

 <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><b>APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, OR DEMOLISH A ONE OR TWO FAMILY DWELLING</b></p>					
<p><b>This Section For Official Use Only</b></p>					
Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
R-10-1501	11/12/2010	10-R-0360	128	3368	11/12/2010
<b>SECTION 1 - SITE INFORMATION</b>					
1.1 Property Address:		38 BAY VIEW AV		1.2 Assessors Map & Parcel Number:	
		Map Number	20	Parcel Number	2008
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"/>	
<b>SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT</b>					
2.1 Owner of Record:					
Name <b>COLSON RV + BELLOFATTO LK</b>		Address <b>38 BAY VIEW AVE</b>			
Signature		Telephone No. <b>6179701232</b>	Alternate Telephone No.		
City <b>NAHANT</b>		State <b>MA</b>	Zip <b>01908</b>		
2.2 Authorized Agent:					
Name <b>Jim Langill</b>		Address <b>11 Hawthorn Ave Winthrop, MA 02152</b>			
Signature		Telephone No. <b>6179701232</b>	Alternate Telephone No.		

<b>SECTION 3 - CONSTRUCTION SERVICES</b>			
<b>3.1 Licensed Construction Supervisor:</b>			
Licensed Construction Supervisor	<i>Langill Builders</i>		
Address	<i>11 Hawthorn Ave</i>	License Number	<i>22981</i>
Town/City	<i>Winthrop</i>	State	<i>MA</i>
Zip	<i>02152</i>	Telephone	<i>6179701232</i>
Signature		Expiration Date	<i>12/29/2011</i>
<b>3.2 Home Improvement Supervisor:</b>			
Company Name	<i>Langill Builder</i>	Address	<i>11 Hawthorn Ave</i>
Telephone	<i>6179701232</i>	Registration Number	<i>108994</i>
Signature		Expiration Date	<i>8/28/2010</i>
City	<i>Winthrop</i>	State	<i>MA</i>
Zip	<i>02152</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 checked="" type="checkbox"/> Repair(s)	<input checked="" 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 checked="" type="checkbox"/> Deck
<input type="checkbox"/> Tent	<input type="checkbox"/> Retaining Wall	<input 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>Dig and pour proper footings for existing deck. Install pressure treated carrier beam to divide joist span in half. Install new pvc decking over exisitng framing of two rear exisitng decks.</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>12800</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>	12800		
<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>COLSON RV + BELLOFATTO LK</b> , as Owner of the subject property hereby authorize <b>Jim Langill</b> to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date <b>10/27/2010</b>
<b>SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION</b>	
I, <b>Jim Langill</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>10/27/2010</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:	