

 <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>				
<p>APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, OR DEMOLISH A ONE OR TWO FAMILY DWELLING</p>					
<p>This Section For Official Use Only</p>					
Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
R-10-1384	10/6/2010	10-R-0331	120	12308	10/6/2010
SECTION 1 - SITE INFORMATION					
1.1 Property Address:		119 Castle rd.		1.2 Assessors Map & Parcel Number:	
		Map Number		Parcel Number	
1.3 Zoning Information			1.4 Property Dimensions:		
Zoning District	R2	Proposed Use	Sing. Family	Lot Area (sf)	Frontage (ft.)
1.5 Building Setbacks (ft.)					
	Front (ft.)	Side (ft.)	Rear (ft.)	Distance from wetland	
Required		L. R.		ft.	
Provided		L. R.			
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="checkbox"/> 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>Douglas Reeves</i>		Address			
Signature		Telephone No. <i>7818447145</i>	Alternate Telephone No.		
City <i>Nahant</i>		State <i>Ma</i>	Zip <i>01908</i>		
2.2 Authorized Agent:					
Name <i>Wilson Bros. Const.</i>		Address			
Signature		Telephone No. <i>7818447145</i>	Alternate Telephone No.		

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Licensed Construction Supervisor	<i>Wilson Bros. Const.</i>		
Address	<i>55 The Greenway</i>	License Number	<i>042198</i>
Town/City	<i>Swampscott Ma</i>	State	<i>Ma</i>
Zip	<i>01907</i>	Telephone	<i>7815811359</i>
Signature		Expiration Date	<i>2/16/2012</i>

3.2 Home Improvement Supervisor:

Company Name	<i>Wilson Bros. Const.</i>	Address	<i>55 The Greenway</i>
Telephone	<i>7815811359</i>	Registration Number	<i>104593</i>
Signature		Expiration Date	<i>7/14/2012</i>
City	<i>Swampscott Ma</i>	State	<i>Ma</i>
Zip	<i>01907</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 No

SECTION 5- DESCRIPTION OF PROPOSED WORK (check all applicable) 6th Edition 7th Edition

<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Existing Building	<input type="checkbox"/> Repair(s)	<input checked="" type="checkbox"/> Alteration(s)	<input type="checkbox"/> Addition
<input type="checkbox"/> Accessory Bldg	<input type="checkbox"/> Demolition	<input type="checkbox"/> Fence	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Shed/Barn
<input type="checkbox"/> Wood Stove	<input type="checkbox"/> Pool AG	<input type="checkbox"/> Pool IG	<input type="checkbox"/> Deck	<input type="checkbox"/> Tenat Fitup(Commercial only)
<input type="checkbox"/> Tent	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Roof	<input type="checkbox"/> Siding	<input type="checkbox"/> Other Specify:

Brief Description of Proposed Work:

Rehab second fl;oor full bath, add shower to first floor bath, relocate laundry. Misc. repairs.

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	<i>12000</i>	Story	<input type="text"/>
2. Electrical		Number of Dwelling units	<input type="text"/>
3. Plumbing			
4. Mechanical (HVAC)		Comments	<input type="text"/>
5. Fire Protection			
Total = (1+2+3+4+5)	12000		
Building Permit Fee Multiplier			
Total Building Permit Fee			

SECTION 7(a) OWNER AUTHORIZATION-TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTORS APPLIES FOR BUILDING PERMIT	
I, Douglas Reeves , as Owner of the subject property hereby authorize Wilson Bros. Const. to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 8/10/2010
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, Wilson Bros. Const. , 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 8/10/2010
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:	