

 <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-11-1960	11/8/2011	R-11-0308	50	12134	11/8/2011

SECTION 1 - SITE INFORMATION

1.1 Property Address:	50 OCEAN ST	1.2 Assessors Map & Parcel Number:			
		Map Number	10	Parcel Number	10 0 42

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 : <input checked="" type="radio"/> Private : <input type="radio"/>	1.7 Flood Zone Zone : <input type="checkbox"/> Outside Flood Zone : <input checked="" type="checkbox"/>	1.8 Sewage Disposal System : Municipal : <input checked="" type="radio"/> On site disposal system : <input type="radio"/>
---	---	--

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:		
Name WILSON, PAUL A	Address 50 OCEAN ST	
Signature	Telephone No. 7816310310	Alternate Telephone No.
City NAHANT	State MA	Zip 01908

2.2 Authorized Agent:		
Name JOHN N PICARIELLO	Address PO 1315 MARBLEHEAD,MA	
Signature	Telephone No. 7816310310	Alternate Telephone No.

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Licensed Construction Supervisor	<i>JN PICARIELLO CO</i>		
Address	<i>PO 1315</i>	License Number	<i>040166</i>
Town/City	<i>MARBLEHEAD</i>	State	<i>MA</i>
Zip	<i>01945</i>	Telephone	<i>7816310310</i>
Signature		Expiration Date	

3.2 Home Improvement Supervisor:

Company Name	<i>JN PICARIELLO CO</i>	Address	<i>PO 1315</i>
Telephone	<i>7816310310</i>	Registration Number	<i>142948</i>
Signature		Expiration Date	
City	<i>MARBLEHEAD</i>	State	<i>MA</i>
Zip	<i>01945</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 checked="" type="checkbox"/> Existing Building	<input checked="" 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 type="checkbox"/> Roof	<input type="checkbox"/> Siding	<input type="checkbox"/> Other Specify:

Brief Description of Proposed Work:

REPLACE DAMAGED SIDING ON THE REAR WALL

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	<i>5000</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)	5000		
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, WILSON, PAUL A , as Owner of the subject property hereby authorize JOHN N PICARIELLO to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 11/7/2011
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, JOHN N PICARIELLO , 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 11/7/2011
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:	