

 <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>
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**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-11-1994	11/23/2011	R-11-0338	102	36182	11/23/2011

**SECTION 1 - SITE INFORMATION**

<b>1.1 Property Address:</b>	226 WILSON RD	<b>1.2 Assessors Map &amp; Parcel Number:</b>			
		<b>Map Number</b>	25C	<b>Parcel Number</b>	25C 0 37

<b>1.3 Zoning Information</b>			<b>1.4 Property Dimensions:</b>		
<b>Zoning District</b>		<b>Proposed Use</b>		<b>Lot Area (sf)</b>	<b>Frontage (ft.)</b>

**1.5 Building Setbacks (ft.)**

	<b>Front (ft.)</b>	<b>Side (ft.)</b>	<b>Rear (ft.)</b>	<b>Distance from wetland</b>
<b>Required</b>		L. R.		ft.
<b>Provided</b>		L. R.		

<b>1.6 Water Supply (M.G.L.c.40.* 54)</b> Public :                      Private :	<b>1.7 Flood Zone</b> Zone :            Outside Flood Zone : <input type="checkbox"/>	<b>1.8 Sewage Disposal System :</b> Municipal :                      On site disposal system :
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**SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT**

**2.1 Owner of Record:**

<b>Name</b> <i>DOE ROBERT H JR</i>	<b>Address</b> <i>226 WILSON RD</i>	
<b>Signature</b>	<b>Telephone No.</b> <i>6172103186</i>	<b>Alternate Telephone No.</b> <i>4014531367</i>
<b>City</b> <i>NAHANT</i>	<b>State</b> <i>MA</i>	<b>Zip</b> <i>01908</i>

**2.2 Authorized Agent:**

<b>Name</b> <i>RICHARD FALLONE</i>	<b>Address</b> <i>345 GREENWOOD ST WORCESTER MA 01607</i>	
<b>Signature</b>	<b>Telephone No.</b> <i>4019352633</i>	<b>Alternate Telephone No.</b> <i>4014531367</i>

<b>SECTION 3 - CONSTRUCTION SERVICES</b>			
<b>3.1 Licensed Construction Supervisor:</b>			
Licensed Construction Supervisor	<i>Sergio Santos</i>		
Address	<i>11 HAWKINS ST</i>	License Number	<i>101433</i>
Town/City	<i>SOMERVILLE</i>	State	<i>MA</i>
Zip	<i>02143</i>	Telephone	<i>6177192465</i>
Signature		Expiration Date	<i>8/30/2012</i>
<b>3.2 Home Improvement Supervisor:</b>			
Company Name	<i>The Home Depot-Rick Fallone</i>	Address	<i>345 GREENWOOD ST</i>
Telephone	<i>4019352633</i>	Registration Number	<i>126893</i>
Signature		Expiration Date	<i>8/03/2012</i>
City	<i>WORCESTER</i>	State	<i>MA</i>
Zip	<i>01607</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 type="checkbox"/> Existing Building	<input checked="" 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 type="checkbox"/> Deck
<input type="checkbox"/> Tent	<input type="checkbox"/> Retaining Wall	<input checked="" 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>STRIP AND REROOF 13 SQUARE OF ASPHALT SHINGLES NO STRUCTURAL CHANGES</i>			
<b>SECTION 6 - ESTIMATED CONSTRUCTION COSTS</b>			
Item	Estimated Cost (Dollars) to be completed by permit applicant	<b>Official Use Only</b>	
1. Building	<i>10194</i>	Story	<input type="text"/>
2. Electrical		Number of Dwelling units	<input type="text"/>
3. Plumbing		Comments	<input type="text"/>
4. Mechanical (HVAC)			
5. Fire Protection			
Total = (1+2+3+4+5)	<input type="text" value="10194"/>		
Building Permit Fee Multiplier	<input type="text"/>		
Total Building Permit Fee	<input type="text"/>		

<b>SECTION 7(a) OWNER AUTHORIZATION-TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTORS APPLIES FOR BUILDING PERMIT</b>	
I, <b>DOE ROBERT H JR</b> , as Owner of the subject property hereby authorize <b>RICHARD FALLONE</b> to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date <b>11/21/2011</b>
<b>SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION</b>	
I, <b>RICHARD FALLONE</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>11/21/2011</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:	