

 <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, 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-12-2488	10/5/2012	R-12-0364	65	5915	10/5/2012
SECTION 1 - SITE INFORMATION					
1.1 Property Address:		61 COLBY WY		1.2 Assessors Map & Parcel Number:	
		Map Number	18	Parcel Number	18 0 50
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) Public : <input checked="" type="radio"/> Private : <input type="radio"/>		1.7 Flood Zone Zone : <input type="checkbox"/> 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 CLEMENTS FRANK N +		Address 61 COLBY WAY			
Signature		Telephone No. 7815811345	Alternate Telephone No.		
City NAHANT		State MA	Zip 01908		
2.2 Authorized Agent:					
Name PRECISION ROOFING LLC		Address 126 NEW ESTATE, LITTLETON, MA			
Signature		Telephone No. 9786351023	Alternate Telephone No.		

SECTION 3 - CONSTRUCTION SERVICES			
3.1 Licensed Construction Supervisor:			
Licensed Construction Supervisor	<i>PRECISION</i>		
Address	<i>126 NEW ESTATE RD</i>	License Number	<i>99691</i>
Town/City	<i>SHIRLEY</i>	State	<i>MA</i>
Zip	<i>01464</i>	Telephone	<i>9786350123</i>
Signature		Expiration Date	<i>10/17/2013</i>
3.2 Home Improvement Supervisor:			
Company Name	<i>PRECISION</i>	Address	<i>126 NEW ESTATE RD</i>
Telephone	<i>9786350123</i>	Registration Number	<i>130275</i>
Signature		Expiration Date	<i>2/09/2014</i>
City	<i>SHIRLEY</i>	State	<i>MA</i>
Zip	<i>01464</i>		
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>			
SECTION 5- DESCRIPTION OF PROPOSED WORK (check all applicable) <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"/> Accessory Bldg	<input type="checkbox"/> Demolition	<input type="checkbox"/> Fence	<input type="checkbox"/> Home Occupation
<input type="checkbox"/> Wood Stove	<input type="checkbox"/> Pool AG	<input type="checkbox"/> Pool IG	<input type="checkbox"/> Deck
<input type="checkbox"/> Tent	<input type="checkbox"/> Retaining Wall	<input checked="" type="checkbox"/> Roof	<input type="checkbox"/> Siding
<input type="checkbox"/> Addition <input type="checkbox"/> Shed/Barn <input type="checkbox"/> Tenat Fitup(Commercial only) <input type="checkbox"/> Other Specify:			
Brief Description of Proposed Work:			
<i>STRIP & RE-ROOF</i>			
SECTION 6 - ESTIMATED CONSTRUCTION COSTS			
Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	<i>6500</i>	Story	<input type="text"/>
2. Electrical		Number of Dwelling units	<input type="text"/>
3. Plumbing			
4. Mechanical (HVAC)		Comments	<input type="text"/>
5. Fire Protection			
Total = (1+2+3+4+5)	<input type="text" value="6500"/>		
Building Permit Fee Multiplier	<input type="text"/>		
Total Building Permit Fee	<input type="text"/>		

SECTION 7(a) OWNER AUTHORIZATION-TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTORS APPLIES FOR BUILDING PERMIT	
I, CLEMENTS FRANK N + , as Owner of the subject property hereby authorize PRECISION ROOFING LLC to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 10/03/2012
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, PRECISION ROOFING LLC , 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 10/03/2012
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:	