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|  <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

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|---------------------|--------------|----------------|---------|-------------|-------------|
| Application Number: | Date Issued: | Permit Number: | FEE: \$ | Check No. : | Date Paid : |
| R-11-1869 | 9/1/2011 | R-11-0227 | 2750 | 4028 | 9/1/2011 |

SECTION 1 - SITE INFORMATION

| | | | | | |
|------------------------------|--------------|---|---|----------------------|--------|
| 1.1 Property Address: | 93 WILLOW RD | 1.2 Assessors Map & Parcel Number: | | | |
| | | Map Number | 9 | Parcel Number | 9 0 33 |

| | | | | | |
|-------------------------------|--|---------------------|---------------------------------|----------------------|-----------------------|
| 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. | | |

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

2.1 Owner of Record:

| | | |
|---|--|--------------------------------|
| Name <i>CONDON, JOHN P &</i> | Address <i>93 WILLOW RD</i> | |
| Signature | Telephone No. <i>6178397738</i> | Alternate Telephone No. |
| City <i>NAHANT</i> | State <i>MA</i> | Zip <i>01908</i> |

2.2 Authorized Agent:

| | | |
|-------------------------------------|---|--------------------------------|
| Name <i>Silva Bros Const</i> | Address <i>91 Babicz Rd Tewksbury MA</i> | |
| Signature | Telephone No. <i>7818631963</i> | Alternate Telephone No. |

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| SECTION 3 - CONSTRUCTION SERVICES | | | |
| 3.1 Licensed Construction Supervisor: | | | |
| Licensed Construction Supervisor | <i>Silva Brothers Construction</i> | | |
| Address | <i>91 Babicz Rd.</i> | License Number | <i>60800</i> |
| Town/City | <i>Tewkesbury</i> | State | <i>Ma.</i> |
| Zip | <i>01876</i> | Telephone | <i>6177812223</i> |
| Signature | | Expiration Date | <i>6/27/2013</i> |
| 3.2 Home Improvement Supervisor: | | | |
| Company Name | <i>Silva Brothers Construction</i> | Address | <i>41 Locust St.</i> |
| Telephone | <i>7818631962</i> | Registration Number | <i>104202</i> |
| Signature | | Expiration Date | <i>7/13/2012</i> |
| City | <i>Reading</i> | State | <i>ma.</i> |
| Zip | <i>01867</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 checked="" 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: | | | |
| Brief Description of Proposed Work: | | | |
| <i>alterations to existing house, repair, improve, and make home more energy efficient, new heating system, electrical upgrade, insulation, new windows, and sis=dng. No changes to existing building footprint.</i> | | | |
| SECTION 6 - ESTIMATED CONSTRUCTION COSTS | | | |
| Item | Estimated Cost (Dollars) to be completed by permit applicant | Official Use Only | |
| 1. Building | <i>275000</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) | 275000 | | |
| Building Permit Fee Multiplier | <input type="text"/> | | |
| Total Building Permit Fee | <input type="text"/> | | |

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| SECTION 7(a) OWNER AUTHORIZATION-TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTORS APPLIES FOR BUILDING PERMIT | |
| I, CONDON, JOHN P & , as Owner of the subject property hereby authorize Silva Bros Const to act on my behalf, in all matters relative to work authorized by this building permit application | |
| Signature of Owner | Date 9/1/2011 |
| SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION | |
| I, Silva Bros Const , 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 9/1/2011 |
| 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: | |