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, 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-13-3057	11/7/2013	R-13-0424	20	195	11/7/2013

SECTION 1 - SITE INFORMATION

1.1 Property Address:	120 Willow Rd	1.2 Assessors Map & Parcel Number:			
		Map Number	7	Parcel Number	7 0 30

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	25	L. 25 R. 10	25	ft.
Provided		L. R. 11	30	

1.6 Water Supply (M.G.L.c.40.* 54)	1.7 Flood Zone	1.8 Sewage Disposal System :
Public : ◉ Private : ○	Zone : Outside Flood Zone : ☑	Municipal : ◉ On site disposal system : ○

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

Name Charles Waelde	Address	
Signature	Telephone No. 8082989544	Alternate Telephone No. 9785786666
City Nahant	State MA	Zip 01908

2.2 Authorized Agent:

Name Charles Waelde	Address	
Signature	Telephone No. 9785786666	Alternate Telephone No.

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Licensed Consruction Supervisor	*Charles Waelde*		
Address	*120 Willow Rd nahant MA 01908*	License Number	*86598*
Town/City	*Nahant*	State	*ma*
Zip	*01908*	Telephone	*9785786666*
Signature		Expiration Date	

3.2 Home Improvement Supervisor:

Company Name	*Charles Waelde*	Address	*120 Willow Rd nahant MA 01908*
Telephone	*9785786666*	Registration Number	*86598*
Signature		Expiration Date	
City	*Nahant*	State	*ma*
Zip	*01908*		

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 ☑ No ☐

SECTION 5- 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:

Brief Description of Proposed Work:

shed being built in back right corner of yard 11 ft from side property line 30 feet from back property line shed is 10ftx24ft

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant
1. Building	*2000*
2. Electrical	*0*
3. Plumbing	*0*
4. Mechanical (HVAC)	*0*
5. Fire Protection	*0*
Total = (1+2+3+4+5)	2000

Official Use Only	
Story	
Number of Dwelling units	

Building Permit Fee Multiplier		**Comments**	
Total Building Permit Fee			

SECTION 7(a) OWNER AUTHORIZATION-TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTORS APPLIES FOR BUILDING PERMIT	
I, *Charles Waelde*, as Owner of the subject property hereby authorize *Charles Waelde* to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date *11/5/2013*
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, *Charles Waelde*, 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 *11/5/2013*
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:	