



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-13-2975</i>    | <i>10/11/2013</i> | <i>R-13-0389</i> | <i>60</i> | <i>1195</i> | <i>10/11/2013</i> |

SECTION 1 - SITE INFORMATION

|                        |  |                         |                          |                                    |                |
|------------------------|--|-------------------------|--------------------------|------------------------------------|----------------|
| 1.1 Property Address:  |  | <i>34 BASS POINT RD</i> |                          | 1.2 Assessors Map & Parcel Number: |                |
|                        |  | Map Number              | <i>19</i>                | Parcel Number                      | <i>19 0 23</i> |
| 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.          |   |  |
| 1.6 Water Supply (M.G.L.c.40.* 54)        |                                 | 1.7 Flood Zone |   | 1.8 Sewage Disposal System :   |
| Public : <input checked="" type="radio"/> | Private : <input type="radio"/> | Zone :         | Outside Flood Zone : <input 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>LOSPENNATO, PAUL &amp;</i> | Address <i>34 BASS POINT RD</i> |                         |
| Signature                          | Telephone No. <i>7817752100</i> | Alternate Telephone No. |
| City <i>NAHANT</i>                 | State <i>MA</i>                 | Zip <i>01908</i>        |

**2.2 Authorized Agent:**

|                                  |  |                                |
|----------------------------------|--|--------------------------------|
| <b>Name</b> <i>Brian Davidsn</i> | <b>Address</b> <i>269 Andover ST Danvers, MA</i> |                                |
| <b>Signature</b>                 | <b>Telephone No.</b> <i>7818449779</i>           | <b>Alternate Telephone No.</b> |

**SECTION 3 - CONSTRUCTION SERVICES**

**3.1 Licensed Construction Supervisor:**

|                                  |                       |                 |                   |
|----------------------------------|-----------------------|-----------------|-------------------|
| Licensed Construction Supervisor | <i>Brian Davidson</i> |                 |                   |
| Address                          | <i>269 Andover ST</i> | License Number  | <i>057251</i>     |
| Town/City                        | <i>Danvers</i>        | State           | <i>MA</i>         |
| Zip                              | <i>01862</i>          | Telephone       | <i>7818449779</i> |
| Signature                        |                       | Expiration Date | <i>8/06/2015</i>  |

**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 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:**

*Construct overhangs at front and side entrances with no ground contact Repair siding and trim as needed at front and left sides*

**SECTION 6 - ESTIMATED CONSTRUCTION COSTS**

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

|                                       |                                   |                                 |                      |
|---------------------------------------|-----------------------------------|---------------------------------|----------------------|
| <b>1. Building</b>                    | <b>6000</b>                       | <b>Official Use Only</b>        |                      |
| <b>2. Electrical</b>                  |                                   | <b>Story</b>                    | <input type="text"/> |
| <b>3. Plumbing</b>                    |                                   | <b>Number of Dwelling units</b> | <input type="text"/> |
| <b>4. Mechanical (HVAC)</b>           |                                   | <b>Comments</b>                 | <input type="text"/> |
| <b>5. Fire Protection</b>             |                                   |                                 |                      |
| <b>Total = (1+2+3+4+5)</b>            | <input type="text" value="6000"/> |                                 |                      |
| <b>Building Permit Fee Multiplier</b> | <input type="text"/>              |                                 |                      |
| <b>Total Building Permit Fee</b>      | <input type="text"/>              |                                 |                      |

**SECTION 7(a) OWNER AUTHORIZATION-TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTORS APPLIES FOR BUILDING PERMIT**

I, **LOSPENNATO, PAUL &**, as Owner of the subject property hereby authorize **Brian Davidsn** to act on my behalf, in all matters relative to work authorized by this building permit application

|                    |                       |
|--------------------|-----------------------|
| Signature of Owner | Date <b>9/18/2013</b> |
|--------------------|-----------------------|

**SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION**

I, **Brian Davidsn**, 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>9/18/2013</b> |
|--------------------------|-----------------------|

**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: