

 <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-10-1166</i>	<i>3/29/2010</i>	<i>10-R-0097</i>	<i>30</i>	<i>12025</i>	<i>3/29/2010</i>
SECTION 1 - SITE INFORMATION					
1.1 Property Address:		<i>20 PEARL RD</i>		1.2 Assessors Map & Parcel Number:	
		Map Number	<i>21A</i>	Parcel Number	<i>21A 0 76</i>
1.3 Zoning Information			1.4 Property Dimensions:		
Zoning District	<i>R2</i>	Proposed Use	Lot Area (sf)	<i>0.24888</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 type="radio"/> 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>GOODE MILTON S Jr, TRUSTEE M + K GOODE FAMILY TRUST</i>			Address <i>315 NAHANT RD</i>		
Signature			Telephone No. <i>1111111111</i>	Alternate Telephone No.	
City <i>NAHANT</i>			State <i>MA</i>	Zip <i>01908</i>	
2.2 Authorized Agent:					
Name <i>Peter Strout</i>			Address <i>29 Intervale Rd Salem MA 01970</i>		
Signature			Telephone No. <i>9788040018</i>	Alternate Telephone No.	

SECTION 3 - CONSTRUCTION SERVICES			
3.1 Licensed Construction Supervisor:			
Licensed Construction Supervisor	<i>Peter K Strout</i>		
Address	<i>29 Intervale Rd</i>	License Number	<i>22467</i>
Town/City	<i>Salem</i>	State	<i>MA</i>
Zip	<i>01970</i>	Telephone	<i>9788040018</i>
Signature		Expiration Date	<i>8/16/2011</i>
3.2 Home Improvement Supervisor:			
Company Name	<i>Peter Strout General Contracting</i>	Address	<i>29 Intervale Rd</i>
Telephone	<i>9788040018</i>	Registration Number	<i>150602</i>
Signature		Expiration Date	<i>4/12/2010</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 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 type="checkbox"/> Roof	<input type="checkbox"/> Siding
			<input checked="" type="checkbox"/> Other Specify: <i>windows</i>
Brief Description of Proposed Work:			
<i>12 replacement windows</i>			
SECTION 6 - ESTIMATED CONSTRUCTION COSTS			
Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	<i>3000.00</i>	Story	
2. Electrical		Number of Dwelling units	
3. Plumbing		Comments	
4. Mechanical (HVAC)			
5. Fire Protection			
Total = (1+2+3+4+5)	3000		
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 MILTON S Jr, TRUSTEE M + K GOODE FAMILY TRUST , as Owner of the subject property hereby authorize Peter Strout to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 3/23/2010
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, Peter Strout , 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 3/23/2010
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:	