

 <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-10-1350	7/19/2010	10-R-0249	20	6098	7/19/2010
SECTION 1 - SITE INFORMATION					
1.1 Property Address:		20 MAPLE AV		1.2 Assessors Map & Parcel Number:	
		Map Number	21B	Parcel Number	21B 0 43
1.3 Zoning Information			1.4 Property Dimensions:		
Zoning District		Proposed Use		Lot Area (sf)	0.03099
				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 :	Private :	Zone :	Outside Flood	Municipal :	On site disposal system :
		Zone :	<input type="checkbox"/>		
SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT					
2.1 Owner of Record:					
Name OBRIEN, KEITH W & OBRIEN, SARAH D T/E			Address 20 MAPLE AVE		
Signature		Telephone No. 7815891609		Alternate Telephone No.	
City NAHANT		State MA		Zip 01908	
2.2 Authorized Agent:					
Name Carlo Caponigro			Address 159 Burrill St., Swampscott		
Signature		Telephone No. 7818423511		Alternate Telephone No. 7818423511	

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Licensed Construction Supervisor	<i>Carlo Caponigro</i>		
Address	<i>159 Burrill St</i>	License Number	<i>61061</i>
Town/City	<i>Swampscott</i>	State	<i>MA</i>
Zip	<i>01907</i>	Telephone	<i>7818423511</i>
Signature		Expiration Date	<i>7/25/2011</i>

3.2 Home Improvement Supervisor:

Company Name	<i>Caponigro Construction</i>	Address	<i>159 Burrill St</i>
Telephone	<i>7818423511</i>	Registration Number	<i>121999</i>
Signature		Expiration Date	<i>7/09/2012</i>
City	<i>Swampscott</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 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 type="checkbox"/> Roof	<input type="checkbox"/> Siding	<input type="checkbox"/> Other Specify:

Brief Description of Proposed Work:

Reapir clapboard

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	<i>1500</i>	Story	
2. Electrical		Number of Dwelling units	
3. Plumbing			
4. Mechanical (HVAC)		Comments	
5. Fire Protection			
Total = (1+2+3+4+5)	1500		
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, OBRIEN, KEITH W & OBRIEN, SARAH D T/E , as Owner of the subject property hereby authorize Carlo Caponigro to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 7/19/2010
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, Carlo Caponigro , 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 7/19/2010
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:	