

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

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 _____, 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).
- X _____ 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 PERKINS LANDING, LLC
- b. Address P.O. BOX 129, MEDFIELD, MA 02052
- c. Phone Number 978-658-0333
- 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 58, Lot(s) 25, Zoning District IRA
- b. Location of Premises (number and street) 57 PERKINS ROW, TOPSFIELD, MA
- 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 _____
 X Essex South Registry District of the Land Court, Certificate Number 529607
- e. Prior zoning decisions affecting the Premises (if any):
 Date of Decision _____ Name of Applicant _____
 Nature of Decision _____
- f. Present use of the Premises SINGLE FAMILY DWELLING
- g. Present structures conform to current Zoning Bylaw. YES Yes _____ No. If no, in what respect does it not conform. _____

PROPOSAL (attach additional sheets if necessary):

- a. General Description:
THE PROPOSED DEVELOPMENT WILL CONSIST OF 40 NON-AGE RESTRICTED DWELLING UNITS COMPRISED OF
TWENTY DUPLEX STYLE BUILDINGS WITH DRIVEWAY, ROADWAYS AND ASSOCIATED INFRASTRUCTURE

- 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>
2. Existing setbacks	<u>462</u>	<u>323</u>	<u>94</u>
3. Setbacks proposed	<u>318</u>	<u>132</u>	<u>25</u>

	FRONTAGE	AREA
4. Frontage and area required by bylaw	<u>200</u>	<u>87,120</u>
5. Existing frontage (s) and area	<u>159.46</u>	<u>159.46</u>
6. Frontage (s) and area proposed	<u>159.46</u> <u>356836</u>	<u>356836</u>

	FEET	STORIES
7. Existing Height	<u><35</u>	<u>2.5</u>
8. Height proposed	<u>39</u>	<u>3.5</u>

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

SEE ATTACHED APPLICATION

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:

3-31-2021

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: PERKINS LANDING, LLC

P.O. BOX 129, MEDFIELD, MA 02052

Telephone No. 978-658-0333

Locus: 57 PERKINS ROW, TOPSFIELD, MA

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

**TOWN OF TOPSFIELD, MA
ZONING BOARD OF APPEALS**

**Application Supplement Form C
Site Plan Review Submittal Requirements & Formats**

Submittal Distribution Requirements and Formats:

1. An applicant shall file with the Town Clerk copies of all required documents in the quantities and forms as outlined below. The Clerk's copy of the required documents shall be kept on file by the Town Clerk for the duration of the permitting process and the remaining copies shall be distributed immediately by the Town Clerk to the following:

	Plan
Town Clerk	1
Granting Authority *	7
Granting Authority electronic	1
Reviewing Engineer	1
Conservation Commission	1
Public Works Department (Water & Highway)	1
Board of Health**	1
Historical Commission**	1
Building Inspector**	1
Fire Department**	1
Police Department**	1
Tree Warden**	1
Planning Board or Board of Appeals if not the Granting Authority **	1

* Two full size and five reduced size (11" x 17")

** Reduced size plans (11" x 17") are acceptable

Additional copies of any and all documents shall be furnished if requested by the Granting Authority or any other Board, Commission or Department.

2. An electronic copy of all documents shall be submitted to the Granting Authority, formatted in a single paginated PDF file with descriptive bookmarks for each plan set and for each document on either a CD or DVD disc.
3. An electronic copy of the final plans with same format as in section "4.11.2." above, and a full size hard copy of said plans showing the Signatures of the Granting Authority and date of approval shall be submitted to the Granting Authority.

SUMMARY:

* Granting Authority: **(2) Full Scale, (5) Reduced Size 11 x 17**

Town Clerk, Review Engineer, Conservation, Public Works: **Full Scale**

All Others: **Reduced Size 11 x 17**

Total: (6) Full Scale; (12) Reduced Size 11 x 17; (1) electronic copy