

 <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>			
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-13-2608</i>	<i>1/30/2013</i>	<i>C-13-0040</i>	<i>6404</i>	<i>20471</i>	<i>1/30/2013</i>
SECTION 1 - SITE INFORMATION					
1.1 Property Address:		<i>430 NAHANT RD</i>		1.2 Assessors Map & Parcel Number: Map Number <i>1B</i> Parcel Number <i>1B 0 1</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. § 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>NORTH EASTERN UNIVERSITY</i>		Address <i>360 HUNTINGTON AVENUE</i>	
Signature:		_____		Telephone No. <i>6175903594</i>	Alternate Telephone No. <i>6175903594</i>
2.2 Authorized Agent:					
Name		<i>James Anderson</i>		Address <i>84 State Street Boston MA</i>	
Signature:		_____		Telephone No. <i>6175948997</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>Stephen Derochea</i>		License Number	<i>CS-058617</i>
Address		<i>315 westshore Rd Hebron, NH 03241</i>		Expiration Date	<i>12/09/2013</i>
Signature		_____		Telephone	<i>6179382395</i>

3.2 Home Improvement Supervisor:			
Company Name		Registration Number	
Address		Expiration Date	
Signature		Telephone	
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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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="radio"/>	
		<input type="checkbox"/> Final <input type="radio"/>	
5.1 Registered Architect:			
Not Applicable <input type="checkbox"/>			
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>Tishman Construction of MA</i>	Not Applicable	<input type="checkbox"/>
Responsible In Charge of Construction	<i>Stephen Derochea</i>		
Address	<i>84 state street Boston MA</i>		
Signature		Telephone	<i>6179382395</i>

SECTION 6 - 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 checked="" type="checkbox"/> Repair (s)	<input checked="" type="checkbox"/> Alteration(s)	<input type="checkbox"/> Addition
<input type="checkbox"/> Accessory Bldg.	<input checked="" 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 checked="" 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:

Up grades to existing building lab space

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE

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

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

Existing Use Group:	B	Proposed Use Group:	B
Existing Hazard Index 780 CMR 34:	2	Proposed Hazard Index 780 CMR 34:	2

SECTION 8 - BUILDING HEIGHT AND AREA

BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or stories include basement levels	1	1
Floor Area per Floor (sf)	15000	15000
Total Area (sf)	15000	15000
Total Height (ft)	20	20

SECTION 9 - STRUCTURAL PEER REVIEW (780 CMR 110.11)

Independent Structural Engineering Structural Peer Review Required Yes No

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

I, **NORTH EASTERN UNIVERSITY** as owner of the subject property hereby authorize **Tishman Construction of MA** to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner _____	Date 1/14/2013
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SECTION 10b - OWNER/AUTHORIZED AGENT DECLARATION

I, **Tishman Construction of MA** 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.

Name	James Anderson	
Signature of Owner/Agent		Date 1/14/2013

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	640436	Story	<input type="text"/>
2. Electrical		Number of Dwelling units	<input type="text"/>
3. Plumbing		Comments	<input type="text"/>
4. Mechanical (HVAC)			
5. Fire Protection			
Total = (1+2+3+4+5)	640436		
Building Permit Fee Multiplier	<input type="text"/>		
Total Building Permit Fee	<input type="text"/>		

SECTION 12 - 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: