

 <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-11-1717	5/3/2011	R-11-0097	72	1285	5/3/2011

SECTION 1 - SITE INFORMATION

1.1 Property Address:	27 JAMES AV	1.2 Assessors Map & Parcel Number:			
		Map Number	25A	Parcel Number	25A 0 325

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>URQUHART, PHYLLIS M</i>	Address <i>C/O 8469 SW 209 COURT RD</i>		
Signature	Telephone No. <i>9786588154</i>	Alternate Telephone No.	
City <i>DUNNELLON</i>	State <i>FL</i>	Zip <i>34431-5351</i>	

2.2 Authorized Agent:

Name <i>jeff steele</i>	Address <i>24 cummingspark woburn ma</i>		
Signature	Telephone No. <i>9788284398</i>	Alternate Telephone No. <i>7819324805</i>	

SECTION 3 - CONSTRUCTION SERVICES			
3.1 Licensed Construction Supervisor:			
Licensed Construction Supervisor	<i>jeff steele</i>		
Address	<i>24 sherwood ave</i>	License Number	<i>72772</i>
Town/City	<i>danvers</i>	State	<i>ma</i>
Zip	<i>01923</i>	Telephone	<i>9788284398</i>
Signature		Expiration Date	<i>4/07/2012</i>
3.2 Home Improvement Supervisor:			
Company Name	<i>window world</i>	Address	<i>15a cummings park</i>
Telephone	<i>7819324805</i>	Registration Number	<i>166025</i>
Signature		Expiration Date	<i>4/12/2012</i>
City	<i>woburn</i>	State	<i>ma</i>
Zip	<i>01801</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 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 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:			
<i>to install 6 replacement windows and 1 patio door</i>			
SECTION 6 - ESTIMATED CONSTRUCTION COSTS			
Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	<i>7159</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="7159"/>		
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, URQUHART, PHYLLIS M , as Owner of the subject property hereby authorize jeff steele to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 5/3/2011
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, jeff steele , 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 5/3/2011
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:	