

 <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 :		
R-11-1811	7/27/2011	R-11-0180	106	4468	7/27/2011		
SECTION 1 - SITE INFORMATION							
1.1 Property Address:		15 TRIMOUNTAIN RD		1.2 Assessors Map & Parcel Number:			
		Map Number	18	Parcel Number	18 0 4		
1.3 Zoning Information			1.4 Property Dimensions:				
Zoning District	R-2	Proposed Use	Deck	Lot Area (sf)	.177	Frontage (ft.)	100
1.5 Building Setbacks (ft.)							
	Front (ft.)	Side (ft.)	Rear (ft.)	Distance from wetland			
Required	15	L. 10 R. 10	20	ft.			
Provided	18.75	L. 52.75 R. 30	33.5				
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 checked="" 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 SPENCER, LYNNE M		Address 15 TRIMOUNTAIN RD					
Signature		Telephone No. 6177339737		Alternate Telephone No.			
City NAHANT		State MA		Zip 01908			
2.2 Authorized Agent:							
Name Patrick Guthrie		Address 41 Wellington Street, Arlington, MA					
Signature		Telephone No. 6172271477		Alternate Telephone No.			

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Licensed Construction Supervisor	<i>Gerard O'Doherty</i>		
Address	<i>12 Morningside Lane</i>	License Number	<i>145376</i>
Town/City	<i>Lincoln</i>	State	<i>MA</i>
Zip	<i>01773</i>	Telephone	<i>3392232663</i>
Signature		Expiration Date	

3.2 Home Improvement Supervisor:

Company Name		Address	
Telephone		Registration Number	
Signature		Expiration Date	
City		State	
Zip			

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 checked="" 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 type="checkbox"/> Other Specify:

Brief Description of Proposed Work:

Wrap-around wood deck, stone-paved terrace, stone wall.

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	<i>10600</i>	Story	<input type="text"/>
2. Electrical		Number of Dwelling units	<input type="text"/>
3. Plumbing			Comments
4. Mechanical (HVAC)			
5. Fire Protection			
Total = (1+2+3+4+5)	10600		
Building Permit Fee Multiplier	<input type="text"/>		
Total Building Permit Fee	<input type="text"/>		

SECTION 7(a) OWNER AUTHORIZATION-TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTORS APPLIES FOR BUILDING PERMIT	
I, SPENCER, LYNNE M , as Owner of the subject property hereby authorize Patrick Guthrie to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 7/21/2011
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, Patrick Guthrie , 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 7/21/2011
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:	