

 <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-10-1546	11/29/2010	10-R-0389	64	4207	11/29/2010
SECTION 1 - SITE INFORMATION					
1.1 Property Address:		165 WILLOW RD		1.2 Assessors Map & Parcel Number:	
		Map Number	3A	Parcel Number	3A 0 48
1.3 Zoning Information			1.4 Property Dimensions:		
Zoning District		Proposed Use		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) Public : Private :		1.7 Flood Zone Zone : Outside Flood Zone : <input type="checkbox"/>		1.8 Sewage Disposal System : Municipal : On site disposal system :	
SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT					
2.1 Owner of Record:					
Name <i>ALESSI, JOSEPH E & ALESSI, THO</i>		Address <i>165 WILLOW RD</i>			
Signature		Telephone No. <i>7815811086</i>	Alternate Telephone No.		
City <i>NAHANT</i>		State <i>MA</i>	Zip <i>01908</i>		
2.2 Authorized Agent:					
Name <i>Atlantic Weatherization</i>		Address <i>61r Jefferson Ave Salem Ma 01970</i>			
Signature		Telephone No. <i>9787448143</i>	Alternate Telephone No.		

SECTION 3 - CONSTRUCTION SERVICES			
3.1 Licensed Construction Supervisor:			
Licensed Construction Supervisor	<i>Eric Palm</i>		
Address	<i>61R Jefferson Ave</i>	License Number	<i>87977</i>
Town/City	<i>Salem</i>	State	<i>MA</i>
Zip	<i>01970</i>	Telephone	<i>9787448143</i>
Signature		Expiration Date	<i>4/23/2012</i>
3.2 Home Improvement Supervisor:			
Company Name	<i>Atlantic Weatherization</i>	Address	<i>61R Jefferson Ave</i>
Telephone	<i>9787448143</i>	Registration Number	<i>142089</i>
Signature		Expiration Date	<i>3/12/2012</i>
City	<i>Salem</i>	State	<i>MA</i>
Zip	<i>01970</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 type="radio"/> 7th Edition			
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Existing Building	<input checked="" type="checkbox"/> Repair(s)	<input 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 type="checkbox"/> Deck
<input type="checkbox"/> Tent	<input type="checkbox"/> Retaining Wall	<input checked="" 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>attic insulation, two roof vents, wall insulation, and misc energy conservation measures</i>			
SECTION 6 - ESTIMATED CONSTRUCTION COSTS			
Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	<i>6400.00</i>	Story	
2. Electrical		Number of Dwelling units	
3. Plumbing		Comments	
4. Mechanical (HVAC)			
5. Fire Protection			
Total = (1+2+3+4+5)	6400		
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, ALESSI, JOSEPH E & ALESSI, THO , as Owner of the subject property hereby authorize Atlantic Weatherization to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 11/29/2010
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, Atlantic Weatherization , 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 11/29/2010
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:	