

Issue Date: 04/26/2011

NATURE OF APPLICATION:

2013 DEC 27 AM 9:05

RECEIVED
TOWN CLERK
TOPSFIELD, MA

- _____ 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 4.06 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 Eric Menzer
- b. Address 8 Ramberton Rd Topsfield MA 01983
- c. Phone Number 617-875-5792
- 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 49, Lot(s) 70, Zoning District CR
- b. Location of Premises (number and street) 8 Ramberton Rd
- 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 32174 Page 255
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 Primary Residence
- 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:
Putting in an above ground pool, 21' round. Set back from side yard proposed to be 8'. All other set backs in compliance to conscom + 80 ft.

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

| | | | |
|--|----------|---------|---------|
| | FRONT | REAR | SIDE(S) |
| 1. Setbacks required per bylaw | _____ | _____ | 10' |
| 2. Existing setbacks | _____ | _____ | _____ |
| 3. Setbacks proposed | _____ | _____ | 8' |
| | | | |
| | 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

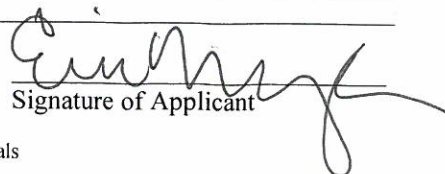
Appeals from decisions of Building Inspector or Others:

(See Zoning Board of Appeals Rules and Procedures, Section III (1) (e))

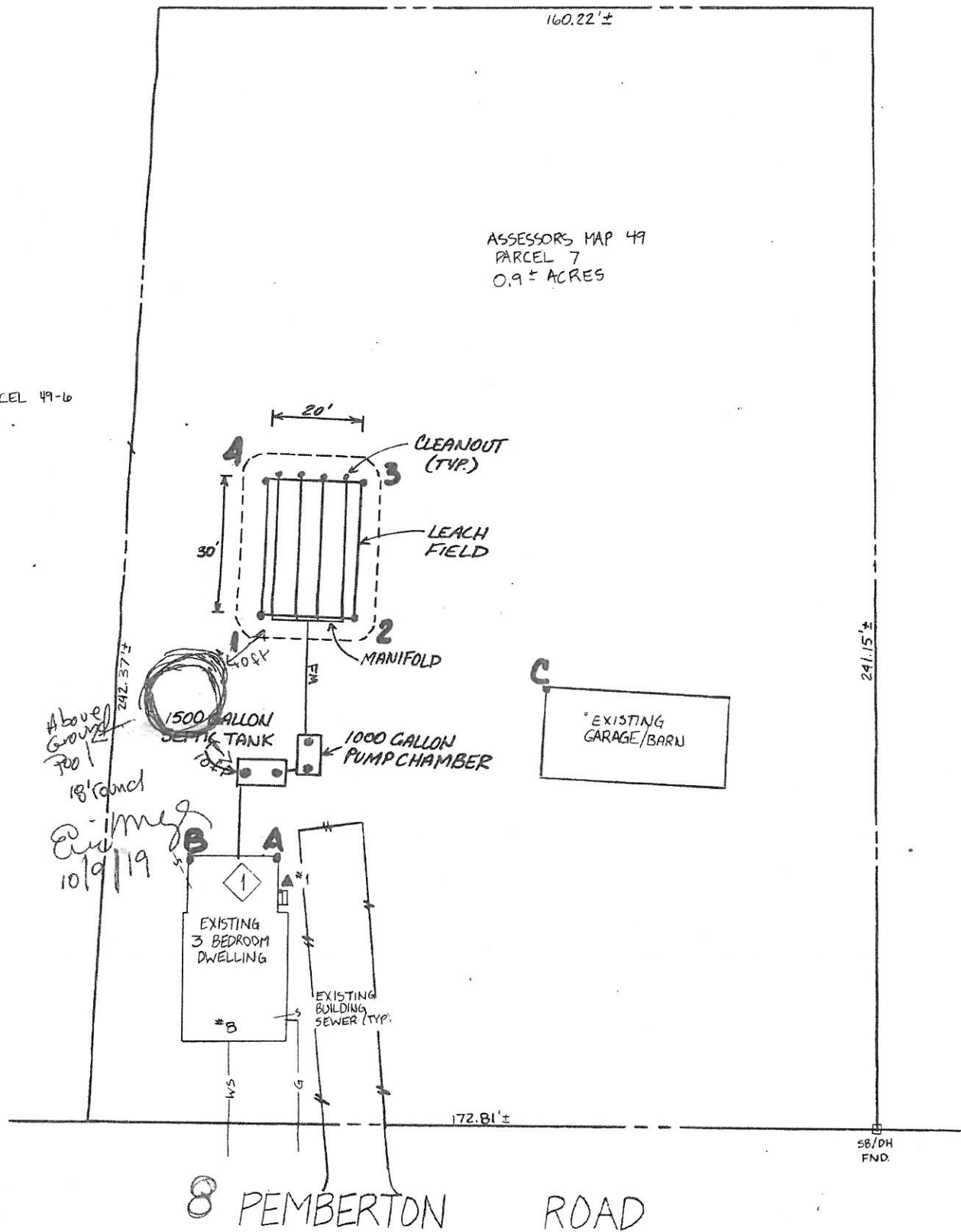
All required supporting data attached _____ Yes _____ No

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

12/28/19
Date


Signature of Applicant

CEL 49-16



SITE PLAN

SCALE: 1"=20'



INSPECTIONAL SERVICES
DEPARTMENT

Town of Topsfield

8 West Common Street
Topsfield, MA 01983

2019 DEC 27 AM 9:04

RECEIVED
TOWN CLERK
TOPSFIELD, MA

PERMIT DENIAL

NAME: **Eric Menzer**

ADDRESS: **8 Pemberton Rd. Topsfield, MA 01983**

LOCATION: **8 Pemberton Rd.**

ZONING DISTRICT: **CR**

PERMIT REQUESTED FOR: **21' Round AG Pool within 10' required setback**

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**

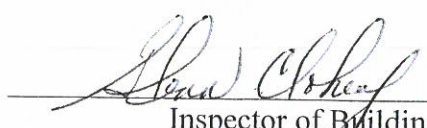
- | | | | | |
|--|--|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Lot Area | <input type="checkbox"/> Lot Frontage | <input type="checkbox"/> Building Height | <input type="checkbox"/> Lot Coverage | |
| <input type="checkbox"/> Front Yard | <input checked="" 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 | | | |
| <input type="checkbox"/> Other | | | | |

ZONING REQUIREMENT: **10' per Article IV Section 4.06**

PROPOSED: **8'**

Date Permit Denied

12/27/19


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

FOR
MUNICIPALITY
USE
Revised Mar 2011

This Section For Official Use Only

Building Permit Number: Draft

Date Applied: 10/29/2019

Building Official (Print Name)

Signature

Date

SECTION 1: SITE INFORMATION

1.1 Property Address:

8 PEMBERTON RD

1.1a Is this an accepted street? yes no

1.2 Assessors Map & Parcel Numbers:

49

Map Number

49 7 0

Parcel Number

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:

MENZER ERIC S

Name (Print)

TOPSFIELD, MA 01983

City, State, ZIP

8 PEMBERTON RD

No. and Street

01983

Telephone

emenzer@ymail.com

Email Address

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

| | | | | | |
|------------------|-------------------|-----------------------|---|---------------|----------|
| New Construction | Existing Building | Owner-Occupied | Repair(s) | Alteration(s) | Addition |
| Demolition | Accessory Bldg. | Number of Units _____ | Other <input checked="" type="checkbox"/> Specify: <u>Above ground pool</u> | | |

Brief Description of Proposed Work²:

Installing a 21 foot round above ground pool

SECTION 4: ESTIMATED CONSTRUCTION COSTS

| Item | Estimated Costs: (Labor and Materials) | Official Use Only |
|----------------------------------|---|---|
| 1. Building | \$ <u>6,500.00</u> | 1. Building Permit Fee: <u>\$80.00</u> Indicate how fee is determined: <input checked="" type="checkbox"/> Standard City/Town Application Fee Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: <u>\$0.00</u> List: Total All Fees: <u>\$80.00</u> Check No. _____ Check Amount: <u>0.00</u> Cash Amount: <u>0.00</u> Paid in Full Outstanding Balance Due: <u>0.00</u> |
| 2. Electrical | \$ <u>0.00</u> | |
| 3. Plumbing | \$ <u>0.00</u> | |
| 4. Mechanical (HVAC) | \$ <u>0.00</u> | |
| 5. Mechanical (Fire Suppression) | \$ <u>0.00</u> | |
| 6. Total Project Cost: | \$ <u>6,500.00</u> | |

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL):

Name of CSL Holder _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

Email Address _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

Type

Description

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 _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

HIC Registration Number _____

Expiration Date _____

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 _____
to act on my behalf, in all matters relative to work authorized by this building permit application.

MENZER ERIC S

Owner's Name

MENZER ERIC S
Signature

10/29/2019

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.

Eric Menzer

Owner's or Authorized Agent's Name

Eric Menzer
Signature

10/29/2019

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/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

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

Total floor area (sq. ft.) _____ (including garage, finished basement/attics, decks or porch)

Gross living area (sq. ft.) _____

Habitable room count _____

Number of fireplaces _____

Number of bedrooms _____

Number of bathrooms _____

Number of half/baths _____

Type of heating system _____

Number of decks/ porches _____

Type of cooling system _____

Enclosed _____ Open _____

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



TOWN OF TOPSFIELD

BOARD OF ASSESSORS

8 West Common Street

Topsfield, Massachusetts 01983

Telephone: (978) 887-1514 Fax: (978) 887-1502



This form must be completed for a certified abutters list.

Submission Date: 10/25/2019 Issue Date: 10/31/2019

Department requiring list: Planning Board

300 Ft. ☐ 100 Ft. ☐ (Conservation Only) ☐ Direct Abutters

Person/Party requesting list: Eric Menzer

Address: 8 Pemberton Road

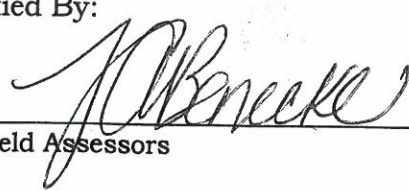
Phone #: 617-875-5792 Property Owner: Eric Menzer

Assessor's Map(s) Lot(s): 49-7 Location: 8 Pemberton Rd.

Assessor's Fee Paid: YES ☐ NO ☐

The Assessors' Office requires ten (10) working days to certify an Abutters List. This list is valid for sixty days only from date of issue.

Certified By:


Topsfield Assessors

Certification of Parties in Interest

The Board of Assessors of the Town of Topsfield do hereby certify, in accordance with the provisions of Section 10 and 11 of Chapter 808 of the Acts of 1975, that the following named persons, firms and corporations are parties in interest, as in said Section 11 defined, with respect to the premises herein above described.



300 foot Abutters List Report

Topsfield, MA
October 30, 2019



Subject Property:

Parcel Number: 49-7
CAMA Number: 49-7
Property Address: 8 PEMBERTON RD

Mailing Address: MENZER ERIC S
8 PEMBERTON RD
TOPSFIELD, MA 01983

Abutters:

Parcel Number: 41-123
CAMA Number: 41-123
Property Address: 59 CENTRAL ST

Mailing Address: RICHARDSON NICHOLAS W
59 CENTRAL ST
TOPSFIELD, MA 01983

Parcel Number: 41-128
CAMA Number: 41-128
Property Address: 9 SUMMER ST

Mailing Address: MAHAN CARRIE C TR
9 SUMMER ST
TOPSFIELD, MA 01983

Parcel Number: 41-130
CAMA Number: 41-130
Property Address: 46 SOUTH MAIN ST

Mailing Address: STEFFENS SHANE M
46 SOUTH MAIN ST
TOPSFIELD, MA 01983

Parcel Number: 41-131
CAMA Number: 41-131
Property Address: 52 SOUTH MAIN ST

Mailing Address: ROTH ERIC A TR
52 SOUTH MAIN ST
TOPSFIELD, MA 01983

Parcel Number: 41-132
CAMA Number: 41-132
Property Address: 69 CENTRAL ST

Mailing Address: GREENSLADE STEPHEN J
6 GROVE ST
ESSEX, MA 01929

Parcel Number: 48-13
CAMA Number: 48-13
Property Address: 37 RIVER RD

Mailing Address: CAMPOT PETER
45 RIVER ROAD
TOPSFIELD, MA 01983

Parcel Number: 48-8
CAMA Number: 48-8
Property Address: 45 RIVER RD

Mailing Address: CAMPOT PETER
45 RIVER RD
TOPSFIELD, MA 01983

Parcel Number: 49-10
CAMA Number: 49-10
Property Address: 24 PEMBERTON RD

Mailing Address: PHELAN CHERYL H
24 PEMBERTON RD
TOPSFIELD, MA 01983

Parcel Number: 49-20
CAMA Number: 49-20
Property Address: 27 PEMBERTON RD

Mailing Address: BOYLE JAMES
27 PEMBERTON RD
TOPSFIELD, MA 01983

Parcel Number: 49-21
CAMA Number: 49-21
Property Address: 21 PEMBERTON RD

Mailing Address: SABBIO THOMAS
21 PEMBERTON RD
TOPSFIELD, MA 01983



www.cai-tech.com

10/30/2019

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300 foot Abutters List Report

Topsfield, MA
October 30, 2019

Parcel Number: 49-22
CAMA Number: 49-22
Property Address: 17 PEMBERTON RD

Mailing Address: YANCHUS PATRICK E
17 PEMBERTON RD
TOPSFIELD, MA 01983

Parcel Number: 49-23
CAMA Number: 49-23
Property Address: 64 SOUTH MAIN ST

Mailing Address: DEVELLIAN C A & G L TRS
64 SOUTH MAIN ST
TOPSFIELD, MA 01983

Parcel Number: 49-24
CAMA Number: 49-24
Property Address: 68 SOUTH MAIN ST (USES 66)

Mailing Address: CARTER A B JR & C A TRS
66 SOUTH MAIN ST
TOPSFIELD, MA 01983

Parcel Number: 49-25
CAMA Number: 49-25
Property Address: 78 SOUTH MAIN ST

Mailing Address: BLOXHAM ANTHONY
78 SOUTH MAIN ST
TOPSFIELD, MA 01983

Parcel Number: 49-44
CAMA Number: 49-44
Property Address: 228 BOSTON ST

Mailing Address: MASS BAY TRANSPORTATION AUTH
77 FRANKLIN ST - 9TH FLR
BOSTON, MA 02110

Parcel Number: 49-5
CAMA Number: 49-5
Property Address: 2 PEMBERTON RD

Mailing Address: RILEY JOHN D
2 PEMBERTON RD
TOPSFIELD, MA 01983

Parcel Number: 49-6
CAMA Number: 49-6
Property Address: 4 PEMBERTON RD

Mailing Address: DIVIDING RIDGE LLC
3 WEST ST
IPSWICH, MA 01938

Parcel Number: 49-8
CAMA Number: 49-8
Property Address: 16 PEMBERTON RD

Mailing Address: BECK JOHN H
16 PEMBERTON RD
TOPSFIELD, MA 01983

Parcel Number: 49-84
CAMA Number: 49-84
Property Address: 55 SOUTH MAIN ST

Mailing Address: VESPRINI MICHAEL A TR
55 SOUTH MAIN ST
TOPSFIELD, MA 01983

Parcel Number: 49-85
CAMA Number: 49-85
Property Address: 85 CENTRAL ST

Mailing Address: MAHAN CARRIE C TR
9 SUMMER ST
TOPSFIELD, MA 01983

Parcel Number: 49-9
CAMA Number: 49-9
Property Address: 20 PEMBERTON RD

Mailing Address: ROBERTO BRETT N
20 PEMBERTON RD
TOPSFIELD, MA 01983



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10/30/2019

Page 2 of 2

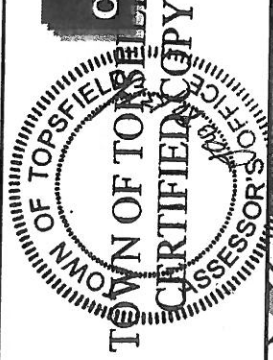


8 Pemberton Road

Topsfield, MA

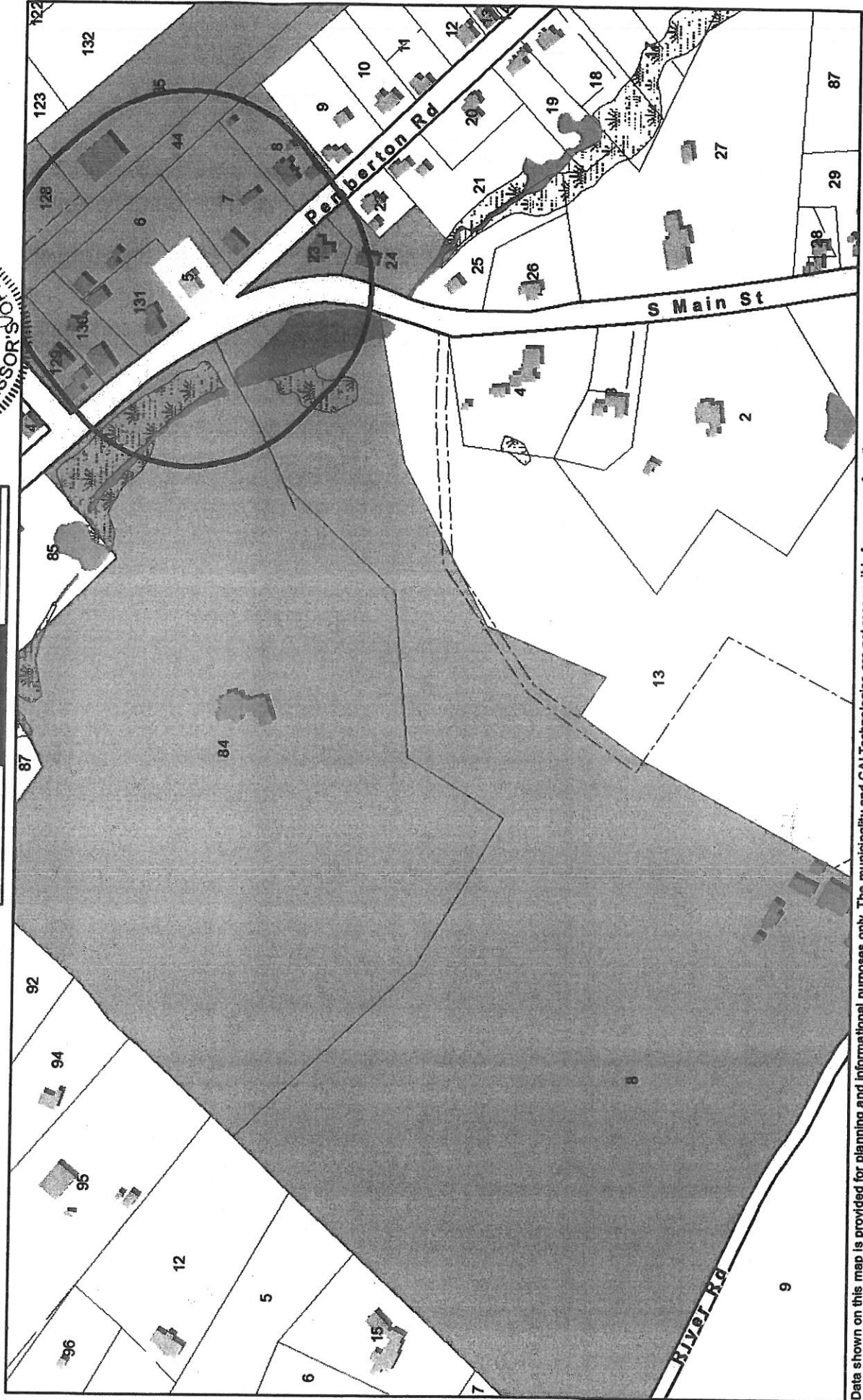
October 31, 2019

1 inch = 277 Feet



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