

 <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-11-2046	12/20/2011	R-11-0388	35		12/20/2011

**SECTION 1 - SITE INFORMATION**

<b>1.1 Property Address:</b>	<b>8 MAPLE AV</b>	<b>1.2 Assessors Map &amp; Parcel Number:</b>			
		<b>Map Number</b>	21B	<b>Parcel Number</b>	21B 0 52

<b>1.3 Zoning Information</b>			<b>1.4 Property Dimensions:</b>		
<b>Zoning District</b>		<b>Proposed Use</b>		<b>Lot Area (sf)</b>	<b>Frontage (ft.)</b>

**1.5 Building Setbacks (ft.)**

	<b>Front (ft.)</b>	<b>Side (ft.)</b>	<b>Rear (ft.)</b>	<b>Distance from wetland</b>
<b>Required</b>		L. R.		ft.
<b>Provided</b>		L. R.		

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

**2.1 Owner of Record:**

<b>Name</b> <span style="color: red;">COMER MICHAEL +</span>	<b>Address</b> <span style="color: red;">8 MAPLE AVENUE</span>	
<b>Signature</b>	<b>Telephone No.</b> <span style="color: red;">7815819689</span>	<b>Alternate Telephone No.</b>
<b>City</b> <span style="color: red;">NAHANT</span>	<b>State</b> <span style="color: red;">MA</span>	<b>Zip</b> <span style="color: red;">01908</span>

**2.2 Authorized Agent:**

<b>Name</b> <span style="color: red;">LOWES HOME IMPROVEMENT</span>	<b>Address</b> <span style="color: red;">136 TURNPIKE RD SUITE 100 SOUTHBOROUGH, MA 01772</span>	
<b>Signature</b>	<b>Telephone No.</b> <span style="color: red;">6173590946</span>	<b>Alternate Telephone No.</b>

<b>SECTION 3 - CONSTRUCTION SERVICES</b>			
<b>3.1 Licensed Construction Supervisor:</b>			
Licensed Construction Supervisor	<i>MICHAEL DEMILLE</i>		
Address	<i>5 BRISTOL STREET</i>	License Number	<i>82193</i>
Town/City	<i>SALEM</i>	State	<i>MA</i>
Zip	<i>01970</i>	Telephone	<i>9787455364</i>
Signature		Expiration Date	<i>10/03/2013</i>
<b>3.2 Home Improvement Supervisor:</b>			
Company Name	<i>Lowes Home Improvement</i>	Address	<i>136 Turnpike Rd Suite 100</i>
Telephone	<i>6173590946</i>	Registration Number	<i>148688</i>
Signature		Expiration Date	<i>10/18/2013</i>
City	<i>Southborough</i>	State	<i>MA</i>
Zip	<i>01772</i>		
<b>SECTION 4- WORKER'S COMPENSATION INSURANCE(M.G.L.c.152* 25C(6))</b>			
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"/>			
<b>SECTION 5- DESCRIPTION OF PROPOSED WORK (check all applicable)</b> <input type="radio"/> 6th Edition <input type="radio"/> 7th Edition			
<input type="checkbox"/> New Construction	<input type="checkbox"/> Existing Building	<input checked="" 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 type="checkbox"/> Shed/Barn <input type="checkbox"/> Tenat Fitup(Commercial only) <input type="checkbox"/> Other      Specify:			
<b>Brief Description of Proposed Work:</b>			
<i>REMOVE/REPLACE 7 EXISTING WINDOWS. NO STRUCTURAL WORK BEING DONE.</i>			
<b>SECTION 6 - ESTIMATED CONSTRUCTION COSTS</b>			
<b>Item</b>	<b>Estimated Cost (Dollars) to be completed by permit applicant</b>	<b>Official Use Only</b>	
1. Building	<i>3506.00</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)	3506		
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>COMER MICHAEL +</b> , as Owner of the subject property hereby authorize <b>LOWES HOME IMPROVEMENT</b> to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date <b>12/15/2011</b>
<b>SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION</b>	
I, <b>LOWES HOME IMPROVEMENT</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>12/15/2011</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:	