



LEGAL NOTICE

**ZONING BOARD OF APPEALS
TOWN OF TOPSFIELD**

The following public hearing is scheduled for the June 28, 2011 meeting. Applications are available for review in the Community Development Office at Town Hall.

191 Washington Street

Notice is hereby given that the Topsfield Zoning Board of Appeals will hold a public hearing in the Topsfield Town Library on Tuesday, June 28, 2011 at 8:00 PM to consider the application of Cynthia Prouty for premises located at 191 Washington Street, a non-conforming lot, requesting a finding pursuant to Article III, Section 3.05 of the Zoning By-Law relative to the construction of an above-ground swimming pool.

Robert J. Moriarty, Jr.
Chairman, Topsfield ZBA



TOWN OF TOPSFIELD

ZONING BOARD OF APPEALS

8 West Common Street, Topsfield, Massachusetts 01983

ZONING BOARD OF APPEALS

APPLICATION FORM A

APPLICATION FEE \$200

ZONING BOARD OF APPEALS APPLICATION GUIDELINES:

- Questions regarding the application should be directed to the Community Development Coordinator, Chairman of the ZBA or Inspector of Buildings.
- See Inspector of Buildings for permit denial.
- Procure an application from the Community Development Coordinator, Inspector of Buildings or Town Clerk
- See Assessor's Office for Abutters' List.
- File with the Town Clerk. "Each application for a special permit shall be filed by the petitioner with the town clerk and a copy of said application, including the date and time of filing certified by the town clerk, shall be filed forthwith by the petitioner with the special permit granting authority." (M.G.L. Chapter 40A, Section 9)
- The petitioner, after filing with the Town Clerk, files the granting authority's copies with the Community Development Coordinator who receives application for the permit granting authority, in this case the Zoning Board of Appeals.

Roberta M. Knight
Community Development Coordinator
Town Hall
978-887-1504
rknight@topsfeld-ma.gov

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).
- Petition for a Comprehensive Permit pursuant to G.L.c. 40B, Section 20-23.
- Appeal from the decision dated 5/31/11 of the Building Inspector or others pursuant to L.L. c. 40A, Section 15.

DESCRIPTION OF APPLICANT:

- a. Name Cynthia Provaty
- b. Address 191 Washington St. Topsfield, MA
- c. Phone Number 978 561-1268
- 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 47, Lot(s) 14, Zoning District IRA
- b. Location of Premises (number and street) 191 Washington St. 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 _____
 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 Home
- 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: Above ground pool

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:

6-3-11
 Date


 Signature of Applicant

**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 "4.1.1.2." 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, 7th edition



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: _____
Signature: *Dean Clarke* Date: *5/31/11*
Building Commissioner/ Inspector of Buildings

SECTION 1: SITE INFORMATION

1.1 Property Address: *191 Washington St. Topsfield* 1.2 Assessors Map & Parcel Numbers
1.1a Is this an accepted street? yes no Map Number _____ Parcel Number _____
1.3 Zoning Information: *IR-1* *Residential* 1.4 Property Dimensions: *20,000* *125*
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

1.6 Water Supply: (M.G.L.c. 40, § 54) Public Private 1.7 Flood Zone Information: Zone: *1* Outside Flood Zone? Check if yes 1.8 Sewage Disposal System: Municipal On site disposal system

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Records
Name (Print) *Annina Praty* Address for Service: *191 Washington St. Topsfield, MA*
Signature *[Signature]* Telephone: *(978) 561-1268*

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: *ADDITIONAL POOL*
Brief Description of Proposed Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only	
		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. Other Fees: \$ _____ List: _____
1. Building	\$ _____		
2. Electrical	\$ _____		
3. Plumbing	\$ _____		
4. Mechanical (HVAC)	\$ _____		
5. Mechanical (Fire Suppression)	\$ _____		
6. Total Project Cost:	\$ <u><i>3,000</i></u>	Total All Fees: \$ _____	Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due

SECTION 5: CONSTRUCTION SERVICES

5.1 Licensed Construction Supervisor (CSL)

Name of CSL- Holder

Address

Signature

Telephone

License Number _____ Expiration Date _____

List CSL Type (see below) _____

Type	Description
U	Unrestricted (up to 35,000 Cu. Ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry Only
RC	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance Installation
D	Residential Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name

Address

Signature

Telephone

Registration Number

Expiration Date

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.

Signature of Owner

Date

SECTION 7b: OWNER OR AUTHORIZED AGENT DECLARATION

I, _____, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Print Name

Signature of Owner or Authorized Agent
(Signed under the pains and penalties of perjury)

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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

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

Total floors 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

8 West Common Street
Topsfield, MA 01983

INSPECTIONAL SERVICES
DEPARTMENT

PERMIT DENIAL

NAME: Cynthia Prouty
ADDRESS: 191 Washington Street
LOCATION: 191 Washington Street
ZONING DISTRICT: IRA
PERMIT REQUESTED FOR: 24' AG Pool

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

- ZONING BOARD OF APPEALS
- PLANNING BOARD
- BOARD OF SELECTMEN

FOR A:

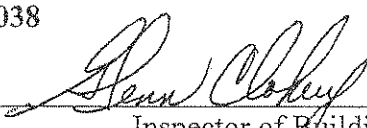
- VARIANCE
- FINDING
- SPECIAL PERMIT

- 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: Frontage 150 Area 40,000

PROPOSED: Frontage 125 Area 20,038

Date Permit Denied 5/31/11


Inspector of Buildings
Zoning Enforcement Officer



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

191 Washington St

Property Address

Christopher & Sarah Powers

Owner's Name

Topsfield

City/Town

Ma.
State

01983

Zip Code

6-10-10

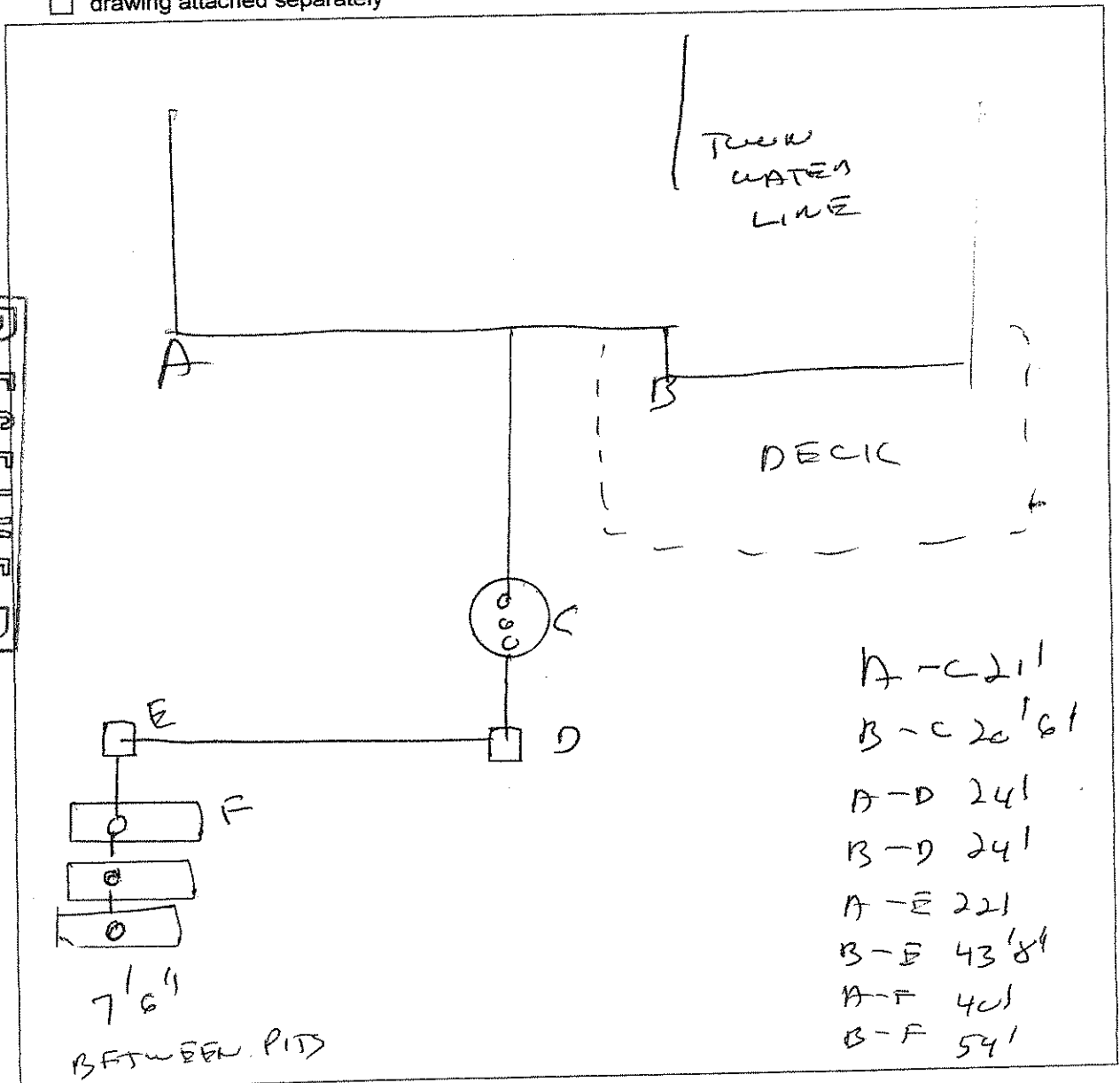
Date of Inspection

Owner information is required for every page.

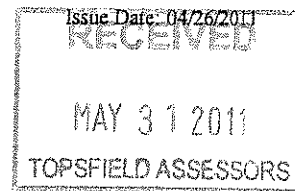
D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view of the sewage disposal system, including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building. Check one of the boxes below:

- hand-sketch in the area below
- drawing attached separately



RECEIVED
 JUN 16 2010
 TOPSFIELD
 BOARD OF HEALTH



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: Cynthia Prouty (617) 504-0204
191 Washington St Topsfield

Telephone No. _____

Locus: _____

Map	Block	Location	Owner	(If different from location) Mailing Address
47	14			

SEE ATTACHED LIST

If needed, attach additional sheets.

Assessor's Certification

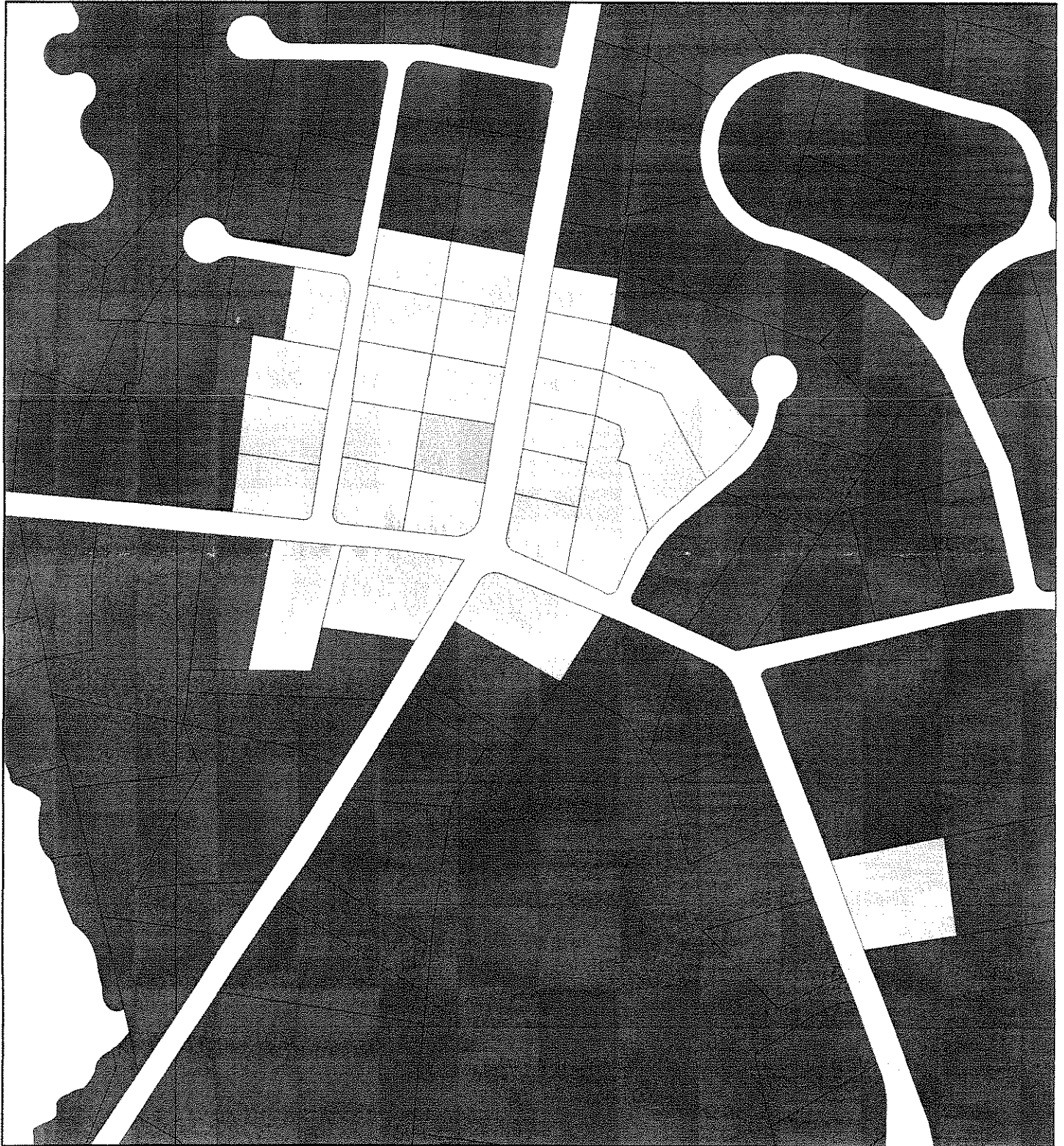
To the Topsfield Zoning Board of Appeals:

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 Pauline M. Evans

Date of Verification 5/31/2011

47-14 191 WASHINGTON STREET



Information on this Map is
Compiled and Maintained for
Assessing Purposes Only

GEOGRAPHIC INFORMATION SYSTEM
VISION APPRAISAL TECHNOLOGY



ABUTTERS LIST FOR ZBA WITHIN 300' 47-14 191 WASHINGTON ST
TOPSFIELD, MA

Map	Block Lot	Location	OWNER--S NAME	CO-OWNER--S NAME	Mailing Address
47	19	6 HOMESTEAD WY	JASKELA SUSAN J JR	JOAN H JASKELA IRREVOCABLE TRUST	6 HOMESTEAD WY
47	20	10 HOMESTEAD WY	GALLAGHER MARK F	DISTASIO ANN	10 HOMESTEAD WY
47	18	139 RIVER RD	SPENCE RONALD SCOTT		139 RIVER RD
47	41	140 RIVER RD	CASEY WILLIAM F		140 RIVER RD
47	5	146 RIVER RD	CICERCHIA MEREDITH		146 RIVER RD
47	12	147 RIVER RD	GATLIN L DANA		147 RIVER RD
47	6	150 RIVER RD	KING MICHAEL J		150 RIVER RD
47	9	151 RIVER RD	HOFFMAN GEORGE A		151 RIVER RD
39	92	8 ROSS RD	WEXLER PETER		8 ROSS RD
39	93	10 ROSS RD	DRIVER RICHARD A		10 ROSS RD
39	2	11 ROSS RD	JACKMAN-SISOLAK SUSAN NOEL		11 ROSS RD
39	94	12 ROSS RD	FAUST KATHLEEN T		12 ROSS RD
39	1	13 ROSS RD	WILSON THOMAS S		13 ROSS RD
47	11	14 ROSS RD	WOOD WILLIAM A		14 ROSS RD
47	10	15 ROSS RD	REINIGER PHILIP J		15 ROSS RD
39	85	181 WASHINGTON ST	MEIER NORMAN		181 WASHINGTON ST
39	80	182 WASHINGTON ST	GABORIAULT LLOYD B		182 WASHINGTON ST
39	84	185 WASHINGTON ST	STRACHAN DAVID G JR		185 WASHINGTON ST
39	81	186 WASHINGTON ST	BEAN WENDY L		186 WASHINGTON ST
39	82	188 WASHINGTON ST	CONDON ELLEN M		188 WASHINGTON ST
39	83	189 WASHINGTON ST	ANSTENSEN ELINORE M		189 WASHINGTON ST
47	15	190 WASHINGTON ST	LAFAUCI SALVATORE A		190 WASHINGTON ST
47	16	192 WASHINGTON ST	YEO ARTHUR F JR		192 WASHINGTON ST
47	13	195 WASHINGTON ST	REYES MIGUEL A JR		195 WASHINGTON ST
47	17	196 WASHINGTON ST	WELCH MICHAEL C		196 WASHINGTON ST
			ROONEY JOHANNA		
			YEO ANN B		
			REYES JENNIFER B		
			WELCH VALERIE A		
			FAUST HARRY W JR		
			WILSON EILEEN		
			WOOD PAMELA J		
			REINIGER MARUERITE		
			GABORIAULT JANICE M		
			STRACHAN SUSAN E		