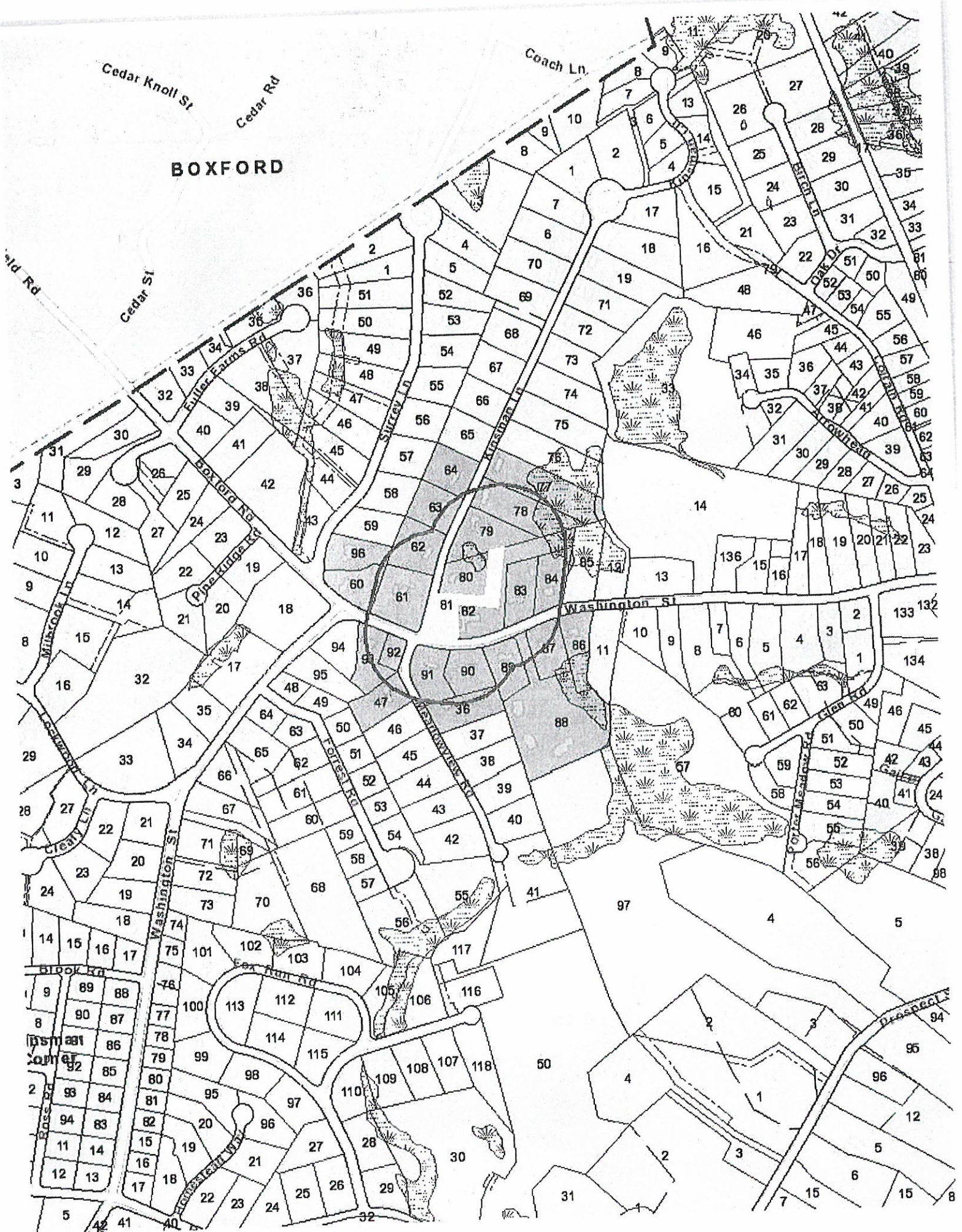
To the Topsfield Zoning Board of Appeals:

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 _____





Cedar Knoll St
Cedar Rd

BOXFORD

Coach Ln

Cedar St

Washington St

Boxford Rd

Pine Ridge Rd

Washington St

Brook Rd

Prospect St

Old Rd

Millbrook Ln

Green Ln

Boxford Corner

Boxford Corner

Boxford Corner

RECEIVED

NOV 21 2017



ZONING BOARD

Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

NOV 14 2017



Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

This Section For Official Use Only

Building Permit Number

Date Applied:

Glenn Cloherty

Building Official (Print Name)

Signature

Date

SECTION 1: SITE INFORMATION

1.1 Property Address:

3 Kinsman Lane

1.2 Assessors Map & Parcel Numbers

31

81

Map Number

Parcel Number

1.1a Is this an accepted street? yes no

1.3 Zoning Information:

Zoning District

Proposed Use

Single Family Home

1.4 Property Dimensions:

Lot Area (sq ft)

179.99'

Frontage (ft)

1.5 Building Setbacks (ft)

Front Yard

Side Yards

Rear Yard

Required

Provided

Required

Provided

Required

Provided

20'

20.2'

15'

56.7

40'

40.1

1.6 Water Supply: (M.G.L.c. 40, §54)

Public ☒Private ☐

1.7 Flood Zone Information:

Zone: NA

Outside Flood Zone?

Check if yes ☐

1.8 Sewage Disposal System:

Municipal ☐ On site disposal system ☒

SECTION 2: PROPERTY OWNERSHIP

2.1 Owner¹ of Record:

3 Kinsman Lane LLC

Name (Print)

229 Stedman Street

Lowell MA 01851

City, State, ZIP

No. and Street

978-987-5553

DDaly@DalyGC.com

Telephone

Email Address

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)New Construction ☒Existing Building ☐Owner-Occupied ☐Repairs(s) ☐Alteration(s) ☐Addition ☐Demolition ☐Accessory Bldg. ☐

Number of Units

Other ☐ Specify:Brief Description of Proposed Work²

Construct a new single family home per the attached plans.

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item

Estimated Costs:
(Labor and Materials)

Official Use Only

1. Building

\$ 211,500

2. Electrical

\$ 23,500

3. Plumbing

\$ 22,000

4. Mechanical (HVAC)

\$ 18,000

5. Mechanical (Fire
Suppression)

\$ —

6. Total Project Cost:

\$ 275,000 —

1. Building Permit Fee: \$

Indicate how fee is determined:

☐ Standard City/Town Application Fee☐ Total Project Cost³ (Item 6) x multiplier

x

2. Other Fees: \$

List:

Total All Fees: \$

Check No.

Check Amount:

Cash Amount:

☐ Paid in Full☐ Outstanding Balance Due:

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder David T. Daly
229 Stedman St.
 No. and Street
Lowell MA 01851
 City/Town, State, ZIP

978-937-5553
 Telephone

DDaly@DalyGC.com
 Email address

CS-085741
 License Number

8-30-2019
 Expiration Date

List CSL Type (see below) U

| Type | Description |
|----------|---|
| <u>U</u> | Unrestricted (Buildings up to 35,000 cu. ft.) |
| R | Restricted 1&2 Family Dwelling |
| M | Masonry |
| RC | Roofing Covering |
| WS | Window and Siding |
| SF | Solid Fuel Burning Appliances |
| I | Insulation |
| D | Demolition |

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name Daly General Contracting Inc.
229 Stedman St Lowell MA 01851
 No. and Street
978-937-5553
 Telephone
DDaly@DalyGC.com
 Email address

140392
 HIC Registration Number
11-16-19
 Expiration Date
DDaly@DalyGC.com
 Email address

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

Workers Compensation Insurance affidavit 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.

Signed Affidavit Attached? Yes ☒ No ☐

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, as Owner of the subject property, hereby authorize David T. Daly
 to act on my behalf, in all matters relative to work authorized by this building permit application.

3 Kinsman Lane LLC
 Print Owner's Name (Electronic Signature)

11-12-17
 Date

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

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.

3 Kinsman Lane LLC
 Print Owner's or Authorized Agent's Name (Electronic Signature)

11-12-17
 Date

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/dps Information on the Construction Supervisor License can be found at www.mass.gov/oca

2. When substantial work is planned, provide the information below:

| | | |
|-----------------------------|---------------|--|
| Total floor area (sq. ft.) | <u>5130</u> | (including garage, finished basement/attics, decks or porch) |
| Gross living area (sq. ft.) | <u>3878</u> | |
| Number of fireplaces | <u>2</u> | Habitable room count <u>11</u> |
| Number of bathrooms | <u>3</u> | Number of bedrooms <u>4</u> |
| Type of heating system | <u>FHA</u> | Number of half/baths <u>1</u> |
| Type of cooling system | <u>Forced</u> | Number of decks/porches <u>3</u> |
| | | Enclosed <u>0</u> Open <u>3</u> |

3. "Total Project Square Footage" may be substituted for "Total Project Cost"

\$275,000 -



INSPECTIONAL SERVICES
DEPARTMENT

Town of Topsfield
8 West Common Street
Topsfield, MA 01983

PERMIT DENIAL

NAME: **David Daly**

ADDRESS: **229 Salem Street, Lowell, MA 01851**

LOCATION: **3 Kinsman Lane**

ZONING DISTRICT: **IRA**

PERMIT REQUESTED FOR: **New Single Family Structure**

THIS DENIAL IS BASED ON THE NEED FOR AN APPROVAL FROM THE:

☒ **ZONING BOARD OF APPEALS**

☐ **PLANNING BOARD**

☐ **BOARD OF SELECTMEN**

FOR A:

☒ **VARIANCE from ARTICLE IV Section 4.03 & 4.08**

☐ **FINDING**

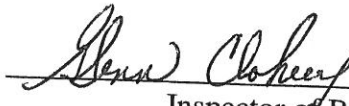
☐ **SPECIAL PERMIT**

☒ **Lot Area** ☐ **Lot Frontage** ☐ **Building Height** ☐ **Lot Coverage**
☐ **Front Yard** ☐ **Side Yard** ☐ **Rear Yard** ☐ **Parking** ☐ **Open Space**
☐ **Sign (size, height, location)** ☐ **Expansion of Non-Conforming Use**
☐ **Change in Non-Conforming Use** ☐ **Additional Principal Building**
☐ **Other**

ZONING REQUIREMENT: 40,000 Sq. Ft.

PROPOSED: 21,632 Sq. Ft.

Date Permit Denied **11/21/2017**


Inspector of Buildings
Zoning Enforcement Officer

