

 <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-10-1503</i>	<i>11/8/2010</i>	<i>10-R-0356</i>	<i>80</i>	<i>163</i>	<i>11/8/2010</i>
SECTION 1 - SITE INFORMATION					
1.1 Property Address:		<i>5 COOLIDGE RD</i>		1.2 Assessors Map & Parcel Number:	
		Map Number	<i>16</i>	Parcel Number	<i>16 0 29</i>
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) Public : Private :		1.7 Flood Zone Zone : Outside Flood Zone : <input type="checkbox"/>		1.8 Sewage Disposal System : Municipal : On site disposal system :	
SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT					
2.1 Owner of Record:					
Name <i>SCOURTAS, RICHARD G</i>		Address <i>8 GODDARD DRIVE</i>			
Signature		Telephone No. <i>6175382400</i>	Alternate Telephone No. <i>6175382400</i>		
City <i>NAHANT</i>		State <i>MA</i>	Zip <i>01908</i>		
2.2 Authorized Agent:					
Name <i>Roberto Miranda</i>		Address			
Signature		Telephone No. <i>7817992121</i>	Alternate Telephone No.		

SECTION 3 - CONSTRUCTION SERVICES			
3.1 Licensed Construction Supervisor:			
Licensed Construction Supervisor	Evergreen Group Company Inc,		
Address	160 Foster Rd	License Number	85182
Town/City	Swampscott	State	MA
Zip	01907	Telephone	7817992121
Signature		Expiration Date	3/29/2011
3.2 Home Improvement Supervisor:			
Company Name	Evergreen Group Company Inc,	Address	160 Foster Rd
Telephone	7817992121	Registration Number	140252
Signature		Expiration Date	9/25/2011
City	Swampscott	State	MA
Zip	01907		
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 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 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:			
Brief Description of Proposed Work:			
Build a first floor deck 12' x 16' , second floor deck 6' x 40'. Framing to be in pressure t. wood with 6"x6" post, 2x8 joist with finish railing to be azek material or similiar			
SECTION 6 - ESTIMATED CONSTRUCTION COSTS			
Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	13000	Story	
2. Electrical		Number of Dwelling units	
3. Plumbing		Comments	
4. Mechanical (HVAC)			
5. Fire Protection			
Total = (1+2+3+4+5)	13000		
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, SCOURTAS, RICHARD G , as Owner of the subject property hereby authorize Roberto Miranda to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 10/27/2010
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, Roberto Miranda , 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 10/27/2010
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:	