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|  <p>The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR</p> | |  <p>TOWN OF NAHANT BUILDING DEPARTMENT, TOWN HALL 334 Nahant Road, NAHANT, MA 01908</p> | | | |
| APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, OR DEMOLISH A ONE OR TWO FAMILY DWELLING | | | | | |
| This Section For Official Use Only | | | | | |
| Application Number: | Date Issued: | Permit Number: | FEE: \$ | Check No. : | Date Paid : |
| <i>R-10-1272</i> | <i>6/11/2010</i> | <i>10-R-0197</i> | <i>470</i> | <i>11313</i> | <i>6/11/2010</i> |
| SECTION 1 - SITE INFORMATION | | | | | |
| 1.1 Property Address: | | <i>1 NAUTICAL LN</i> | | 1.2 Assessors Map & Parcel Number: | |
| | | Map Number | <i>13</i> | Parcel Number | <i>13 0 41</i> |
| 1.3 Zoning Information | | | 1.4 Property Dimensions: | | |
| Zoning District | <i>R2</i> | Proposed Use | Lot Area (sf) | <i>0.33196</i> | Frontage (ft.) |
| 1.5 Building Setbacks (ft.) | | | | | |
| | Front (ft.) | Side (ft.) | Rear (ft.) | Distance from wetland | |
| Required | <i>25</i> | <i>L. 10 R. 10</i> | <i>20</i> | ft. | |
| Provided | <i>30</i> | <i>L. 20 R. 20</i> | <i>40</i> | | |
| 1.6 Water Supply (M.G.L.c.40.* 54) | | 1.7 Flood Zone | | 1.8 Sewage Disposal System : | |
| Public : <input checked="" type="radio"/> Private : <input type="radio"/> | | Zone : <input type="radio"/> Outside Flood Zone : <input checked="" type="checkbox"/> | | Municipal : <input checked="" type="radio"/> On site disposal system : <input type="radio"/> | |
| SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT | | | | | |
| 2.1 Owner of Record: | | | | | |
| Name <i>TSOKANIS, LUKE G + AMY M</i> | | Address <i>1 NAUTICAL LN</i> | | | |
| Signature | | Telephone No. <i>7815932143</i> | Alternate Telephone No. | | |
| City <i>NAHANT</i> | | State <i>MA</i> | Zip <i>01908</i> | | |
| 2.2 Authorized Agent: | | | | | |
| Name <i>Mario S Spinucci</i> | | Address <i>12 Sunset Rd Nahant, MA 01908</i> | | | |
| Signature | | Telephone No. <i>7815816266</i> | Alternate Telephone No. <i>6172404146</i> | | |

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| SECTION 3 - CONSTRUCTION SERVICES | | | | |
| 3.1 Licensed Construction Supervisor: | | | | |
| Licensed Construction Supervisor | <i>M.S. Construction</i> | | | |
| Address | <i>12 Sunset Rd.</i> | License Number | <i>46132</i> | |
| Town/City | <i>Nahant</i> | State | <i>MA</i> | |
| Zip | <i>01908</i> | Telephone | <i>7815816266</i> | |
| Signature | | Expiration Date | <i>8/13/2011</i> | |
| 3.2 Home Improvement Supervisor: | | | | |
| Company Name | <i>M.S. Construction</i> | Address | <i>12 Sunset Rd</i> | |
| Telephone | <i>7815816266</i> | Registration Number | <i>104872</i> | |
| Signature | | Expiration Date | <i>7/15/2010</i> | |
| City | <i>Nahant</i> | State | <i>MA</i> | |
| Zip | <i>01908</i> | | | |
| SECTION 4- WORKER'S COMPENSATION INSURANCE(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 <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | |
| SECTION 5- DESCRIPTION OF PROPOSED WORK (check all applicable) <input type="radio"/> 6th Edition <input checked="" type="radio"/> 7th Edition | | | | |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Existing Building | <input type="checkbox"/> Repair(s) | <input checked="" type="checkbox"/> Alteration(s) | |
| <input type="checkbox"/> Accessory Bldg | <input type="checkbox"/> Demolition | <input type="checkbox"/> Fence | <input type="checkbox"/> Home Occupation | |
| <input type="checkbox"/> Wood Stove | <input type="checkbox"/> Pool AG | <input type="checkbox"/> Pool IG | <input checked="" type="checkbox"/> Deck | |
| <input type="checkbox"/> Tent | <input type="checkbox"/> Retaining Wall | <input type="checkbox"/> Roof | <input type="checkbox"/> Siding | |
| | | | <input type="checkbox"/> Addition | |
| | | | <input type="checkbox"/> Shed/Barn | |
| | | | <input type="checkbox"/> Tenat Fitup(Commercial only) | |
| | | | <input type="checkbox"/> Other Specify: | |
| Brief Description of Proposed Work: | | | | |
| <i>Remodel kitchen. Install new back door in dining room and block up 1 door and install window.enlage deck 4x8 for new door location</i> | | | | |
| SECTION 6 - ESTIMATED CONSTRUCTION COSTS | | | | |
| Item | Estimated Cost (Dollars) to be completed by permit applicant | | Official Use Only | |
| 1. Building | <i>40000</i> | | Story | |
| 2. Electrical | <i>5000</i> | | Number of Dwelling units | |
| 3. Plumbing | <i>2000</i> | | Comments | |
| 4. Mechanical (HVAC) | | | | |
| 5. Fire Protection | | | | |
| Total = (1+2+3+4+5) | 47000 | | | |
| Building Permit Fee Multiplier | | | | |
| Total Building Permit Fee | | | | |

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| SECTION 7(a) OWNER AUTHORIZATION-TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTORS APPLIES FOR BUILDING PERMIT | |
| I, TSOKANIS, LUKE G + AMY M , as Owner of the subject property hereby authorize Mario S Spinucci to act on my behalf, in all matters relative to work authorized by this building permit application | |
| Signature of Owner | Date 6/9/2010 |
| SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION | |
| I, Mario S Spinucci , as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief. | |
| Signature of Owner/Agent | Date 6/9/2010 |
| SECTION 8 - THIS SECTION FOR OFFICIAL USE ONLY | |
| Approved/Disapproved by Zoning Authority: | |
| Approved/Disapproved by Board of Health: | |
| Approved/Disapproved by Conservation Commission: | |
| Approved/Disapproved by Building Department: | |
| Approved/Disapproved by Fire Department: | |