



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 :
<i>R-13-3025</i>	<i>10/23/2013</i>	<i>R-13-0396</i>	<i>50</i>	<i>651</i>	<i>10/23/2013</i>

SECTION 1 - SITE INFORMATION

1.1 Property Address:		<i>2 Hillcrest Ave.</i>		1.2 Assessors Map & Parcel Number:	
		Map Number		Parcel Number	
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		L. R.		ft.
Provided		L. R.		
<u>1.6 Water Supply (M.G.L.c.40,* 54)</u>		<u>1.7 Flood Zone</u>		<u>1.8 Sewage Disposal System :</u>
Public : <input checked="" type="radio"/>	Private : <input type="radio"/>	Zone :	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>Michael Curran</i>	Address <i>2 Hillcrest Ave.</i>	
Signature	Telephone No. <i>7813072302</i>	Alternate Telephone No.
City <i>Nahant</i>	State <i>MA</i>	Zip <i>01908</i>

2.2 Authorized Agent:

Name <i>Michael Curran</i>	Address	
Signature	Telephone No. <i>7813072302</i>	Alternate Telephone No.

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Licensed Construction Supervisor			
Address		License Number	
Town/City		State	
Zip		Telephone	
Signature		Expiration Date	

3.2 Home Improvement Supervisor:

Company Name		Address	
Telephone		Registration Number	
Signature		Expiration Date	
City		State	
Zip			

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

<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Existing Building	<input type="checkbox"/> Repair(s)	<input type="checkbox"/> Alteration(s)	<input 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:

Remove plaster and lathe to update insulation, electric, and replace with new wallboard.

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant

1. Building	5000.00	Official Use Only	
2. Electrical		Story	<input type="text"/>
3. Plumbing		Number of Dwelling units	<input type="text"/>
4. Mechanical (HVAC)		Comments	<input type="text"/>
5. Fire Protection			
Total = (1+2+3+4+5)	<input type="text" value="5000"/>		
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, **Michael Curran**, as Owner of the subject property hereby authorize **Michael Curran** to act on my behalf, in all matters relative to work authorized by this building permit application

Signature of Owner	Date 10/15/2013
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SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION

I, **Michael Curran**, 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 10/15/2013
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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: