

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

.....

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 IV, Section 4.03 + 4.08 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 11-21-17 of the Building Inspector or others pursuant to L.L. c. 40A, Section 15.

DESCRIPTION OF APPLICANT:

- a. Name 3 Kinsman Lane LLC - David T. Daly
- b. Address 229 Steedman St. Lowell, MA 01851
- c. Phone Number 978.937.5553 OR 978.349 3510
- 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 31, Lot(s) 81, Zoning District IRA
- b. Location of Premises (number and street) 3 Kinsman Lane
- 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 36235 Page 003
☐ Essex South Registry District of the Land Court, Certificate Number _____
- e. Prior zoning decisions affecting the Premises (if any): N/A
Date of Decision _____ Name of Applicant _____
Nature of Decision _____
- f. Present use of the Premises VACANT LAND
- g. Present structures conform to current Zoning Bylaw. _____ Yes _____ No. If no, in what respect does it not conform. N/A

PROPOSAL (attach additional sheets if necessary):

- a. General Description:
To construct a single family home in the IRA zone which is a permitted use. Permit to build was denied citing Article IV 4.03 + 4.08. We are appealing the denial + also seeking a Variance from Section 4.03 + 4.08 of the zoning bylaw

- 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> <u>15</u>
2. Existing setbacks	<u>—</u>	<u>—</u>	<u>—</u> <u>—</u>
3. Setbacks proposed	<u>20.2</u>	<u>40.1</u>	<u>58.7</u> <u>56.7</u>

	FRONTAGE	AREA
4. Frontage and area required by bylaw	<u>150</u>	<u>40,000</u>
5. Existing frontage (s) and area	<u>179.9</u>	<u>40,004</u>
6. Frontage (s) and area proposed	<u>179.9</u>	<u>40,004</u>

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

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

Planning Board - stormwater Mngt + Erosion Control - Approved 11-7-17
Septic system approved dated 10-9-17 by town Health agent
↳ Approval # R1B-13

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

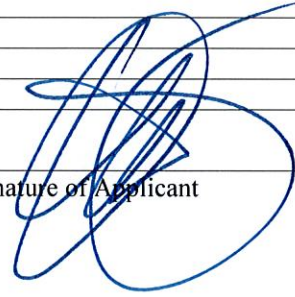
Appeals from decisions of Building Inspector or Others:

(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:

11.28.17
 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: 3 Kingsman Lane LLC - c/o The Daly
Group 229 Eedman St., Lowell, MA 01851
 Telephone No. 978.937.5553

Locus: _____

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



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

NOV 14 2017



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 Cloherty

Building Official (Print Name)

Signature

Date

SECTION 1: SITE INFORMATION

1.1 Property Address:

3 Kinsman Lane

1.2 Assessors Map & Parcel Numbers

31

81

1.1a Is this an accepted street? yes _____ no _____

Map Number

Parcel Number

1.3 Zoning Information:

IRA

Single Family Home

1.4 Property Dimensions:

40,004

179.99'

Zoning District

Proposed Use

Lot Area (sq. ft.)

Frontage (ft.)

1.5 Building Setbacks (ft)

Front Yard

Side Yards

Rear Yard

Required

Provided

Required

Provided

Required

Provided

20'

20.2'

15'

56.7'

40'

40.1

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:

3 Kinsman Lane LLC

229 Stedman Street
Lowell MA 01851

Name (Print)

City, State, ZIP

c/o The Daly Group LLC

978-987-5553

DDaly@DalyGC.com

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

Construct a new single family home per the attached plans.

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only	
		1. Building Permit Fee: \$	Indicate how fee is determined:
1. Building	\$ 211,500	<input type="checkbox"/> Standard City/Town Application Fee	
2. Electrical	\$ 23,500	<input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____	
3. Plumbing	\$ 22,000	2. Other Fees: \$	
4. Mechanical (HVAC)	\$ 18,000	List: _____	
5. Mechanical (Fire Suppression)	\$ —	Total All Fees: \$	
6. Total Project Cost:	\$ 275,000 —	Check No. _____ Check Amount: _____ Cash Amount: _____	
		<input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due:	

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder David T. Daly
229 Stedman St.
 No. and Street
Lowell MA 01851
 City/Town, State, ZIP

978-937-5553 DDaly@DalyGC.com
 Telephone Email address

CS-085741 8-30-2019
 License Number Expiration Date
 List CSL Type (see below) U

Type	Description
<u>U</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)

Daly General Contracting Inc.
 HIC Company Name or HIC Registrant Name
229 Stedman St Lowell MA 01851
 No. and Street
978-937-5553
 City/Town, State, ZIP Telephone

140392 11-16-19
 HIC Registration Number Expiration Date
DDaly@DalyGC.com
 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 David T. Daly
 to act on my behalf, in all matters relative to work authorized by this building permit application.

3 Kinsman Lane LLC 11-12-17
 Print Owner's Name (Electronic Signature) 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.

3 Kinsman Lane LLC 11-12-17
 Print Owner's or Authorized Agent's Name (Electronic Signature) 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.)	<u>5130</u>	(including garage, finished basement/attics, decks or porch)
Gross living area (sq. ft.)	<u>3878</u>	
Number of fireplaces	<u>2</u>	Habitable room count <u>11</u>
Number of bathrooms	<u>3</u>	Number of bedrooms <u>4</u>
Type of heating system	<u>FHA</u>	Number of half/baths <u>1</u>
Type of cooling system	<u>Forced</u>	Number of decks/porches <u>3</u>
		Enclosed <u>0</u> Open <u>3</u>

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

\$ 275,000 -



INSPECTIONAL SERVICES
DEPARTMENT

Town of Topsfield
8 West Common Street
Topsfield, MA 01983

PERMIT DENIAL

NAME: **David Daly**

ADDRESS: **229 Salem Street, Lowell, MA 01851**

LOCATION: **3 Kinsman Lane**

ZONING DISTRICT: **IRA**

PERMIT REQUESTED FOR: **New Single Family Structure**

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

☒ **ZONING BOARD OF APPEALS**

☐ **PLANNING BOARD**

☐ **BOARD OF SELECTMEN**

FOR A:

☒ **VARIANCE from ARTICLE IV Section 4.03 & 4.08**

☐ **FINDING**

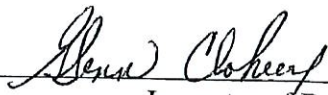
☐ **SPECIAL PERMIT**

☒ **Lot Area** ☐ Lot Frontage ☐ Building Height ☐ Lot Coverage
☐ Front Yard ☐ Side Yard ☐ Rear Yard ☐ Parking ☐ Open Space
☐ Sign (size, height, location) ☐ Expansion of Non-Conforming Use
☐ Change in Non-Conforming Use ☐ Additional Principal Building
☐ Other

ZONING REQUIREMENT: 40,000 Sq. Ft.

PROPOSED: 21,632 Sq. Ft.

Date Permit Denied **11/21/2017**


Inspector of Buildings
Zoning Enforcement Officer

3 Kinsman Lane Abutter's Information			
Map/Block	Location	Owner	Mailing Address if Different
31/60	111 Washington St.	DRRF II REO Owner, LLC	6621 East Pacific Coast Hwy Ste 102 Long Beach CA 90903
31/61	107 Washington St.	Herter, David B	
61/62	10 Kinsman Lane	Quinn, Ryan W.	
31/63	14 Kinsman Lane	Malmquist, Mark A	
31/64	16 Kinsman Lane	Hardy, Sylvie Tr	
31/77	17 Kinsman Lane	Gehr, Willian TR	
31/78	15 Kinsman Lane	Magnus, Sean E	
31/79	11 Kinsman Lane	Murley, Jeff A	
31/80	5 Kinsman Lane	Russo, Frank J	
31/82	99 Washington St.	Boyd William Christopher	
31/83	91 Washington St.	Cheverie, Peter J	
31/84	87 Washington St.	Perotti, John P	
31/86	84 Washinton St.	Mayer, Robert B	
31/87	90 Washington St.	Mackey, Stephen M	
31/88	92 Washington St.	Gushov, Demetian Jr.	
31/89	94 Washington St.	Petrello, Raymond	
31/90	98 Washington St.	King II, John Tr	
31/91	102 Washington St.	Maki, Lisa	
31/92	106 Washington St.	White, Linda J Tr	
31/93	110 Washington St.	Toledano-Serrano, Daniel	
31/96	3 Surrey Lane	Doumas, Alexander	
39/36	8 Meadowview Rd	Lyons, Mark B.	
39/47	5 Meadpwvoew Rd (uses 3)	Bruce, Dorothy M Tr	P.O. Box 46



300 foot Abutters List Report

Topsfield, MA
October 17, 2017

Subject Property:

Parcel Number: 31-81
CAMA Number: 31-81
Property Address: 101 WASHINGTON ST

Mailing Address: 3 KINSMAN LANE LLC
229 STEDMAN ST
LOWELL, MA 01851

Abutters:

Parcel Number: 31-60
CAMA Number: 31-60
Property Address: 111 WASHINGTON ST

Mailing Address: DRRF II REO OWNER LLC
6621 EAST PACIFIC COAST HWY STE
102
LONG BEACH, CA 90803

Parcel Number: 31-61
CAMA Number: 31-61
Property Address: 107 WASHINGTON ST

Mailing Address: HERTER DAVID B
107 WASHINGTON ST
TOPSFIELD, MA 01983

Parcel Number: 31-62
CAMA Number: 31-62
Property Address: 10 KINSMAN LN

Mailing Address: QUINN RYAN W
10 KINSMAN LN
TOPSFIELD, MA 01983

Parcel Number: 31-63
CAMA Number: 31-63
Property Address: 14 KINSMAN LN

Mailing Address: MALMQUIST MARK A
14 KINSMAN LN
TOPSFIELD, MA 01983

Parcel Number: 31-64
CAMA Number: 31-64
Property Address: 16 KINSMAN LN

Mailing Address: HARDY SYLVIE TR
16 KINSMAN LN
TOPSFIELD, MA 01983

Parcel Number: 31-77
CAMA Number: 31-77
Property Address: 17 KINSMAN LN

Mailing Address: GEHR WILLIAM TR
17 KINSMAN LN
TOPSFIELD, MA 01983

Parcel Number: 31-78
CAMA Number: 31-78
Property Address: 15 KINSMAN LN

Mailing Address: MAGNUS SEAN E
15 KINSMAN LN
TOPSFIELD, MA 01983

Parcel Number: 31-79
CAMA Number: 31-79
Property Address: 11 KINSMAN LN

Mailing Address: MURLEY JEFF A
11 KINSMAN LN
TOPSFIELD, MA 01983

Parcel Number: 31-80
CAMA Number: 31-80
Property Address: 5 KINSMAN LN

Mailing Address: RUSSO FRANK J
5 KINSMAN LN
TOPSFIELD, MA 01983

Parcel Number: 31-82
CAMA Number: 31-82
Property Address: 99 WASHINGTON ST

Mailing Address: BOYD WILLIAM CHRISTOPHER
99 WASHINGTON ST
TOPSFIELD, MA 01983



www.cai-tech.com

10/17/2017

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Page 1 of 3



300 foot Abutters List Report

Topsfield, MA
October 17, 2017

Parcel Number: 31-83
CAMA Number: 31-83
Property Address: 91 WASHINGTON ST

Mailing Address: CHEVERIE PETER J
91 WASHINGTON ST
TOPSFIELD, MA 01983

Parcel Number: 31-84
CAMA Number: 31-84
Property Address: 87 WASHINGTON ST

Mailing Address: PEROTTI JOHN P
87 WASHINGTON ST
TOPSFIELD, MA 01983

Parcel Number: 31-86
CAMA Number: 31-86
Property Address: 84 WASHINGTON ST

Mailing Address: MAYER ROBERT B
84 WASHINGTON ST
TOPSFIELD, MA 01983

Parcel Number: 31-87
CAMA Number: 31-87
Property Address: 90 WASHINGTON ST

Mailing Address: MACKEY STEPHEN M
90 WASHINGTON ST
TOPSFIELD, MA 01983

Parcel Number: 31-88
CAMA Number: 31-88
Property Address: 92 WASHINGTON ST

Mailing Address: GUSCHOV DEMETIAN JR
3 LOVEJOY RD
ANDOVER, MA 01810

Parcel Number: 31-89
CAMA Number: 31-89
Property Address: 94 WASHINGTON ST

Mailing Address: PETRELLO RAYMOND
94 WASHINGTON ST
TOPSFIELD, MA 01983

Parcel Number: 31-90
CAMA Number: 31-90
Property Address: 98 WASHINGTON ST

Mailing Address: KING II JOHN TR
98 WASHINGTON ST
TOPSFIELD, MA 01983

Parcel Number: 31-91
CAMA Number: 31-91
Property Address: 102 WASHINGTON ST

Mailing Address: MAKI LISA
102 WASHINGTON ST
TOPSFIELD, MA 01983

Parcel Number: 31-92
CAMA Number: 31-92
Property Address: 106 WASHINGTON ST

Mailing Address: WHITE LINDA J TR
106 WASHINGTON ST
TOPSFIELD, MA 01983

Parcel Number: 31-93
CAMA Number: 31-93
Property Address: 110 WASHINGTON ST

Mailing Address: TOLEDANO-SERRANO DANIEL
110 WASHINGTON ST
TOPSFIELD, MA 01983

Parcel Number: 31-96
CAMA Number: 31-96
Property Address: 3 SURREY LN

Mailing Address: DOUMAS ALEXANDER
3 SURREY LN
TOPSFIELD, MA 01983

Parcel Number: 39-36
CAMA Number: 39-36
Property Address: 8 MEADOWVIEW RD

Mailing Address: LYONS MARK B
8 MEADOWVIEW RD
TOPSFIELD, MA 01983



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10/17/2017

Page 2 of 3



300 foot Abutters List Report

Topsfield, MA
October 17, 2017

Parcel Number: 39-47
CAMA Number: 39-47
Property Address: 5 MEADOWVIEW RD (USES 3)

Mailing Address: BRUCE DOROTHY M TR
PO BOX 46
TOPSFIELD, MA 01983



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10/17/2017

Page 3 of 3

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

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

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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



Commonwealth of Massachusetts
Town of Topsfield
**Disposal System Construction Permit
Form 2A**

R18-13
Permit Number
\$400.00
Fee
12412
Check Number
10-9-17
Date

Permission is hereby granted to:

Alton B. Newton, Newton Excavation
Name/Name of Company
36 West Street
Address
Westford, MA
City/Town
978-501-6083
Telephone Number
01866
ST Zip Code

to perform the following work on an on-site sewage disposal system:

- ☒ Construction of a new on-site sewage disposal system
☐ Repair or replacement of an existing on-site sewage disposal system
☐ Repair or replacement of an existing system component ()

3 Kinsman Lane
Facility Address or Lot # (if different from above)
Topsfield
City/Town
MA
ST
01983
Zip Code
Kathleen Tremblay
Name of Facility Owner
Telephone

The work to be performed is further described in the Application for **Disposal System Construction Permit**. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions:

All construction must be completed within three years of the date below.

Approved by

John Coulon

Name
Health Agent
Title

Date

10-9-17

B 36235 P 003

QUITCLAIM DEED

I, **KATHLEEN A. TREMBLAY**, an unmarried woman, of Topsfield, Massachusetts, for consideration paid and in full consideration of Two Hundred Twenty-Five Thousand and No/100 (\$225,000.00) Dollars, grant to **3 KINSMAN LANE LLC**, a Massachusetts limited liability company having a principal place of business at 229 Stedman Street, Lowell, Middlesex County, Massachusetts 01851

with ***QUITCLAIM COVENANTS***,

The land and the buildings and improvements thereon located at **101 Washington Street, Topsfield, Massachusetts 01983** and being more specifically described as Lot 1 on a Plan of Land entitled "Plan of Land in Topsfield, Massachusetts, Subdivided for Ernest S. and Kathleen A. Tremblay" dated August 11, 1982 and recorded with the Essex South Registry of Deeds in Plan Book 174, Plan 44 and consisting of 40,004 square feet, more or less, according to said plan.

Grantor hereby releases and terminates all rights of Homestead in this property pursuant to Massachusetts G. L., c. 188; and Grantor under the pains and penalties of perjury states that there are no other person or persons who has or have made a claim or is entitled to make a claim of any Homestead rights in the subject property during the Grantor's period of ownership hereof other than those signing hereunder.

Being a portion of the premises conveyed to me by Kathleen A. Tremblay and Ernest S. Tremblay by Deed dated March 15, 2013 and recorded with the Essex South District Registry of Deeds in Book 32381, Page 32.

PROPERTY ADDRESS: 101 Washington Street, Topsfield, MA 01983

Witness my hand and seal this 29th day of September, 2017.

Kathleen A. Tremblay
Kathleen A. Tremblay

STATE OF MASSACHUSETTS

County of ESSEX

On this 29th day of September, 2017, before me, the undersigned notary public, personally appeared Kathleen A. Tremblay, proved to me through satisfactory evidence of identification, which was GA DRIVER'S LICENSE, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that she signed it voluntarily for its stated purposes.

[Signature]

(official signature and seal of the notary)

Notary Public:

My Commission Expires:



CLIFFORD FLORUS
Notary Public
Commonwealth of Massachusetts
My Commission Expires 9/04/2020