



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 1/31/19 of the Building Inspector or others pursuant to L.L. c. 40A, Section 15.

wrong -

→ X

darlene@bellavella.com

DESCRIPTION OF APPLICANT:

a. Name

Darlene Vella

b. Address

37 Canterbury Hill Rd Topsfield, MA 01783

c. Phone Number

978-953-0936

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 Topsfield #6

c. Name and address of legal owner (if different from Applicant)

Stephen Knowles 21 Long Hill Box Ford, MA 01921

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

empty

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:

Selling Cookies, desserts, coffee and other beverages, etc.

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:

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

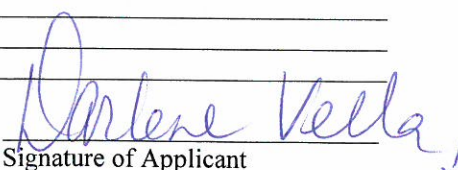
Appeals from decisions of Building Inspector or Others:

(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:

Date _____


Signature of Applicant



INSPECTIONAL SERVICES
DEPARTMENT

Town of Topsfield
8 West Common Street
Topsfield, MA 01983

PERMIT DENIAL

NAME: **KNOWLES STEPHEN E TR**

ADDRESS: **374 BOSTON ST TOPSFIELD REALTY, 21 LONG HILL RD
BOXFORD, MA 01921**

LOCATION: **374 Boston Street**

ZONING DISTRICT: **BHN**

PERMIT REQUESTED FOR: **Retail establishment selling foods**

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

☒ **ZONING BOARD OF APPEALS**

☐ **PLANNING BOARD**

☐ **BOARD OF SELECTMEN**

FOR A:

☐ **VARIANCE**

☐ **FINDING**

☒ **SPECIAL PERMIT**

- | | | | | |
|--|---------------------------------------|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Lot Area | <input type="checkbox"/> Lot Frontage | <input type="checkbox"/> Building Height | <input type="checkbox"/> Lot Coverage | |
| <input type="checkbox"/> Front Yard | <input type="checkbox"/> Side Yard | <input type="checkbox"/> Rear Yard | <input type="checkbox"/> Parking | <input type="checkbox"/> Open Space |
| <input type="checkbox"/> Sign (size, height, location) | | <input type="checkbox"/> Expansion of Non-Conforming Use | | |
| <input type="checkbox"/> Change in Non-Conforming Use | | <input type="checkbox"/> Additional Principal Building | | |

X Other

ZONING REQUIREMENT:

PROPOSED:

Date Permit Denied 1/31/2019

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: 1/8/18

Glenn Clohecy

Building Official (Print Name)

Glenn Clohecy
Signature

1/31/19
Date

SECTION 1: SITE INFORMATION

1.1 Property Address:

374 Boston St

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 OWNERSHIP¹

2.1 Owner¹ of Record:

Stephen Knowles
Name (Print)

City, State, ZIP _____

No. and Street _____

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:

Change of Use to restaurant. i.e. sell baked goods, Italian specialty items (bread, pasta) coffee and other beverages, and other misc sweets (candy)

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 ³ (Item 6) x multiplier _____ x _____
2. Electrical	\$ _____	2. Other Fees: \$ _____
3. Plumbing	\$ _____	List: _____
4. Mechanical (HVAC)	\$ _____	Total All Fees: \$ _____
5. Mechanical (Fire Suppression)	\$ _____	Check No. _____ Check Amount: _____ Cash Amount: _____
6. Total Project Cost:	\$ _____	<input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____

RECEIVED

FEB 05 2019

ZONING BOARD