

 <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>				
<p>APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, OR DEMOLISH A ONE OR TWO FAMILY DWELLING</p>					
<p>This Section For Official Use Only</p>					
Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
R-11-1918	10/13/2011	R-11-0271	79	9012	10/13/2011
SECTION 1 - SITE INFORMATION					
1.1 Property Address:		4 ANTIGO WY		1.2 Assessors Map & Parcel Number:	
		Map Number	17	Parcel Number	17 0 46
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 : <input type="checkbox"/> 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>D`AMICO PAUL W + J TRUSTEES</i>		Address <i>3 SURREY LANE</i>			
Signature		Telephone No. <i>6172128783</i>	Alternate Telephone No.		
City <i>CANTON</i>		State <i>MA</i>	Zip <i>02021</i>		
2.2 Authorized Agent:					
Name <i>DAVID C WYCKOFF</i>		Address <i>262 CHATHAM ST. LYNN, MA. 01902</i>			
Signature		Telephone No. <i>6172128783</i>	Alternate Telephone No. <i>6172128783</i>		

SECTION 3 - CONSTRUCTION SERVICES			
3.1 Licensed Construction Supervisor:			
Licensed Construction Supervisor	<i>David Wyckoff</i>		
Address	<i>262 Chatham St</i>	License Number	<i>17103</i>
Town/City	<i>Lynn</i>	State	<i>MA</i>
Zip	<i>01902</i>	Telephone	<i>7815985389</i>
Signature		Expiration Date	
3.2 Home Improvement Supervisor:			
Company Name	<i>Custom Built Corp</i>	Address	<i>262 Chatham St</i>
Telephone	<i>7815985389</i>	Registration Number	<i>105303</i>
Signature		Expiration Date	
City	<i>Lynn</i>	State	<i>MA</i>
Zip	<i>01902</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 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 checked="" type="checkbox"/> Other Specify: <i>SIDING</i>
Brief Description of Proposed Work:			
<i>STRIP OFF EXISTING VINYL SIDING ON REAR SIDE OF HOUSE, INSTALL NEW INSULATION, REINSTALL NEW VINYL SIDING</i>			
SECTION 6 - ESTIMATED CONSTRUCTION COSTS			
Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	<i>7885.00</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)	7885		
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, D`AMICO PAUL W + J TRUSTEES , as Owner of the subject property hereby authorize DAVID C WYCKOFF to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 10/6/2011
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, DAVID C WYCKOFF , 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 10/6/2011
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:	