

 <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-11-1838	8/23/2011	R-11-0213	75	3431	8/23/2011

SECTION 1 - SITE INFORMATION

1.1 Property Address:	360 NAHANT RD	1.2 Assessors Map & Parcel Number:			
		Map Number	4A	Parcel Number	4A 0 6

1.3 Zoning Information			1.4 Property Dimensions:				
Zoning District	R-1	Proposed Use		Lot Area (sf)	40,088	Frontage (ft.)	72

1.5 Building Setbacks (ft.)

	Front (ft.)	Side (ft.)	Rear (ft.)	Distance from wetland
Required	25	L. 10 R. 10	20	ft.
Provided	140	L. 12 R. 143	24	

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

2.1 Owner of Record:

Name VONASCHWEGE TIMOTHY L +	Address 360-R NAHANT RD		
Signature	Telephone No. 7815998454	Alternate Telephone No. 6174229867	
City NAHANT	State MA	Zip 01908	

2.2 Authorized Agent:

Name Timothy von Aschwege	Address 360R Nahant Road		
Signature	Telephone No. 7815998454	Alternate Telephone No. 6174229867	

SECTION 3 - CONSTRUCTION SERVICES			
3.1 Licensed Construction Supervisor:			
Licensed Construction Supervisor	<i>Reeds Ferry Sheds</i>		
Address	<i>3 Tracey Lane</i>	License Number	<i>95889</i>
Town/City	<i>Hudson</i>	State	<i>New Hampshire</i>
Zip	<i>03051</i>	Telephone	<i>6038831362</i>
Signature		Expiration Date	<i>5/12/2012</i>
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 <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 checked="" type="checkbox"/> New Construction	<input type="checkbox"/> Existing Building	<input 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 checked="" type="checkbox"/> Shed/Barn
			<input type="checkbox"/> Tenat Fitup(Commercial only)
			<input type="checkbox"/> Other Specify:
Brief Description of Proposed Work:			
<i>12' x 20' Reeds Ferry Shed to be installed on the NW corner of property. Shed is set back 12' from the West edge (side) and 24' from the North edge (back) of property. Shed is 13' high. Shed is a prefabricated building. (Boat storage)</i>			
SECTION 6 - ESTIMATED CONSTRUCTION COSTS			
Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	<i>7500.00</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)	<input type="text" value="7500"/>		
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, VONASCHWEGE TIMOTHY L + , as Owner of the subject property hereby authorize Timothy von Aschwege to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 8/14/2011
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, Timothy von Aschwege , 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 8/14/2011
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:	