

 <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-11-1930	10/20/2011	R-11-0284	52	13697	10/20/2011

SECTION 1 - SITE INFORMATION

1.1 Property Address:	97 WILSON RD	1.2 Assessors Map & Parcel Number:			
		Map Number	25A	Parcel Number	25A 0 284

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 : 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 CANALI RALPH W JR +	Address 97 WILSON RD		
Signature	Telephone No. 7815815692	Alternate Telephone No.	
City NAHANT	State MA	Zip 01908	

2.2 Authorized Agent:

Name Brian Dennison	Address 104 Otis St Northboro, MA 01532		
Signature	Telephone No. 5089190992	Alternate Telephone No.	

SECTION 3 - CONSTRUCTION SERVICES				
3.1 Licensed Construction Supervisor:				
Licensed Construction Supervisor	<i>Brian Dennison</i>			
Address	<i>86 Crest Circle</i>	License Number	<i>95707</i>	
Town/City	<i>Worcester</i>	State	<i>MA</i>	
Zip	<i>01603</i>	Telephone	<i>5089190992</i>	
Signature		Expiration Date	<i>9/08/2012</i>	
3.2 Home Improvement Supervisor:				
Company Name	<i>Renewal By Andersen</i>	Address	<i>104 Otis St</i>	
Telephone	<i>5089190992</i>	Registration Number	<i>149601</i>	
Signature		Expiration Date	<i>1/24/2012</i>	
City	<i>Northboro</i>	State	<i>MA</i>	
Zip	<i>01532</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 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 checked="" type="checkbox"/> Other Specify: <i>replacement</i>
Brief Description of Proposed Work:				
<i>replace 3 windows - no structural change</i>				
SECTION 6 - ESTIMATED CONSTRUCTION COSTS				
Item	Estimated Cost (Dollars) to be completed by permit applicant		Official Use Only	
1. Building	<i>5170.00</i>		Story	<input type="text"/>
2. Electrical	<i>0</i>		Number of Dwelling units	<input type="text"/>
3. Plumbing	<i>0</i>			
4. Mechanical (HVAC)	<i>0</i>		Comments	<input type="text"/>
5. Fire Protection	<i>0</i>			
Total = (1+2+3+4+5)	<input type="text" value="5170"/>			
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, CANALI RALPH W JR + , as Owner of the subject property hereby authorize Brian Dennison to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 10/18/2011
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, Brian Dennison , 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 10/18/2011
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:	