

 <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 :
<i>R-13-2617</i>					

SECTION 1 - SITE INFORMATION

1.1 Property Address:	<i>40 High St</i>	1.2 Assessors Map & Parcel Number:			
		Map Number	<i>17</i>	Parcel Number	<i>17 0 44</i>

1.3 Zoning Information				1.4 Property Dimensions:			
Zoning District	<i>R2</i>	Proposed Use	<i>One Family</i>	Lot Area (sf)	<i>1239</i>	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) Public : <input checked="" type="radio"/> Private : <input type="radio"/>	1.7 Flood Zone Zone : <input type="radio"/> Outside Flood Zone : <input checked="" type="checkbox"/>	1.8 Sewage Disposal System : 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:		
Name <i>James Costa</i>	Address <i>40 High St</i>	
Signature	Telephone No. <i>6178031532</i>	Alternate Telephone No.
City <i>NAHANT</i>	State <i>MA</i>	Zip <i>01908</i>

2.2 Authorized Agent:		
Name <i>Swampscott Refrigeration Inc</i>	Address <i>163 Essex St</i>	
Signature	Telephone No. <i>7815921519</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 <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 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 checked="" type="checkbox"/> Other Specify: <i>HVAC Furnace w/ A/C</i>
Brief Description of Proposed Work:				
<i>Installation of two gas furnaces and two central air conditioning systems.</i>				
SECTION 6 - ESTIMATED CONSTRUCTION COSTS				
Item	Estimated Cost (Dollars) to be completed by permit applicant		Official Use Only	
1. Building			Story	<input type="text"/>
2. Electrical			Number of Dwelling units	<input type="text"/>
3. Plumbing				
4. Mechanical (HVAC)	<i>12000.00</i>		Comments	<input type="text"/>
5. Fire Protection				
Total = (1+2+3+4+5)	12000			
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, James Costa , as Owner of the subject property hereby authorize Swampscott Refrigeration Inc to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 1/16/2013
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, Swampscott Refrigeration Inc , 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 1/16/2013
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:	