

 <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, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING**

**THIS SECTION FOR OFFICIAL USE ONLY**

Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
C-12-2272	5/22/2012	C-12-0185	0		5/22/2012

**SECTION 1 - SITE INFORMATION**

1.1 Property Address:	147 NAHANT RD	1.2 Assessors Map & Parcel Number: Map Number 16 Parcel Number 16 0 46
1.3 Zoning Information Zoning District B1 Proposed Use OFFICE		1.4 Property Dimensions: Lot Area (sf) Frontage (ft)
1.5 Building Setbacks (ft)		
Front Yard (ft)		Side Yards (ft)
Required	Provided	Required
L. R.	L. R.	Required
1.6 Water Supply (M.G.L.c.40. § 54) Public <input type="radio"/> Private <input type="radio"/>		1.7 Flood Zone Information: Zone: Outside Flood Zone <input type="checkbox"/>
		1.8 Sewage Disposal System: Municipal <input type="radio"/> On site disposal system <input type="radio"/>

**SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT**

**2.1 Owner of Record:**

Name	RON BANCHONGMANIE ENTERPRISES	Address 5004 SPRINGDALE RD	
Signature:		Telephone No. 6172335055	Alternate Telephone No. 6172335055

**2.2 Authorized Agent:**

Name	PAN MANADEE	Address 122 WILSON RD NAHANT MA 01908	
Signature:		Telephone No. 6172335055	Alternate Telephone No.

**SECTION 3 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE**

**3.1 Licensed Construction Supervisor:**

Licensed Construction Supervisor	N/A	License Number	
Address		Expiration Date	

<b>Signature</b>	_____	<b>Telephone</b>
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<b>3.2 Home Improvement Supervisor:</b>			
Company Name	N/A	Registration Number	
Address		Expiration Date	
Signature		Telephone	
<b>SECTION 4 - WORKER'S COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 B 25C(6))</b>			
Worker's 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 - PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES - FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)		<input type="checkbox"/> Preliminary <input type="radio"/>	
		<input type="checkbox"/> Final <input type="radio"/>	
5.1 Registered Architect:			
Not Applicable <input type="checkbox"/>			
Name (Registrant):		Registration Number	
Address		Expiration Date	
Signature		Telephone	
5.2 Registered Professional Engineer (s):			
Name		Area of Responsibility	
Address		Registration Number	
Signature		Telephone	Expiration Date
Name		Area of Responsibility	
Address		Registration Number	
Signature		Telephone	Expiration Date
Name		Area of Responsibility	
Address		Registration Number	
Signature		Telephone	Expiration Date
Name		Area of Responsibility	
Address		Registration Number	
Signature		Telephone	Expiration Date
5.3 General Contractor			
Company Name		Not Applicable	<input type="checkbox"/>
Responsible In Charge of Construction			
Address			
Signature		Telephone	

<b>SECTION 6 - 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 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: <b>OCCUPANCY ONLY</b>

**Brief Description of Proposed Work:**  
**OCCUPANCY FOR INTERIOR DESIGN OFFICE**

<b>SECTION 7 - USE GROUP AND CONSTRUCTION TYPE</b>				
<b>USE GROUP (Check as applicable)</b>				<b>CONSTRUCTION TYPE</b>
<input type="checkbox"/> A Assembly	<input type="checkbox"/> A-1 <input type="radio"/>	<input type="checkbox"/> A-2 <input type="radio"/>	<input type="checkbox"/> A-3 <input type="radio"/>	<input type="checkbox"/> 1 A <input type="radio"/>
	<input type="checkbox"/> A-4 <input type="radio"/>	<input type="checkbox"/> A-5 <input type="radio"/>		<input type="checkbox"/> 1 B <input type="radio"/>
<input type="checkbox"/> B Business				<input type="checkbox"/> 2 A <input type="radio"/>
<input type="checkbox"/> E Educational				<input type="checkbox"/> 2 B <input type="radio"/>
<input type="checkbox"/> F Factory	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2		<input type="checkbox"/> 2 C <input type="radio"/>
<input type="checkbox"/> H High Hazard				<input type="checkbox"/> 3 A <input type="radio"/>
<input type="checkbox"/> I Institutional	<input type="checkbox"/> I-1 <input type="radio"/>	<input type="checkbox"/> I-2 <input type="radio"/>	<input type="checkbox"/> I-3 <input type="radio"/>	<input type="checkbox"/> 3 B <input type="radio"/>
<input type="checkbox"/> M Mechanical				<input type="checkbox"/> 4 <input type="radio"/>
<input type="checkbox"/> R Residential	<input type="checkbox"/> R-1 <input type="radio"/>	<input type="checkbox"/> R-2 <input type="radio"/>	<input type="checkbox"/> R-3 <input type="radio"/>	<input type="checkbox"/> 5 A <input type="radio"/>
<input type="checkbox"/> S Storage	<input type="checkbox"/> S-1 <input type="radio"/>	<input type="checkbox"/> S-2 <input type="radio"/>		<input type="checkbox"/> 5 B <input type="radio"/>
<input type="checkbox"/> U Utility	<input type="checkbox"/> Specify:			
<input type="checkbox"/> M Mixed Use	<input type="checkbox"/> Specify:			
<input type="checkbox"/> S Special Use	<input type="checkbox"/> Specify:			

**COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE**

Existing Use Group:	<b>MASSAGE THERAPIST</b>	Proposed Use Group:	<b>INTERIOR DESIGN OFFICE</b>
Existing Hazard Index 780 CMR 34:		Proposed Hazard Index 780 CMR 34:	

<b>SECTION 8 - BUILDING HEIGHT AND AREA</b>		
<b>BUILDING AREA</b>	<b>Existing (if applicable)</b>	<b>Proposed</b>
Number of Floors or stories include basement levels		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		

**SECTION 9 - STRUCTURAL PEER REVIEW (780 CMR 110.11)**

Independent Structural Engineering Stuctural Peer Review Required    Yes  No

**SECTION 10a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

I, **RON BANCHONGMANIE ENTERPRISES** as owner of the subject property hereby authorize **PAN MANADEE** to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner \_\_\_\_\_

Date 5/9/2012

**SECTION 10b - OWNER/AUTHORIZED AGENT DECLARATION**

I, **PAN MANADEE** 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. Signed under the pains and penalties of perjury.

Name	<b>PAN MANADEE</b>	
Signature of Owner/Agent	_____	Date <b>5/9/2012</b>

**SECTION 11 - ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	0	Story	<input type="text"/>
2. Electrical	0	Number of Dwelling units	<input type="text"/>
3. Plumbing	0	Comments	<input type="text"/>
4. Mechanical (HVAC)	0		
5. Fire Protection	0		
Total = (1+2+3+4+5)	0		
Building Permit Fee Multiplier	<input type="text"/>		
Total Building Permit Fee	<input type="text"/>		

**SECTION 12 - 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: