

	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
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APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING

THIS SECTION FOR OFFICIAL USE ONLY

Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
<i>C-13-2900</i>	<i>8/9/2013</i>	<i>C-13-0281</i>	<i>254</i>	<i>27997</i>	<i>8/9/2013</i>

SECTION 1 - SITE INFORMATION

1.1 Property Address:	<i>280 NAHANT RD</i>	1.2 Assessors Map & Parcel Number: Map Number <i>8</i> Parcel Number <i>801</i>			
1.3 Zoning Information Zoning District Proposed Use		1.4 Property Dimensions: Lot Area (sf) Frontage (ft)			
1.5 Building Setbacks (ft)					
Front Yard (ft)		Side Yards (ft)		Rear Yard (ft)	
Required	Provided	Required	Provided	Required	Provided
		L. R.	L. R.		
1.6 Water Supply (M.G.L.c.40. B 54) Public <input type="radio"/> Private <input type="radio"/>		1.7 Flood Zone Information: Zone: Outside Flood Zone <input type="checkbox"/>		1.8 Sewage Disposal System: Municipal <input type="radio"/> On site disposal system <input type="radio"/>	

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:					
Name	<i>NEW NAHANT LAND CO INC</i>		Address <i>P.O. BOX 90</i>		
Signature:	<hr style="border: none; border-top: 1px solid black;"/>		Telephone No. <i>7815810515</i>	Alternate Telephone No. <i>7815810515</i>	
2.2 Authorized Agent:					
Name	<i>Leland M. Hussey</i>		Address <i>490 Washington St - Lynn, MA 01901</i>		
Signature:	<hr style="border: none; border-top: 1px solid black;"/>		Telephone No. <i>7815936630</i>	Alternate Telephone No.	

SECTION 3 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

3.1 Licensed Construction Supervisor:			
Licensed Construction Supervisor	<i>Leland M. Hussey</i>	License Number	<i>32197</i>
Address	<i>490 Washington St - Lynn, MA 01901</i>	Expiration Date	<i>10/16/2013</i>

01301

<b>Signature</b>	<hr/>	<b>Telephone</b>	<b>7815936630</b>
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<b>3.2 Home Improvement Supervisor:</b>			
Company Name	<i>Leland M. Hussey</i>	Registration Number	<i>101743</i>
Address	<i>490 Washington St - Lynn, MA 01901</i>	Expiration Date	<i>6/29/2014</i>
Signature	_____	Telephone	<i>7815936630</i>

**SECTION 4 - WORKER'S COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 B 25C(6))**

Worker's 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 - PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES - FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)	<input type="checkbox"/> Preliminary	
	<input type="checkbox"/> Final	

5.1 Registered Architect:      Not Applicable

Name (Registrant):	_____	Registration Number	
Address	_____	Expiration Date	
Signature	_____	Telephone	

**5.2 Registered Professional Engineer (s):**

Name	_____	Area of Responsibility	
Address	_____	Registration Number	
Signature	_____	Telephone	
Expiration Date			
Name	_____	Area of Responsibility	
Address	_____	Registration Number	
Signature	_____	Telephone	
Expiration Date			
Name	_____	Area of Responsibility	
Address	_____	Registration Number	
Signature	_____	Telephone	
Expiration Date			
Name	_____	Area of Responsibility	
Address	_____	Registration Number	
Signature	_____	Telephone	
Expiration Date			

**5.3 General Contractor**

Company Name	<i>Leland M. Hussey Contracting</i>	Not Applicable	<input type="checkbox"/>
Responsible In Charge of Construction	<i>Leland M. Hussey</i>		
Address	<i>490 Washington St - Lynn, MA 01901</i>		
Signature	_____	Telephone	<i>7815936630</i>

**SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable)**     6th Edition     7th Edition

<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Existing Building	<input checked="" 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:**  
*Doors replacement.*

**SECTION 7 - USE GROUP AND CONSTRUCTION TYPE**

USE GROUP (Check as applicable)				CONSTRUCTION TYPE
<input type="checkbox"/> A Assembly	<input type="checkbox"/> A-1	<input type="checkbox"/> A-2	<input type="checkbox"/> A-3	<input type="checkbox"/> 1 A
	<input type="checkbox"/> A-4	<input type="checkbox"/> A-5		<input type="checkbox"/> 1 B
<input type="checkbox"/> B Business				<input type="checkbox"/> 2 A
<input type="checkbox"/> E Educational				<input type="checkbox"/> 2 B
<input type="checkbox"/> F Factory	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2		<input type="checkbox"/> 2 C
				<input type="checkbox"/> 3 A
<input type="checkbox"/> H High Hazard				<input type="checkbox"/> 3 B
<input type="checkbox"/> I Institutional	<input type="checkbox"/> I-1	<input type="checkbox"/> I-2	<input type="checkbox"/> I-3	<input type="checkbox"/> 4
				<input type="checkbox"/> 5 A
<input type="checkbox"/> M Mechanical				<input type="checkbox"/> 5 B
<input type="checkbox"/> R Residential	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3	
<input type="checkbox"/> S Storage	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2		
<input type="checkbox"/> U Utility	Specify:			
<input type="checkbox"/> M Mixed Use	Specify:			
<input type="checkbox"/> S Special Use	Specify:			

**COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE**

Existing Use Group:	Proposed Use Group:
Existing Hazard Index 780 CMR 34:	Proposed Hazard Index 780 CMR 34:

**SECTION 8 - BUILDING HEIGHT AND AREA**

BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or stories include basement levels		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		

**SECTION 9 - STRUCTURAL PEER REVIEW (780 CMR 110.11)**

Independent Structural Engineering Stuctural Peer Review Required    Yes  No

**SECTION 10a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

I, **NEW NAHANT LAND CO INC** as owner of the subject property hereby authorize **Leland M. Hussey** to act on my behalf, in all matters relative to work authorized by this building permit application.

**Signature of Owner** \_\_\_\_\_

**Date** *8/8/2013*

**SECTION 10b - OWNER/AUTHORIZED AGENT DECLARATION**

I, **Leland M. Hussey** 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. Signed under the pains and penalties of perjury.

<b>Name</b>	<b>Leland M. Hussey</b>	
<b>Signature of Owner/Agent</b>		<b>Date</b> <b>8/8/2013</b>

**SECTION 11 - ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	<b>25350</b>	Story	<input style="width:95%;" type="text"/>
2. Electrical		Number of Dwelling units	<input style="width:95%;" type="text"/>
3. Plumbing			<input style="width:95%;" type="text"/>
4. Mechanical (HVAC)		Comments	<input style="width:95%; height: 40px;" type="text"/>
5. Fire Protection			
Total = (1+2+3+4+5)	25350		
Building Permit Fee Multiplier			
Total Building Permit Fee			

**SECTION 12 - THIS SECTION FOR OFFICIAL USE ONLY**

<b>Approved/Disapproved by Zoning Authority:</b>
<b>Approved/Disapproved by Board of Health:</b>
<b>Approved/Disapproved by Conservation Commission:</b>
<b>Approved/Disapproved by Building Department:</b>
<b>Approved/Disapproved by Fire Department:</b>