

 <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-10-1373</i>	<i>8/9/2010</i>	<i>10-R-0269</i>	<i>30</i>	<i>6230</i>	<i>8/9/2010</i>		
SECTION 1 - SITE INFORMATION							
1.1 Property Address:		<i>55 CASTLE RD</i>		1.2 Assessors Map & Parcel Number:			
		Map Number	<i>24</i>	Parcel Number	<i>24 0 28</i>		
1.3 Zoning Information			1.4 Property Dimensions:				
Zoning District		Proposed Use		Lot Area (sf)	<i>0.09596</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) Public : <input checked="" type="radio"/> Private : <input type="radio"/>		1.7 Flood Zone Zone : <input type="radio"/> Outside Flood Zone : <input type="checkbox"/>		1.8 Sewage Disposal System : 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>STEEVES, ELLEN M.</i>		Address <i>55 CASTLE RD</i>					
Signature		Telephone No. <i>6172406962</i>	Alternate Telephone No.				
City <i>NAHANT</i>		State <i>MA</i>	Zip <i>01908</i>				
2.2 Authorized Agent:							
Name <i>Steven Quealy</i>		Address <i>31 farragut rd swampscott, ma</i>					
Signature		Telephone No. <i>3392937720</i>	Alternate Telephone No.				

SECTION 3 - CONSTRUCTION SERVICES			
3.1 Licensed Construction Supervisor:			
Licensed Construction Supervisor	<i>Steven R Quealy</i>		
Address	<i>31 Farragut Rd</i>	License Number	<i>70192</i>
Town/City	<i>swampscott</i>	State	<i>ma</i>
Zip	<i>01907</i>	Telephone	<i>3392937720</i>
Signature		Expiration Date	<i>2/06/2011</i>
3.2 Home Improvement Supervisor:			
Company Name	<i>Steven R Quealy</i>	Address	<i>31 Farragut rd</i>
Telephone	<i>3392937720</i>	Registration Number	<i>154370</i>
Signature		Expiration Date	<i>3/06/2011</i>
City	<i>swampscott</i>	State	<i>ma</i>
Zip	<i>01907</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 checked="" type="checkbox"/> Repair(s)	<input type="checkbox"/> Alteration(s)
<input type="checkbox"/> Accessory Bldg	<input checked="" 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 type="checkbox"/> Other Specify:
Brief Description of Proposed Work:			
<i>Remove existing concrete stairs and Block, pour pad, install pressure treated and composite stairs</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, STEEVES, ELLEN M. , as Owner of the subject property hereby authorize Steven Quealy to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 8/4/2010
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, Steven Quealy , 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 8/4/2010
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:	