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, 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-12-2259	5/2/2012	C-12-0163	20		5/2/2012

SECTION 1 - SITE INFORMATION

1.1 Property Address:	430 NAHANT RD	1.2 Assessors Map & Parcel Number: Map Number 1B Parcel Number 1B 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. ß 54) Public ○ Private ○	1.7 Flood Zone Information: Zone: Outside Flood Zone ☐	1.8 Sewage Disposal System: Municipal ○ On site disposal system ○

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

Name	NORTH EASTERN UNIVERSITY	Address	360 HUNTINGTON AVENUE
Signature:	_____	Telephone No. 6175903594	Alternate Telephone No. 6175903594

2.2 Authorized Agent:

Name	Edward Duffy	Address	
Signature:	_____	Telephone No. 6175903594	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		License Number	
Address		Expiration Date	
Signature	_____	Telephone	

3.2 Home Improvement Supervisor:

Company Name		Registration Number	
Address		Expiration Date	
Signature	_____	Telephone	

SECTION 4 - WORKER'S COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 ß 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)	☐ Preliminary	
	☐ Final	

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		Not Applicable	☐
Responsible In Charge of Construction			
Address			
Signature	_____	Telephone	

SECTION 6 - 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: *2 temp. trailers*

Brief Description of Proposed Work:

To set up 2 temporary office trailers to be used as temporary office space. A bulding permit will be filed for in a few weeks for the office renovation work. Electrical permit will also be filed for to power up the trailers. There will be no plumbing work in the trailers.

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE

USE GROUP (Check as applicable)					CONSTRUCTION TYPE
A Assembly	☐	A-1 ○	A-2 ○	A-3 ○	1 A ○
		A-4 ○	A-5 ○		1 B ○
B Business	☐				2 A ○
E Educational	☐				2 B ○
F Factory	☐	F-1	F-2		2 C ○
H High Hazard	☐				3 A ○
I Institutional	☐	I -1 ○	I -2 ○	I -3 ○	3 B ○
M Mechanical	☐				4 ○
R Residential	☐	R-1 ○	R-2 ○	R-3 ○	5 A ○
S Storage	☐	S-1 ○	S-2 ○		5 B ○
U Utility	☐	Specify:			
M Mixed Use	☐	Specify:			
S Special Use	☐	Specify:			

COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE

Existing Use Group:	Proposed Use Group:
Existing Hazard Index 780 CMR 34:	Proposed Hazard Index 780 CMR 34:

SECTION 8 - BUILDING HEIGHT AND AREA

BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or stories include basement levels		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		

SECTION 9 - STRUCTURAL PEER REVIEW (780 CMR 110.11)

Independent Structural Engineering Stuctural Peer Review Required Yes ☐ No ☑

SECTION 10a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, *NORTH EASTERN UNIVERSITY* as owner of the subject property hereby authorize *Edward Duffy* to act on my

behalf, in all matters relative to work authorized by this building permit application.	
Signature of Owner _____	**Date** ***5/1/2012***

SECTION 10b - OWNER/AUTHORIZED AGENT DECLARATION

I, *Edward Duffy* 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	*Edward Duffy*	
Signature of Owner/Agent	_____	**Date** *5/1/2012*

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant
1. Building	*2000.00*
2. Electrical	
3. Plumbing	
4. Mechanical (HVAC)	
5. Fire Protection	
Total = (1+2+3+4+5)	2000
Building Permit Fee Multiplier	
Total Building Permit Fee	

Official Use Only	
Story	
Number of Dwelling units	
Comments	

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: