

 <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-11-1840	8/25/2011	R-11-0215	505		8/25/2011

**SECTION 1 - SITE INFORMATION**

1.1 Property Address:	71 Castle Rd	1.2 Assessors Map & Parcel Number:			
		Map Number	23	Parcel Number	23 0 74

1.3 Zoning Information			1.4 Property Dimensions:		
Zoning District	R2	Proposed Use	Sing. Fam	Lot Area (sf)	Frontage (ft.)
					50

**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 checked="" type="radio"/> A10 Outside Flood Zone : <input type="checkbox"/>	1.8 Sewage Disposal System : Municipal : <input checked="" type="radio"/> On site disposal system : <input type="radio"/>
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**SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT**

**2.1 Owner of Record:**

Name <i>Mark Jacober</i>	Address <i>71 Castle Rd</i>		
Signature	Telephone No. <i>7818447145</i>	Alternate Telephone No.	
City <i>Nahant</i>	State <i>Ma</i>	Zip <i>01908</i>	

**2.2 Authorized Agent:**

Name <i>Wilson Bros. Const. Inc</i>	Address		
Signature	Telephone No. <i>7818447145</i>	Alternate Telephone No.	

**SECTION 3 - CONSTRUCTION SERVICES**

**3.1 Licensed Construction Supervisor:**

Licensed Construction Supervisor	<i>Wilson Bros. Const.</i>		
Address	<i>55 The Greenway</i>	License Number	<i>042198</i>
Town/City	<i>Swampscott Ma</i>	State	<i>Ma</i>
Zip	<i>01907</i>	Telephone	<i>7815811359</i>
Signature		Expiration Date	

**3.2 Home Improvement Supervisor:**

Company Name	<i>Wilson Bros. Const.</i>	Address	<i>55 The Greenway</i>
Telephone	<i>7815811359</i>	Registration Number	<i>042198</i>
Signature		Expiration Date	
City	<i>Swampscott Ma</i>	State	<i>Ma</i>
Zip	<i>01907</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 type="checkbox"/> Repair(s)	<input checked="" 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:**

*Move front wall 4 ft. onto porch. Rebuild rear wall and install 3 doors. Rehab kitchen and one bath.*

**SECTION 6 - ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	<i>50500</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="50500"/>		
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>Mark Jacober</b> , as Owner of the subject property hereby authorize <b>Wilson Bros. Const. Inc</b> to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date <b>8/16/2011</b>
<b>SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION</b>	
I, <b>Wilson Bros. Const. Inc</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>8/16/2011</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:	