

 <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-10-1554	12/6/2010	10-R-0393	147	1706	12/6/2010
SECTION 1 - SITE INFORMATION					
1.1 Property Address:		366 NAHANT RD		1.2 Assessors Map & Parcel Number:	
		Map Number	4A	Parcel Number	4A 0 15
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)		1.7 Flood Zone		1.8 Sewage Disposal System :	
Public : <input checked="" type="radio"/> Private : <input type="radio"/>		Zone : <input type="checkbox"/> 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 BARREDA, ROBERT M TRUSTEE			Address 366 NAHANT RD		
Signature			Telephone No. 7815897175	Alternate Telephone No.	
City NAHANT			State MA	Zip 01908	
2.2 Authorized Agent:					
Name Bob Connor			Address 15-Joel Circle Lynn Ma 01904		
Signature			Telephone No. 7815817164	Alternate Telephone No.	

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Licensed Construction Supervisor	<i>Robert Connor</i>		
Address	<i>15-Joel Circle</i>	License Number	<i>68989</i>
Town/City	<i>Lynn</i>	State	<i>Ma.</i>
Zip	<i>01904</i>	Telephone	<i>7815817164</i>
Signature		Expiration Date	<i>8/30/2012</i>

3.2 Home Improvement Supervisor:

Company Name	<i>Connor Home Improvement</i>	Address	<i>15-Joel Circle</i>
Telephone	<i>7815817164</i>	Registration Number	<i>102844</i>
Signature		Expiration Date	<i>7/03/2012</i>
City	<i>Lynn</i>	State	<i>Ma.</i>
Zip	<i>Ma.</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 checked="" type="checkbox"/> Other Specify: <i>windows</i>

Brief Description of Proposed Work:

Install 25 Windows , replace rooted sills and casings, cap all casings with alum.

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	<i>14700</i>	Story	
2. Electrical		Number of Dwelling units	
3. Plumbing			
4. Mechanical (HVAC)		Comments	
5. Fire Protection			
Total = (1+2+3+4+5)	14700		
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, BARREDA, ROBERT M TRUSTEE , as Owner of the subject property hereby authorize Bob Connor to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 12/4/2010
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, Bob Connor , 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 12/4/2010
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:	