

 <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-11-1924	10/13/2011	R-11-0278	1000	2727	10/13/2011

SECTION 1 - SITE INFORMATION

1.1 Property Address:	93 SHERMAN AV	1.2 Assessors Map & Parcel Number:			
		Map Number	21B	Parcel Number	21B 0 4

1.3 Zoning Information			1.4 Property Dimensions:		
Zoning District		Proposed Use	MFR	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 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>MOCCIA, JOSEPH E TRUSTEE</i>	Address <i>73 LITTLE NAHANT RD</i>		
Signature	Telephone No. <i>7815818800</i>	Alternate Telephone No. <i>7815818888</i>	
City <i>NAHANT</i>	State <i>MA</i>	Zip <i>01908</i>	

2.2 Authorized Agent:

Name <i>Brian Davidson</i>	Address <i>PO Box 8222 Lynn, MA 01904</i>		
Signature	Telephone No. <i>7818449779</i>	Alternate Telephone No.	

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Licensed Construction Supervisor	<i>Brian Davidson</i>		
Address	<i>PO Box 8222 Lynn, MA 01904</i>	License Number	<i>057251</i>
Town/City	<i>N. Billerica</i>	State	<i>MA</i>
Zip	<i>01862</i>	Telephone	<i>7818449779</i>
Signature		Expiration Date	<i>8/06/2013</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 No

SECTION 5- DESCRIPTION OF PROPOSED WORK (check all applicable) 6th Edition 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"/> 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:

Begin repair of fire, water and smoke damaged areas

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	<i>100000</i>	Story	<input type="text"/>
2. Electrical	<i>20000</i>	Number of Dwelling units	<input type="text"/>
3. Plumbing	<i>7500</i>	Comments	<input type="text"/>
4. Mechanical (HVAC)			
5. Fire Protection			
Total = (1+2+3+4+5)	127500		
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, MOCCIA, JOSEPH E TRUSTEE , as Owner of the subject property hereby authorize Brian Davidson to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 10/13/2011
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, Brian Davidson , 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 10/13/2011
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:	