

 <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 :		
<i>R-12-2540</i>	<i>12/6/2012</i>	<i>R-12-0426</i>	<i>150</i>	<i>12336</i>	<i>12/6/2012</i>		
SECTION 1 - SITE INFORMATION							
1.1 Property Address:		<i>63 SPRING RD</i>		1.2 Assessors Map & Parcel Number:			
		Map Number	<i>12B</i>	Parcel Number	<i>12B 0 66</i>		
1.3 Zoning Information			1.4 Property Dimensions:				
Zoning District	<i>R2</i>	Proposed Use	<i>1 family</i>	Lot Area (sf)	<i>.174</i>	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)		1.7 Flood Zone		1.8 Sewage Disposal System :			
Public : <input checked="" type="radio"/> Private : <input type="radio"/>		Zone : <input type="checkbox"/> Outside Flood Zone : <input checked="" type="checkbox"/>		Municipal : <input checked="" type="radio"/> On site disposal system : <input type="radio"/>			
SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT							
2.1 Owner of Record:							
Name <i>BURCHELL, WILLIAM G &amp;</i>		Address <i>63 SPRING RD</i>					
Signature		Telephone No. <i>7815816266</i>		Alternate Telephone No.			
City <i>NAHANT</i>		State <i>MA</i>		Zip <i>01908</i>			
2.2 Authorized Agent:							
Name <i>Mario Spinucci</i>		Address <i>12 Sunset Rd Nahant, MA</i>					
Signature		Telephone No. <i>7815816266</i>		Alternate Telephone No. <i>6172404146</i>			

<b>SECTION 3 - CONSTRUCTION SERVICES</b>			
<b>3.1 Licensed Construction Supervisor:</b>			
Licensed Construction Supervisor	<i>M.S. Construction</i>		
Address	<i>12 Sunset Rd.</i>	License Number	<i>46132</i>
Town/City	<i>Nahant</i>	State	<i>MA</i>
Zip	<i>01908</i>	Telephone	<i>7815816266</i>
Signature		Expiration Date	<i>8/13/2013</i>
<b>3.2 Home Improvement Supervisor:</b>			
Company Name	<i>M.S. Construction</i>	Address	<i>12 Sunset Rd</i>
Telephone	<i>7815816266</i>	Registration Number	<i>104872</i>
Signature		Expiration Date	<i>7/15/2014</i>
City	<i>Nahant</i>	State	<i>MA</i>
Zip	<i>01908</i>		
<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 checked="" 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 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:
<b>Brief Description of Proposed Work:</b>			
<i>Block in 2 windows and move wall in master bedroom flush with back of house. enlarge 2nd floor deck to 12x12 as per plans. Above existing 1st floor deck.</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>15000</i>	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)	<input type="text" value="15000"/>		
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>BURCHELL, WILLIAM G &amp;</b> , as Owner of the subject property hereby authorize <b>Mario Spinucci</b> to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date <b>11/29/2012</b>
<b>SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION</b>	
I, <b>Mario Spinucci</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>11/29/2012</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:	