

 <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>
---	---

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-12-2145	2/7/2012	R-12-0058	400	1069	2/7/2012

SECTION 1 - SITE INFORMATION

1.1 Property Address:	267 NAHANT RD	1.2 Assessors Map & Parcel Number:			
		Map Number	9	Parcel Number	9 0 20

1.3 Zoning Information				1.4 Property Dimensions:			
Zoning District	R2	Proposed Use	SFR	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"/>
---	--	--

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

Name ANTRIM, JOSHUA A &	Address 267 NAHANT RD		
Signature	Telephone No. 7815812612	Alternate Telephone No. 9789856078	
City NAHANT	State MA	Zip 01908	

2.2 Authorized Agent:

Name DEREK PETERSON	Address 9 TRINITY AVE LYNN, MA		
Signature	Telephone No. 7815930077	Alternate Telephone No. 7815959005	

SECTION 3 - CONSTRUCTION SERVICES			
3.1 Licensed Construction Supervisor:			
Licensed Construction Supervisor	<i>Sequoia Builders Inc</i>		
Address	<i>9 Trinity Ave</i>	License Number	<i>151859</i>
Town/City	<i>Lynn</i>	State	<i>MA</i>
Zip	<i>01902</i>	Telephone	<i>7815930077</i>
Signature		Expiration Date	<i>7/13/2012</i>
3.2 Home Improvement Supervisor:			
Company Name	<i>Sequoia Builders Inc</i>	Address	<i>9 Trinity Ave</i>
Telephone	<i>7815930077</i>	Registration Number	<i>151859</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 checked="" type="checkbox"/> Existing Building	<input type="checkbox"/> Repair(s)	<input 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"/> Other Specify:
Brief Description of Proposed Work:			
<i>Kitchen renovation within footprint of existing kitchen, replace sink & tub & repair walls in existing upstairs bathroom (renovate).</i>			
SECTION 6 - ESTIMATED CONSTRUCTION COSTS			
Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	<i>40000</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="40000"/>		
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, ANTRIM, JOSHUA A & , as Owner of the subject property hereby authorize DEREK PETERSON to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 1/18/2012
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, DEREK PETERSON , 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 1/18/2012
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:	