

 <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-10-1261</i>	<i>5/27/2010</i>	<i>10-R-0179</i>	<i>20</i>	<i>9628</i>	<i>5/27/2010</i>		
SECTION 1 - SITE INFORMATION							
1.1 Property Address:		<i>17 KENNEY AV</i>		1.2 Assessors Map & Parcel Number:			
		Map Number	<i>18</i>	Parcel Number	<i>18 0 35</i>		
1.3 Zoning Information			1.4 Property Dimensions:				
Zoning District	<i>R2</i>	Proposed Use	<i>REPLACE DECKING</i>	Lot Area (sf)	<i>0.20868</i>	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 checked="" type="radio"/> Outside Flood Zone : <input 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>GOODE SHEILA K HAMBLETON, THOMC/O SHEILA K HAMBLETON</i>				Address <i>17 KENNEY AVE</i>			
Signature				Telephone No. <i>7815817919</i>	Alternate Telephone No. <i>7815810212</i>		
City <i>NAHANT</i>				State <i>MA</i>	Zip <i>01908</i>		
2.2 Authorized Agent:							
Name <i>SHEILA HAMBLETON</i>				Address <i>17 KENNEY aVE NAHANT,MA</i>			
Signature				Telephone No. <i>7815817919</i>	Alternate Telephone No. <i>7815810212</i>		

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Licensed Construction Supervisor			
Address		License Number	
Town/City		State	
Zip		Telephone	
Signature		Expiration Date	

3.2 Home Improvement Supervisor:

Company Name		Address	
Telephone		Registration Number	
Signature		Expiration Date	
City		State	
Zip			

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 type="checkbox"/> Existing Building	<input checked="" type="checkbox"/> Repair(s)	<input 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:

REPLACE PLANKING ON DECK AND SOME SILLS

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	1800	Story	
2. Electrical		Number of Dwelling units	
3. Plumbing			
4. Mechanical (HVAC)		Comments	
5. Fire Protection			
Total = (1+2+3+4+5)	1800		
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, GOODE SHEILA K HAMBLETON, THOMC/O SHEILA K HAMBLETON , as Owner of the subject property hereby authorize SHEILA HAMBLETON to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 5/27/2010
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, SHEILA HAMBLETON , 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 5/27/2010
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:	