

 <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 :
<i>R-12-2335</i>	<i>7/5/2012</i>	<i>R-12-0236</i>	<i>0</i>		<i>7/5/2012</i>

**SECTION 1 - SITE INFORMATION**

<b>1.1 Property Address:</b>	<i>4 NAUTICAL LN</i>	<b>1.2 Assessors Map &amp; Parcel Number:</b>			
		<b>Map Number</b>	<i>13</i>	<b>Parcel Number</b>	<i>13 0 40</i>

<b>1.3 Zoning Information</b>			<b>1.4 Property Dimensions:</b>		
<b>Zoning District</b>		<b>Proposed Use</b>		<b>Lot Area (sf)</b>	<b>Frontage (ft.)</b>

**1.5 Building Setbacks (ft.)**

	<b>Front (ft.)</b>	<b>Side (ft.)</b>	<b>Rear (ft.)</b>	<b>Distance from wetland</b>
<b>Required</b>		L. R.		ft.
<b>Provided</b>		L. R.		

<b>1.6 Water Supply (M.G.L.c.40.* 54)</b> Public :                      Private :	<b>1.7 Flood Zone</b> Zone :            Outside Flood Zone : <input type="checkbox"/>	<b>1.8 Sewage Disposal System :</b> Municipal :            On site disposal system :
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**SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT**

**2.1 Owner of Record:**

<b>Name</b> <i>TARASON, ROBERT &amp;</i>	<b>Address</b> <i>4 NAUTICAL LN</i>		
<b>Signature</b>	<b>Telephone No.</b> <i>7815921142</i>	<b>Alternate Telephone No.</b>	
<b>City</b> <i>NAHANT</i>	<b>State</b> <i>MA</i>	<b>Zip</b> <i>01908</i>	

**2.2 Authorized Agent:**

<b>Name</b> <i>Mary Tarason</i>	<b>Address</b>		
<b>Signature</b>	<b>Telephone No.</b> <i>7815921142</i>	<b>Alternate Telephone No.</b>	

<b>SECTION 3 - CONSTRUCTION SERVICES</b>				
<b>3.1 Licensed Construction Supervisor:</b>				
Licensed Construction Supervisor				
Address		License Number		
Town/City		State		
Zip		Telephone		
Signature		Expiration Date		
<b>3.2 Home Improvement Supervisor:</b>				
Company Name		Address		
Telephone		Registration Number		
Signature		Expiration Date		
City		State		
Zip				
<b>SECTION 4- WORKER'S COMPENSATION INSURANCE(M.G.L.c.152* 25C(6))</b>				
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"/>				
<b>SECTION 5- 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: <i>Kitchen in Lower Level</i>
<b>Brief Description of Proposed Work:</b>				
<i>Installation of new cabinets and counter.</i>				
<b>SECTION 6 - ESTIMATED CONSTRUCTION COSTS</b>				
<b>Item</b>	<b>Estimated Cost (Dollars) to be completed by permit applicant</b>		<b>Official Use Only</b>	
1. Building	<i>0</i>		Story	<input type="text"/>
2. Electrical	<i>0</i>		Number of Dwelling units	<input type="text"/>
3. Plumbing	<i>0</i>			Comments
4. Mechanical (HVAC)	<i>0</i>			
5. Fire Protection	<i>0</i>			
Total = (1+2+3+4+5)	0 <input type="text"/>			
Building Permit Fee Multiplier	<input type="text"/>			
Total Building Permit Fee	<input type="text"/>			

<b>SECTION 7(a) OWNER AUTHORIZATION-TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTORS APPLIES FOR BUILDING PERMIT</b>	
I, <b>TARASON, ROBERT &amp;</b> , as Owner of the subject property hereby authorize <b>Mary Tarason</b> to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date <b>6/29/2012</b>
<b>SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION</b>	
I, <b>Mary Tarason</b> , 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 <b>6/29/2012</b>
<b>SECTION 8 - THIS SECTION FOR OFFICIAL USE ONLY</b>	
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:	