

 <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, 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-12-2355	7/17/2012	C-12-0243	40	2134	7/17/2012

SECTION 1 - SITE INFORMATION

1.1 Property Address:	280 NAHANT RD	1.2 Assessors Map & Parcel Number: Map Number 8 Parcel Number 8 0 1			
1.3 Zoning Information Zoning District Proposed Use		1.4 Property Dimensions: Lot Area (sf) Frontage (ft)			
1.5 Building Setbacks (ft)					
Front Yard (ft)		Side Yards (ft)		Rear Yard (ft)	
Required	Provided	Required	Provided	Required	Provided
		L. R.	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 Information: Zone: 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	NEW NAHANT LAND CO INC	Address P.O. BOX 90			
Signature:	_____	Telephone No. 7815924863	Alternate Telephone No. 7815924863		
2.2 Authorized Agent:					
Name	AB CARNES, INC.	Address 30 ARROWHEAD FARM RD, BOXFORD, MA			
Signature:	_____	Telephone No. 9788871431	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	AB CARNES, INC.	License Number	CS230
Address	30 ARROWHEAD FARM RD, BOXFORD, MA	Expiration Date	3/07/2014

Signature	_____	Telephone	9788871431
------------------	-------	------------------	-------------------

3.2 Home Improvement Supervisor:			
Company Name	<i>AB CARNES, INC.</i>	Registration Number	<i>100733</i>
Address	<i>30 ARROWHEAD FARM RD, BOXFORD,MA</i>	Expiration Date	<i>6/23/2014</i>
Signature	_____	Telephone	<i>9788871431</i>

SECTION 4 - WORKER'S COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 B 25C(6))

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 No

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

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	<i>AB CARNES, INC.</i>	Not Applicable	<input type="checkbox"/>
Responsible In Charge of Construction	<i>BARRY CARNES</i>		
Address	<i>30 ARROWHEAD FARM RD, BOXFORD, MA</i>		
Signature	_____	Telephone	<i>9788871431</i>

SECTION 10b - OWNER/AUTHORIZED AGENT DECLARATION

I, **AB CARNES, 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. Signed under the pains and penalties of perjury.

Name	NEW NAHANT LAND CO INC	
Signature of Owner/Agent	_____	Date 7/16/2012

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	3200	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)	3200		
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: