

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



Issue Date: 04/26/2011

NATURE OF APPLICATION:

- ☒ Petition for Special Permit pursuant to Article III, Section 3.02-2.13 of the Zoning Bylaw.
- ☐ Petition for Finding pursuant to Article ____, Section ____ of the Bylaw.
- ☐ Petition for a Variance from Article ____, Section ____, 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 Essex Agricultural Society
- b. Address 207 Boston Street, PO BOX 134, Topsfield, MA, 01983
- c. Phone Number 978-887-5000
- 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 69, Lot(s) 15, Zoning District ORA
- b. Location of Premises (number and street) Fair-View Farm, 97 Boston Street, Topsfield, MA 01983
- 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 56643 Page _____
☐ Essex South Registry District of the Land Court, Certificate Number _____
- e. Prior zoning decisions affecting the Premises (if any):
Date of Decision N/A Name of Applicant _____
Nature of Decision _____
- f. Present use of the Premises Overflow parking lot for Topsfield Fair
- 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:
We propose to present a series of Outdoor Concerts at Fair-View Farm from mid-May to mid-September of 2021, using the drive-in movie plan that was approved for use by the Topsfield Fairgrounds in summer of 2020. A site map and detailed Operations Plan is attached as Option A. If Government restrictions are removed we propose to convert the drive-in

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: Essex Agricultural Society, PO BOX 134, Topsfield, MA 01983

Telephone No. 978-887-5000

Locus: Fair-View Farm, 97 Boston Street, Topsfield, MA 01983

Map ⁶⁹	Block ¹⁵	Location	Owner	<i>(If different from location)</i> Mailing Address
		97 Boston Street	Essex Agricultural Society	

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 _____

model to Option B using the top half of the lawn for parking and the lower half for lawn seating.

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:

12-29-2020
 Date

James P. O'Brien
 Signature of Applicant
General Manager
Topsfield Fair



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 and Assessor fee of \$20.00 must be paid before release of the certified abutters list.

Submission Date **Tuesday, December 22, 2020** Issue Date **Monday, December 28, 2020**

Department requiring list: **Planning Board**

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

Person/Party requesting list: **Greg Hochmuth**

Address: **189 North Main Street, Middleton, MA 01949**

Phone #: **978-539-8088** Email Address **kboland@wsengineers.com** Misc: _____

Property Owner: **Essex Agricultural Society**

Assessor's Map(s) **69** Lot(s) **15** Location **97 Boston Street, Topsfield, MA**

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

TOWN OF TOPSFIELD
CERTIFIED COPY
12/28/2020
ASSESSOR'S OFFICE

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
December 28, 2020



Subject Property:

Parcel Number: 69-15
CAMA Number: 69-15
Property Address: 97 BOSTON ST

Mailing Address: ESSEX AGRICULTURAL SOCIETY
PO BOX 134
TOPSFIELD, MA 01983

Abutters:

Parcel Number: 69-1
CAMA Number: 69-1
Property Address: 56 BOSTON ST

Mailing Address: SALEM & BEVERLY WATER
50 ARLINGTON AVE
BEVERLY, MA 01915

Parcel Number: 69-12
CAMA Number: 69-12
Property Address: 9 GARDEN ST

Mailing Address: PEIRCE JAMIE M
9 GARDEN ST
TOPSFIELD, MA 01983

Parcel Number: 69-13
CAMA Number: 69-13
Property Address: 116 BOSTON ST

Mailing Address: PEIRCE FARM LLC
PO BOX 195
TOPSFIELD, MA 01983

Parcel Number: 69-14
CAMA Number: 69-14
Property Address: 111 BOSTON ST

Mailing Address: ESSEX AGRICULTURAL SOCIETY
PO BOX 134
TOPSFIELD, MA 01983

Parcel Number: 69-2
CAMA Number: 69-2
Property Address: 10 GARDEN ST

Mailing Address: MEDVEDEFF DAVID J
275 LONG COVE DR
HILTON HEAD ISLAND, SC 29928

Parcel Number: 70-1
CAMA Number: 70-1
Property Address: 44 MCLEOD LN

Mailing Address: SALEM & BEVERLY WATER
50 ARLINGTON AVE
BEVERLY, MA 01915

Parcel Number: 70-2
CAMA Number: 70-2
Property Address: 123 SALEM RD

Mailing Address: VANCE ALAN B
123 SALEM RD
TOPSFIELD, MA 01983

Parcel Number: 70-3
CAMA Number: 70-3
Property Address: 103 SALEM RD

Mailing Address: MOONEY SUZANNE B
103 SALEM RD
TOPSFIELD, MA 01983



www.cai-tech.com

12/28/2020

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97 Boston Street

Topsfield, MA

TOWN OF TOPSFIELD

CERTIFIED COPY

1 inch = 1109 Feet

0 1109 2218 3327

December 28, 2020

CAI Technologies
Precision Mapping. Changeless Solutions.



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