

 <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-10-1323</i>	<i>7/12/2010</i>	<i>10-R-0235</i>	<i>52</i>	<i>640</i>	<i>7/12/2010</i>
SECTION 1 - SITE INFORMATION					
1.1 Property Address:		<i>345 NAHANT RD</i>		1.2 Assessors Map & Parcel Number:	
		Map Number	<i>3A</i>	Parcel Number	<i>3A 0 61</i>
1.3 Zoning Information			1.4 Property Dimensions:		
Zoning District		Proposed Use		Lot Area (sf)	<i>1.12281</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 :	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 <i>FRANK, SANDRA H + HALL, CATHERINE P; TRUSTEES</i>			Address <i>c/o 3 SACHEM TERRACE</i>		
Signature		Telephone No. <i>7815936108</i>		Alternate Telephone No.	
City <i>LYNN</i>		State <i>MA</i>		Zip <i>01902-4646</i>	
2.2 Authorized Agent:					
Name <i>Bob Pierce</i>			Address <i>67 monument ave swampscott 01907</i>		
Signature		Telephone No. <i>7818645238</i>		Alternate Telephone No.	

<b>SECTION 3 - CONSTRUCTION SERVICES</b>			
<b>3.1 Licensed Construction Supervisor:</b>			
Licensed Construction Supervisor	<i>Litehouse Services LLC</i>		
Address	<i>67 Monument Ave</i>	License Number	<i>95280</i>
Town/City	<i>Swampscott</i>	State	<i>MA</i>
Zip	<i>01907</i>	Telephone	<i>7818645238</i>
Signature		Expiration Date	
<b>3.2 Home Improvement Supervisor:</b>			
Company Name	<i>Litehouse Services LLC</i>	Address	<i>67 Monument Ave</i>
Telephone	<i>7818645238</i>	Registration Number	<i>142824</i>
Signature		Expiration Date	
City	<i>Swampscott</i>	State	<i>MA</i>
Zip	<i>01907</i>		
<b>SECTION 4- WORKER'S COMPENSATION INSURANCE(M.G.L.c.152* 25C(6))</b>			
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"/>			
<b>SECTION 5- DESCRIPTION OF PROPOSED WORK (check all applicable)</b> <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 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:			
<b>Brief Description of Proposed Work:</b>			
<i>Strip old roofing install 30 year architectural shingles</i>			
<b>SECTION 6 - ESTIMATED CONSTRUCTION COSTS</b>			
<b>Item</b>	<b>Estimated Cost (Dollars) to be completed by permit applicant</b>	<b>Official Use Only</b>	
1. Building	<i>5200</i>	Story	
2. Electrical		Number of Dwelling units	
3. Plumbing		Comments	
4. Mechanical (HVAC)			
5. Fire Protection			
<b>Total = (1+2+3+4+5)</b>	5200		
<b>Building Permit Fee Multiplier</b>			
<b>Total Building Permit Fee</b>			

<b>SECTION 7(a) OWNER AUTHORIZATION-TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTORS APPLIES FOR BUILDING PERMIT</b>	
I, <b>FRANK, SANDRA H + HALL, CATHERINE P;TRUSTEES</b> , as Owner of the subject property hereby authorize <b>Bob Pierce</b> to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date <b>7/7/2010</b>
<b>SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION</b>	
I, <b>Bob Pierce</b> , 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 <b>7/7/2010</b>
<b>SECTION 8 - THIS SECTION FOR OFFICIAL USE ONLY</b>	
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:	