

 <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-10-1561	12/7/2010	10-R-0400	64	6315	12/7/2010
SECTION 1 - SITE INFORMATION					
1.1 Property Address:		174 WILSON RD		1.2 Assessors Map & Parcel Number:	
		Map Number	25C	Parcel Number	25C 0 26
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 : <input type="checkbox"/> 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 CLARK, JAMES E EST OF & CLARK,		Address 1 KATIE'S WAY			
Signature		Telephone No. 000000000	Alternate Telephone No.		
City LAKEVILLE		State MA	Zip 02347		
2.2 Authorized Agent:					
Name Wm Trahant Jr Const,Inc		Address 215 Verona St Lynn MA 01904			
Signature		Telephone No. 7815991211	Alternate Telephone No. 7815991221		

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Licensed Construction Supervisor	<i>william trahant jr</i>		
Address	<i>215 verona st</i>	License Number	<i>141778</i>
Town/City	<i>lynn</i>	State	<i>ma</i>
Zip	<i>01904</i>	Telephone	<i>7818444551</i>
Signature		Expiration Date	

3.2 Home Improvement Supervisor:

Company Name	<i>william trahant jr</i>	Address	<i>215 verona st</i>
Telephone	<i>7818444551</i>	Registration Number	<i>141778</i>
Signature		Expiration Date	
City	<i>lynn</i>	State	<i>ma</i>
Zip	<i>01904</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 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 checked="" type="checkbox"/> Roof	<input type="checkbox"/> Siding	<input type="checkbox"/> Other Specify:

Brief Description of Proposed Work:

Strip and reroof with 30yr shingle

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			
4. Mechanical (HVAC)		Comments	
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, CLARK, JAMES E EST OF & CLARK, as Owner of the subject property hereby authorize Wm Trahant Jr Const,Inc to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 12/7/2010
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, Wm Trahant Jr Const,Inc, 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 12/7/2010
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:	