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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

| | | | | | |
|---------------------|--------------|----------------|---------|-------------|-------------|
| Application Number: | Date Issued: | Permit Number: | FEE: \$ | Check No. : | Date Paid : |
| R-12-2546 | 12/4/2012 | R-12-0419 | 70 | 350 | 12/4/2012 |

SECTION 1 - SITE INFORMATION

| | | | | | |
|------------------------------|---------------|---|----|----------------------|---------|
| 1.1 Property Address: | 169 NAHANT RD | 1.2 Assessors Map & Parcel Number: | | | |
| | | Map Number | 16 | Parcel Number | 16 0 54 |

| | | | | | |
|-------------------------------|--|---------------------|---------------------------------|----------------------|-----------------------|
| 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 NAHANT RD REALTY LLC | Address 809 POLO PLACE | |
| Signature | Telephone No. 7011111111 | Alternate Telephone No. |
| City GREAT FALLS | State VA | Zip 22066 |

2.2 Authorized Agent:

| | | |
|--|--|--------------------------------|
| Name Max Sontz Roofing Services, Inc | Address | |
| Signature | Telephone No. 7815939300 | Alternate Telephone No. |

| SECTION 3 - CONSTRUCTION SERVICES | | | | |
|--|--|--|--|---|
| 3.1 Licensed Construction Supervisor: | | | | |
| Licensed Construction Supervisor | <i>Max Sontz Roofing Services, Inc.</i> | | | |
| Address | <i>82 Sanderson Avenue</i> | License Number | <i>75259</i> | |
| Town/City | <i>Lynn</i> | State | <i>MA</i> | |
| Zip | <i>01902</i> | Telephone | <i>7815939300</i> | |
| Signature | Expiration Date | | | |
| 3.2 Home Improvement Supervisor: | | | | |
| Company Name | <i>Max Sontz Roofing Services, Inc.</i> | Address | <i>82 Sanderson Avenue</i> | |
| Telephone | <i>7815939300</i> | Registration Number | <i>75259</i> | |
| Signature | Expiration Date | | | |
| City | <i>Lynn</i> | State | <i>MA</i> | |
| Zip | <i>01902</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 checked="" type="checkbox"/> Roof | <input type="checkbox"/> Siding | <input type="checkbox"/> Other Specify: |
| Brief Description of Proposed Work: | | | | |
| <i>Install New Rubber Roof with new insulation on the Garage roof deck.</i> | | | | |
| SECTION 6 - ESTIMATED CONSTRUCTION COSTS | | | | |
| Item | Estimated Cost (Dollars) to be completed by permit applicant | Official Use Only | | |
| 1. Building | <i>7000</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) | <input type="text" value="7000"/> | | | |
| 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, NAHANT RD REALTY LLC , as Owner of the subject property hereby authorize Max Sontz Roofing Services, Inc to act on my behalf, in all matters relative to work authorized by this building permit application | |
| Signature of Owner | Date 12/4/2012 |
| SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION | |
| I, Max Sontz Roofing Services, Inc , 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 12/4/2012 |
| 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: | |