



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 5, Section 04, 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:

- Michael Goolkasian*  
*MGMAN26@aol.com*
- a. Name Michael Goolkasian
- b. Address 2 Alderson St Ipswich MA 01938
- c. Phone Number 617 6102811
- d. Interest in Premises (e.g., owner, tenant, prospective purchaser, etc.) \_\_\_\_\_  
(Attach copy of lease and/or letter of authorization from owner, if applicable)

✓ DESCRIPTION OF PREMISES:

- ✓ a. Assessor's Map \_\_\_\_\_, Lot(s) \_\_\_\_\_, Zoning District \_\_\_\_\_
- b. Location of Premises (number and street) 374 Boston St # 10 TOPSFIELD
- 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 \_\_\_\_\_ 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 \_\_\_\_\_
- 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: Month Vitamin Retail

# 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

- 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:

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#### 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:

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Date

2/4/19

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

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

**Locus:** 374 Boston Street, Topsfield, MA

Map	Block	Location	Owner	(If different from location) Mailing Address
26	12	374 Boston St, Topsfield, MA		

**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 \_\_\_\_\_

*[Signature]*  
2/1/2019





8 West Common Street  
Topsfield, MA 01983

Inspector of Buildings  
Zoning Enforcement Officer





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



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 Clohecy  
Building Official (Print Name)

Signature

Date

SECTION 1: SITE INFORMATION

1.1 Property Address:

374 Boston St #10

1.2 Assessors Map & Parcel Numbers

Map Number

Parcel Number

1.1a Is this an accepted street? yes ☒ no ☐

1.3 Zoning Information:

Zoning District

Proposed Use

1.4 Property Dimensions:

Lot Area (sq ft)

Frontage (ft)

1.5 Building Setbacks (ft)

Front Yard

Side Yards

Rear Yard

Required

Provided

Required

Provided

Required

Provided

1.6 Water Supply: (M.G.L. c. 40, § 54)

Public ☐

Private ☐

1.7 Flood Zone Information:

Zone: \_\_\_\_\_

Outside Flood Zone?

Check if yes ☐

1.8 Sewage Disposal System:

Municipal ☐ On site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>

2.1 Owner<sup>1</sup> of Record:

Name (Print) Knowles Stephen B Trust / 374 Boston St. Topsfield, MA 01983

City, State, ZIP

No. and Street 374 Boston St.

(978) 887-0802 Steve.guesswork.com

Telephone

Email Address

SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (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 Work<sup>2</sup>:

Replace sign. Same 3'x6'  
Change of Use.

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____
2. Electrical	\$	2. Other Fees: \$ _____
3. Plumbing	\$	List: _____
4. Mechanical (HVAC)	\$	
5. Mechanical (Fire Suppression)	\$	Total All Fees: \$ _____
6. Total Project Cost:	\$	Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____

Natural Shop.

