

 <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, 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-12-2387	8/16/2012	C-12-0283	20		8/16/2012

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)
Required	Provided	Required
L. R.	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	NORTH EASTERN UNIVERSITY	Address 360 HUNTINGTON AVENUE	
Signature:	_____	Telephone No. 6175903594	Alternate Telephone No. 6175903594
2.2 Authorized Agent:			
Name	Edward Duffy	Address 360 Huntington Ave Boston MA 02115	
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 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>			
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 <input type="checkbox"/>			
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	<input type="checkbox"/>
Responsible In Charge of Construction			
Address			
Signature		Telephone	

SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable) 6th Edition 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>Temp Trailer</i>

Brief Description of Proposed Work:

To set up a temporary office trailer to be used as temporary office space. Electrical permit will be filed to power up trailers. There will be no plumbing work in the trailer.

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE

USE GROUP (Check as applicable)				CONSTRUCTION TYPE
A Assembly	<input type="checkbox"/> A-1	<input type="checkbox"/> A-2	<input type="checkbox"/> A-3	<input type="checkbox"/> 1 A
	<input type="checkbox"/> A-4	<input type="checkbox"/> A-5		<input type="checkbox"/> 1 B
B Business				<input type="checkbox"/> 2 A
E Educational				<input type="checkbox"/> 2 B
F Factory	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2		<input type="checkbox"/> 2 C
H High Hazard				<input type="checkbox"/> 3 A
I Institutional	<input type="checkbox"/> I-1	<input type="checkbox"/> I-2	<input type="checkbox"/> I-3	<input type="checkbox"/> 3 B
M Mechanical				<input type="checkbox"/> 4
R Residential	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3	<input type="checkbox"/> 5 A
S Storage	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2		<input type="checkbox"/> 5 B
U Utility	<input type="checkbox"/> Specify:			
M Mixed Use	<input type="checkbox"/> Specify:			
S Special Use	<input type="checkbox"/> 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 Duffyy** to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner _____

Date **8/10/2012**

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	<i>Edward Duffy</i>	
Signature of Owner/Agent	_____	Date <i>8/10/2012</i>

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building		Story	
2. Electrical		Number of Dwelling units	
3. Plumbing		Comments	
4. Mechanical (HVAC)			
5. Fire Protection			
Total = (1+2+3+4+5)	0		
Building Permit Fee Multiplier			
Total Building Permit Fee			

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: