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-13-3103	*12/6/2013*	*R-13-0464*	*150*	*4185*	*12/6/2013*

SECTION 1 - SITE INFORMATION

1.1 Property Address:	*14 HARBOR VIEW RD*	1.2 Assessors Map & Parcel Number:			
		Map Number	*23*	Parcel Number	*23 0 13*

1.3 Zoning Information			
Zoning District		Proposed Use	

1.4 Property Dimensions:			
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)	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 *PHILLIPS, SUZETTE*	Address *14 HARBOR VIEW RD*	
Signature	Telephone No. *6177714165*	Alternate Telephone No.
City *NAHANT*	State *MA*	Zip *01908*

2.2 Authorized Agent:

Name *ALLAN COLPITTS*	Address *POWER HOME REMODELING FROUP 2501 SEAPORT DR CHESTER PA 19013*	
Signature	Telephone No. *6108745000*	Alternate Telephone No.

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Licensed Consruction Supervisor	*ALLAN COLPITTS*		
Address	*3 CHRISTIAN DRIVE*	License Number	*1979*
Town/City	*NASHUA*	State	*NH*
Zip	*03063*	Telephone	*6108745000*
Signature		Expiration Date	*5/07/2014*

3.2 Home Improvement Supervisor:

Company Name	*POWER HOME REMODELING GROUP*	Address	*2501 SEAPORT DRIVE*
Telephone	*6108745000*	Registration Number	*168616*
Signature		Expiration Date	*3/18/2015*
City	*CHESTER*	State	*PA*
Zip	*19013*		

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:

STRIP AND REROOF HOUSE WITH GAF ARCHITECTURAL SHINGLES--17 SQ; INSTALL GUTTERS

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant
1. Building	*14951*
2. Electrical	
3. Plumbing	
4. Mechanical (HVAC)	
5. Fire Protection	
Total = (1+2+3+4+5)	14951
Building Permit Fee Multiplier	
Total Building Permit Fee	

Official Use Only	
Story	
Number of Dwelling units	
Comments	

SECTION 7(a) OWNER AUTHORIZATION-TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTORS APPLIES FOR BUILDING PERMIT	
I, *PHILLIPS, SUZETTE*, as Owner of the subject property hereby authorize *ALLAN COLPITTS* to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date *12/5/2013*
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, *ALLAN COLPITTS*, 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 *12/5/2013*
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:	