

 <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>
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**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-13-2607	1/23/2013	R-13-0032	300	1130	1/23/2013

**SECTION 1 - SITE INFORMATION**

<b>1.1 Property Address:</b>	182 WILSON RD	<b>1.2 Assessors Map &amp; Parcel Number:</b>			
		Map Number	25C	Parcel Number	25C 0 28

<b>1.3 Zoning Information</b>			<b>1.4 Property Dimensions:</b>		
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.		

<b>1.6 Water Supply (M.G.L.c.40.* 54)</b> Public : <input checked="" type="radio"/> Private : <input type="radio"/>	<b>1.7 Flood Zone</b> Zone : <input type="checkbox"/> Outside Flood Zone : <input type="checkbox"/>	<b>1.8 Sewage Disposal System :</b> Municipal : <input checked="" type="radio"/> On site disposal system : <input type="radio"/>
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**SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT**

**2.1 Owner of Record:**

<b>Name</b> <i>POULIN, LAURA A &amp;</i>	<b>Address</b> <i>C/O 169 WALNUT STREET</i>	
<b>Signature</b>	<b>Telephone No.</b> <i>6178214041</i>	<b>Alternate Telephone No.</b> <i>6178214041</i>
<b>City</b> <i>DORCHESTER</i>	<b>State</b> <i>MA</i>	<b>Zip</b> <i>02125</i>

**2.2 Authorized Agent:**

<b>Name</b> <i>Michael Albert</i>	<b>Address</b> <i>11 Parker Hill Terrace, Lynn, MA.</i>	
<b>Signature</b>	<b>Telephone No.</b> <i>7817719168</i>	<b>Alternate Telephone No.</b> <i>7817719168</i>

<b>SECTION 3 - CONSTRUCTION SERVICES</b>			
<b>3.1 Licensed Construction Supervisor:</b>			
Licensed Construction Supervisor	<i>Alberts Imp. Ser. and Const.</i>		
Address	<i>11 parker hill terrace</i>	License Number	<i>75880</i>
Town/City	<i>lynn</i>	State	<i>Ma</i>
Zip	<i>01904</i>	Telephone	<i>7817719168</i>
Signature		Expiration Date	<i>6/13/2013</i>
<b>3.2 Home Improvement Supervisor:</b>			
Company Name	<i>Alberts Imp. Ser. and Const.</i>	Address	<i>11 parker hill terrace</i>
Telephone	<i>7817719168</i>	Registration Number	<i>145151</i>
Signature		Expiration Date	<i>12/15/2013</i>
City	<i>lynn</i>	State	<i>Ma</i>
Zip	<i>01904</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 checked="" type="checkbox"/> Existing Building	<input checked="" type="checkbox"/> Repair(s)	<input checked="" type="checkbox"/> Alteration(s)
<input type="checkbox"/> Accessory Bldg	<input checked="" 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>In stall Ridge Beam( there is not one),New kitchen,windows,door,Remodel Bathrms,New flooring,strair treads,Trims etc.</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>30000</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="30000"/>		
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>POULIN, LAURA A &amp;</b> , as Owner of the subject property hereby authorize <b>Michael Albert</b> to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date <b>1/14/2013</b>
<b>SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION</b>	
I, <b>Michael Albert</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>1/14/2013</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:	