

 <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-13-2727</i>	<i>5/3/2013</i>	<i>R-13-0134</i>	<i>2660</i>	<i>1337</i>	<i>5/3/2013</i>		
SECTION 1 - SITE INFORMATION							
1.1 Property Address:		<i>18 FURBUSH RD</i>		1.2 Assessors Map & Parcel Number:			
		Map Number	<i>3B</i>	Parcel Number	<i>3B 0 23</i>		
1.3 Zoning Information			1.4 Property Dimensions:				
Zoning District	<i>R2</i>	Proposed Use	<i>Single Family</i>	Lot Area (sf)	<i>8476</i>	Frontage (ft.)	<i>50</i>
1.5 Building Setbacks (ft.)							
	Front (ft.)	Side (ft.)	Rear (ft.)	Distance from wetland			
Required		L. <i>10</i> R. <i>20</i>	<i>20</i>	ft.			
Provided	<i>34.1</i>	L. <i>25</i> R. <i>0.4</i>	<i>1.2</i>				
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 checked="" type="radio"/> <i>A2</i> 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 <i>BOSSARTE GEORGE P</i>		Address <i>4 ANTRIM STREET</i>					
Signature		Telephone No. <i>6178760390</i>		Alternate Telephone No. <i>6178760390</i>			
City <i>CAMBRIDGE</i>		State <i>MA</i>		Zip <i>02139</i>			
2.2 Authorized Agent:							
Name <i>Walter Jacob Architects</i>		Address <i>3 Pleasant Street, Marblehead Ma 01945</i>					
Signature		Telephone No. <i>7816317440</i>		Alternate Telephone No. <i>7816317440</i>			

SECTION 3 - CONSTRUCTION SERVICES				
3.1 Licensed Construction Supervisor:				
Licensed Construction Supervisor	<i>Brian Jacob Construction</i>			
Address	<i>10 Cheever Ave</i>	License Number	<i>096906</i>	
Town/City	<i>Marblehead</i>	State	<i>MA</i>	
Zip	<i>01945</i>	Telephone	<i>7817719374</i>	
Signature		Expiration Date	<i>10/17/2014</i>	
3.2 Home Improvement Supervisor:				
Company Name	<i>Brian Jacob Construction</i>	Address	<i>10 Cheever Ave</i>	
Telephone	<i>7817719374</i>	Registration Number	<i>165221</i>	
Signature		Expiration Date	<i>1/14/2014</i>	
City	<i>Marblehead</i>	State	<i>MA</i>	
Zip	<i>01945</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 checked="" type="checkbox"/> Existing Building	<input checked="" type="checkbox"/> Repair(s)	<input checked="" type="checkbox"/> Alteration(s)	<input checked="" 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 type="checkbox"/> Other Specify:
Brief Description of Proposed Work:				
<i>Raise Existing structures to meet flood code.</i>				
SECTION 6 - ESTIMATED CONSTRUCTION COSTS				
Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only		
1. Building	<i>311000</i>	Story	<input type="text"/>	
2. Electrical		Number of Dwelling units	<input type="text"/>	
3. Plumbing		Comments	<input type="text"/>	
4. Mechanical (HVAC)	<i>11000</i>			
5. Fire Protection				
Total = (1+2+3+4+5)	<input type="text" value="322000"/>			
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, BOSSARTE GEORGE P , as Owner of the subject property hereby authorize Walter Jacob Architects to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 4/25/2013
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, Walter Jacob Architects , 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 4/25/2013
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:	