



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 the 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

2010 NOV -2 AM 11:39
Jack M. PA
RECEIVED
TOWN CLERK
TOPSFIELD, MA

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 5/06

NATURE OF APPLICATION:

2010 NOV -2 AM 11:39
RECEIVED
TOWN CLERK
TOPSFIELD, MA

Petition for Special Permit pursuant to Article _____, Section _____ of the Zoning Bylaw.

Petition for Finding pursuant to Article IV, Section 3.05 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)

_____ 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 FOTI QIRJAZI
- b. Address 14 Maple St Topsfield MA 01983
- c. Phone Number (978) 887-3934
- d. Interest in Premises (e.g., owner, tenant, prospective purchaser, etc.) owner
(Attach copy of lease and/or letter of authorization from authorization from owner, if applicable)

DESCRIPTION OF PREMISES:

- a. Assessor's Map 41, Lot(s) 28, Zoning District B2
- b. Location of Premises (number and street) 53 Main St Topsf. MA.
- c. Name and address of legal owner (if different from Applicant) Same
- d. Deed to the Premises recorded at (if known):
 Essex South District Registry of Deeds, Book 26106 Page 137
 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 1st floor - Fast-Food Restaur. 2nd floor unfinished
- 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:
1 Bedroom Apartment above the
Fast-Food Restaurant

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

	FRONT	REAR	SIDE(S)
1. Setbacks required per bylaw	<u>40</u>	<u>30</u>	2010 NOV - 23 AM 11:39 RECEIVED TOWN CLERK TOPSFIELD, MA <i>Paul M. [unclear]</i>
2. Existing setbacks	<u>7.2</u>	<u>146.6</u>	
3. Setbacks proposed	<u>7.2</u>	<u>146.6</u>	
	FRONTAGE	AREA	
4. Frontage and area required by bylaw	<u>100</u>	<u>20,000</u>	
5. Existing frontage (s) and area	<u>65.83</u>	<u>11,949</u>	
6. Frontage (s) and area proposed	<u>65.83</u>	<u> </u>	
	FEET	STORIES	
7. Existing Height	<u>25</u>	<u>1 1/2</u>	
8. Height proposed	<u>25</u>	<u>1 1/2</u>	

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:

11/02/10
Date

Foti [unclear]
Signature of Applicant



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR, 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: _____
Building Commissioner/ Inspector of Buildings _____ Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address: 53 MAUM ST. TOPSFIELD
1.2 Assessors Map & Parcel Numbers
Map Number 41 Parcel Number 28

1.1a Is this an accepted street? yes no

1.3 Zoning Information: BV
Zoning District _____ Proposed Use _____
1.4 Property Dimensions:
Lot Area (sq ft) 11,949 Frontage (ft) 65.83

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:
Name (Print) Foti Qirjazi Address for Service: 53 MAUM ST. TOPSFIELD
Signature [Signature] Telephone (978) 887-7222

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: Finish the 2nd floor: One bedroom Apartment.

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 _____	
1. Building	\$ <u>2000⁰⁰</u>	2. Other Fees: \$ _____ List: _____	
2. Electrical	\$ <u>1000⁰⁰</u>	Total All Fees: \$ _____	
3. Plumbing	\$ <u>1900⁰⁰</u>	Check No. _____ Check Amount: _____ Cash Amount: _____	
4. Mechanical (HVAC)	\$ <u>2000⁰⁰</u>	<input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____	
5. Mechanical (Fire Suppression)	\$ _____		
6. Total Project Cost:	\$ <u>6900⁰⁰</u>		



600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information FOTI QIRJAZI Please Print Legibly

Business/Organization Name Alex's R. Beef Pizza & Seafood

Address 53 Main St Topsh.

City/State/Zip Topshfield MA Phone # (978)-887-1222

- Are you an employer? Check the appropriate box:
- 1 I am an employer with _____ employees (full and/or part-time).*
 - 2 I am a sole proprietor or partnership and have no employees working for me in any capacity [No workers' comp. insurance required]
 - 3 We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
 - 4 We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

- Business Type (required)
- 5 Retail
 - 6 Restaurant/Bar/Eating Establishment
 - 7 Office and/or Sales (incl. real estate, auto, etc.)
 - 8 Non-profit
 - 9 Entertainment
 - 10 Manufacturing
 - 11 Health Care
 - 12 Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
 **If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Foti Qirjazi

Date: 10/26/2010

Phone #: (978) 887-1222

Official use only. Do not write in this area, to be completed by city or town official

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____

TOWN OF TOPSFIELD
INSPECTIONAL SERVICES DEPARTMENT
PHONE 978-887-1522
FAX 978-887-1540
BUILDING PERMIT PREREQUISITE FORM

Owner/Address FOTI QIRJAZI 14 Maple St Phone (978) 887 3934
Location 53 Main St. Permit No. _____
Builder/Address _____ Phone _____

Additional Town Boards Requiring Approval Before Submitting Application
(applicable/non-applicable)

YES NO Is there more than 4000 sq. ft. of land area being disturbed for this project including septic, driveway, regrading and structures? If Yes, a Stormwater and Erosion Control permit from the Planning Board may be required.

(A/NA) Assessor _____

(A/NA) Conservation Commission "Determination of Applicability" if within 100ft. of Wetland _____

●(A/NA) Health Department: (New building or increased occupancy or use) ~~bar/stable/
Swimming pools/additional bedrooms(s)~~ addition Apartment to 2nd floor

John Coulon APPROVED NOV 01 2010
(A/NA) Planning Board Site plan is either part of an approved subdivision or stamped "Not Subject to Pl. Bd. Approval":/Scenic road (stone walls or trees @ driveway cut)/ special permit/site plan review/Stormwater and Erosion Control permit.

ICB 10/25/10 ●(A/NA) Fire Department: (New Construction or major alteration of 1 or 2 family residential For smoke detectors)/sprinklers/oil tanks/propane temporary heater/oil burners.

(A/NA) Historic District Commission/Historical Commission: New Construction or exterior alterations in Historic District/Demolition Delay.

(A/NA) Soil Removal Bd: (Removal of soil in excess of 120% of the volume of the foundation).

(A/NA) Highway Department: Town street cuts for driveway cuts) _____

(A/NA) Tree Warden: Cutting down or trimming public shade trees (driveway/other).

(A/NA) Board of Appeals: variance/special permit/site plan review.

(A/NA) Water Department

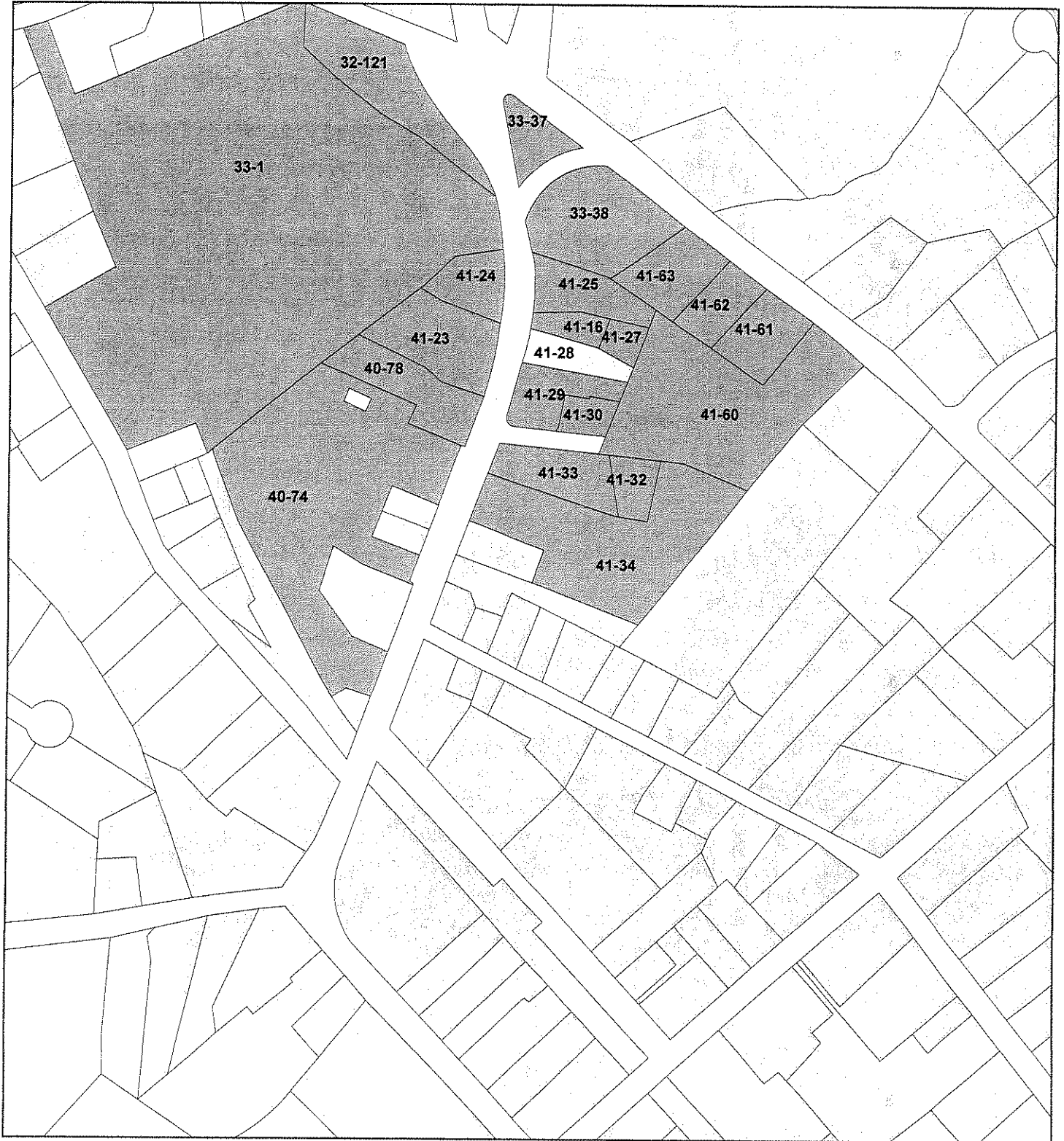
(A/NA) State Department of Public Works: (State Road cuts-Rte1/Rte 97) Board of Selectmen (sign variances)/ Electrical Dept. (swimming pool/other _____)

Owner/Owner's Agent (signature) Foti Qirjazi Date 10/26/2010

ABUTTERS' LIST 53 MAIN STREET WITHIN 300' FOR ZONING BOARD OF APPEALS
TOPSFIELD, MA

Map	Block	Lot	No. Street Name	Owner's Name	Co-Owner's Name	Mailing Address	City	St Zip
32	121		8 WEST COMMON ST	TOWN OF TOPSFIELD	TOWN HALL	8 WEST COMMON ST	TOPSFIELD	MA 01983
33	1		60 MAIN ST	TOWN OF TOPSFIELD	PROCTOR SCHOOL	60 MAIN ST	TOPSFIELD	MA 01983
33	37		65 MAIN ST	TOWN OF TOPSFIELD	COMMONS - PARK	8 WEST COMMON ST	TOPSFIELD	MA 01983
33	38		1 SOUTH COMMON ST	TOWN OF TOPSFIELD	LIBRARY	1 SOUTH COMMON ST	TOPSFIELD	MA 01983
40	74		30 MAIN ST	TOPSFIELD VILLAGE SHOPPING	CENTRE INC	50 BROAD ST	SALEM	MA 01970
40	76		38 MAIN ST	ECKHOLDT L, ORRIEN J & HART ALICIA	TOPSFIELD NOMINEE TRUST	36 HARRIS ST	NEWBURYPORT	MA 01950
41	23	48	48 MAIN ST	THOMPSON EDWIN A JR TRUSTEE	C/O JUDY CARON	4 ANDOVER ST	SALEM	MA 01970
41	23	50	50 MAIN ST	HUTT EDEN A	COCHRANE J A & COCHRANE KEVIN	50 MAIN ST	SALEM	MA 01970
41	23	52	52 MAIN ST	THOMPSON EDWIN A JR TRUSTEE	C/O JUDY CARON	4 ANDOVER ST	TOPSFIELD	MA 01983
41	23	54	54 MAIN ST	LAMTON EDMUND S TRUSTEE	SHIELDS ASSOCIATES NOMINEE TR	54 MAIN ST	SALEM	MA 01970
41	23	54	54 MAIN ST	THOMPSON EDWIN A JR TRUSTEE	C/O JUDY CARON	4 ANDOVER ST	TOPSFIELD	MA 01983
41	24		58 MAIN ST	WALKER PARTNERS LLC		4 ANDOVER RD	SALEM	MA 01970
41	25		59 MAIN ST	HAYDEN JOHN & RICHARD & CARON H	HAYDEN FAMILY TRUST	5 WALKER LN	BOXFORD	MA 01921
41	26		55 MAIN ST	CABINET MAKERS LLC		51 ROGERS ST	WEST NEWBURY	MA 01985
41	27		57 MAIN ST	CABINET MAKERS LLC		55 MAIN ST	TOPSFIELD	MA 01983
41	29		49 MAIN ST	ROEDER CHARLES B	ROEDER GERDA J	57 MAIN ST	TOPSFIELD	MA 01983
41	30		6 SCHOOL AV	RILEY CATHELEEN E TRUSTEE	G T MAUI REALTY TRUST	49 MAIN ST	TOPSFIELD	MA 01983
41	32		7 SCHOOL AV	TOPSFIELD BOXFORD	COMMUNITY CLUB	PO BOX 4059	S CHELMSFORD	MA 01824
41	33	1	37 MAIN ST	SOSONOWSKI JOSHUA JAMES	SOSONOWSKI GINDY A	7 SCHOOL AVE	TOPSFIELD	MA 01983
41	33	2	37 MAIN ST	SOZANSKI STEPHEN R	FIORE H D & SOZANSKI DB	37 MAIN STREET 37 MAIN ST	TOPSFIELD	MA 01983
41	33	3	37 MAIN ST	LOONEY SEAN P	MCCAULEY MEREDITH	37 MAIN ST	TOPSFIELD	MA 01983
41	33	4	37 MAIN ST	DEBNO SAMUEL TR	UNIT 4, 37 MAIN ST NOMINEE TR	37 MAIN ST	TOPSFIELD	MA 01983
41	34		35 MAIN ST	JAMES S PRICE INC	FRANK IOVANELLA PRES	PO BOX 227	SWAMPSCOTT	MA 01907
41	60		27 HIGH ST	TOWN OF TOPSFIELD	FIRE DEPT	23 AARON DR	TOPSFIELD	MA 01983
41	61		23 HIGH ST	CROCKER DEBORAH A		8 WEST COMMON ST	TOPSFIELD	MA 01983
41	62		21 HIGH ST	RANDALL DAVID L	RANDALL REBECCA A	23 HIGH ST	TOPSFIELD	MA 01983
41	63		17 HIGH ST	MAHONEY MICHAEL E	MAHONEY MARY	21 HIGH ST	TOPSFIELD	MA 01983
41	63		17 HIGH ST	MAHONEY MICHAEL E	MAHONEY MARY	17 HIGH ST	TOPSFIELD	MA 01983

41-28 53 MAIN ST



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

GEOGRAPHIC INFORMATION SYSTEM
VISION APPRAISAL TECHNOLOGY





Town of Topsfield

8 West Common Street
Topsfield, MA 01983

INSPECTIONAL SERVICES
DEPARTMENT

PERMIT DENIAL

NAME: **Foti Qirjazi**

ADDRESS: **14 Maple Street**

LOCATION: **53 Main Street**

ZONING DISTRICT: **BV**

PERMIT REQUESTED FOR: **Apartment above Restaurant (Mixed Use)**

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 **Finding required because of non-conforming lot.**

ZONING REQUIREMENT:

PROPOSED:

Date Permit Denied **11/2/2010**

Inspector of Buildings
Zoning Enforcement Officer

