The Commonwealth of Massachusetts
State Board of Building Regulations and Standards
Massachusetts State Building Code
780 CMR

TOWN OF NAHANT
BUILDING DEPARTMENT, TOWN HALL
334 Nahant Road, NAHANT, MA 01908

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-12-2281	5/22/2012	R-12-0184	56	103	5/22/2012

SECTION 1 - SITE INFORMATION

1.1 Property Address:	271 NAHANT RD	1.2 Assessors Map & Parcel Number:			
		Map Number	9	Parcel Number	9 0 21

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)	1.7 Flood Zone	1.8 Sewage Disposal System :
Public : Private :	Zone : Outside Flood Zone : ☐	Municipal : On site disposal system :

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

Name JESMOND NURSING HOME CORP	Address 271 NAHANT RD	
Signature	Telephone No. 6178999876	Alternate Telephone No.
City NAHANT	State MA	Zip 01908

2.2 Authorized Agent:

Name Marcelo De Souza	Address 20 augustus st Revere,ma	
Signature	Telephone No. 6175071703	Alternate Telephone No. 6172067862

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Licensed Consruction Supervisor	*Marcelo Desouza*		
Address	*20 augustus st*	License Number	*100141*
Town/City	*Revere MA*	State	*MA*
Zip	*02151*	Telephone	*6172067862*
Signature		Expiration Date	

3.2 Home Improvement Supervisor:

Company Name	*Marcello Roofing*	Address	*20 augustus st*
Telephone		Registration Number	*153852*
Signature		Expiration Date	
City	*Revere*	State	*MA*
Zip	*02151*		

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 ☑ No ☐

SECTION 5- DESCRIPTION OF PROPOSED WORK (check all applicable) ○ 6th Edition ○ 7th Edition

☐ New Construction	☐ Existing Building	☑ Repair(s)	☐ Alteration(s)	☐ Addition
☐ Accessory Bldg	☐ Demolition	☐ Fence	☐ Home Occupation	☐ Shed/Barn
☐ Wood Stove	☐ Pool AG	☐ Pool IG	☐ Deck	☐ Tenat Fitup(Commercial only)
☐ Tent	☐ Retaining Wall	☑ Roof	☐ Siding	☐ Other Specify:

Brief Description of Proposed Work:

Remove and disposal old gutters. Install new gutters. Repair 2 sq feet of roof

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant
1. Building	*5600*
2. Electrical	
3. Plumbing	
4. Mechanical (HVAC)	
5. Fire Protection	
Total = (1+2+3+4+5)	5600
Building Permit Fee Multiplier	
Total Building Permit Fee	

Official Use Only	
Story	
Number of Dwelling units	
Comments	

SECTION 7(a) OWNER AUTHORIZATION-TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTORS APPLIES FOR BUILDING PERMIT	
I, *JESMOND NURSING HOME CORP*, as Owner of the subject property hereby authorize *Marcelo De Souza* to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date *5/17/2012*
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, *Marcelo De Souza*, 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 *5/17/2012*
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:	