

|   |   |
|---|---|
|  <p>The Commonwealth of Massachusetts<br/>                 State Board of Building Regulations and Standards<br/>                 Massachusetts State Building Code<br/>                 780 CMR</p> |  <p>TOWN OF NAHANT<br/>                 BUILDING DEPARTMENT,<br/>                 TOWN HALL<br/>                 334 Nahant Road, NAHANT,<br/>                 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-11-1878           | 9/13/2011    | R-11-0236      | 45      | 1187        | 9/13/2011   |

**SECTION 1 - SITE INFORMATION**

|                              |                      |   |     |               |          |
|------------------------------|----------------------|---|-----|---------------|----------|
| <b>1.1 Property Address:</b> | <b>28 SHERMAN AV</b> | <b>1.2 Assessors Map &amp; Parcel Number:</b> |     |               |          |
|                              |                      | Map Number                                    | 21B | Parcel Number | 21B 0 17 |

|                               |  |              |                                 |               |                |
|-------------------------------|--|--------------|---------------------------------|---------------|----------------|
| <b>1.3 Zoning Information</b> |  |              | <b>1.4 Property Dimensions:</b> |               |                |
| 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.      |            |                       |

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

**SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT**

**2.1 Owner of Record:**

|   |   |                                |
|---|---|--------------------------------|
| <b>Name</b> <i>FLYNN, MICHAEL J &amp; JAMIE M TRU</i> | <b>Address</b> <i>c/o 39 WHARF STREET</i> |                                |
| <b>Signature</b>                                      | <b>Telephone No.</b> <i>0000000000</i>    | <b>Alternate Telephone No.</b> |
| <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>Capital Contracting</i> | <b>Address</b> <i>POBox 3189 Wakefield MA 01880</i> |                                |
| <b>Signature</b>                       | <b>Telephone No.</b> <i>7815870066</i>              | <b>Alternate Telephone No.</b> |

**SECTION 3 - CONSTRUCTION SERVICES**

**3.1 Licensed Construction Supervisor:**

|                                  |                      |                 |                   |
|----------------------------------|----------------------|-----------------|-------------------|
| Licensed Construction Supervisor | <i>Jason Gori</i>    |                 |                   |
| Address                          | <i>73 Renwick Rd</i> | License Number  | <i>91615</i>      |
| Town/City                        | <i>Wakefield</i>     | State           | <i>MA</i>         |
| Zip                              | <i>01880</i>         | Telephone       | <i>7815870066</i> |
| Signature                        |                      | Expiration Date | <i>3/30/2013</i>  |

**3.2 Home Improvement Supervisor:**

|              |                            |                     |                    |
|--------------|----------------------------|---------------------|--------------------|
| Company Name | <i>Capital Contracting</i> | Address             | <i>PO Box 3189</i> |
| Telephone    | <i>7815870066</i>          | Registration Number | <i>162072</i>      |
| Signature    |                            | Expiration Date     | <i>1/12/2013</i>   |
| City         | <i>Wakefield</i>           | State               | <i>MA</i>          |
| Zip          | <i>01880</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       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 type="checkbox"/> Deck            | <input type="checkbox"/> Tenat Fitup(Commercial only) |
| <input type="checkbox"/> Tent             | <input type="checkbox"/> Retaining Wall    | <input checked="" type="checkbox"/> Roof | <input type="checkbox"/> Siding          | <input type="checkbox"/> Other    Specify:            |

**Brief Description of Proposed Work:**

*Strip and reroof with 30 yr laminated shingles*

**SECTION 6 - ESTIMATED CONSTRUCTION COSTS**

| Item                           | Estimated Cost (Dollars) to be completed by permit applicant | Official Use Only        |                      |
|--------------------------------|--|--------------------------|----------------------|
| 1. Building                    | <i>4500.00</i>   | Story                    | <input type="text"/> |
| 2. Electrical                  |  | Number of Dwelling units | <input type="text"/> |
| 3. Plumbing                    |  |                          |                      |
| 4. Mechanical (HVAC)           |  | Comments                 | <input type="text"/> |
| 5. Fire Protection             |  |                          |                      |
| Total = (1+2+3+4+5)            | 4500   |                          |                      |
| 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>FLYNN, MICHAEL J &amp; JAMIE M TRU</b> , as Owner of the subject property hereby authorize <b>Capital Contracting</b> to act on my behalf, in all matters relative to work authorized by this building permit application |                       |
| Signature of Owner  | Date <b>9/13/2011</b> |
| <b>SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION</b>  |                       |
| I, <b>Capital Contracting</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>9/13/2011</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:  |                       |