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, 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 :
C-13-3027	10/25/2013	C-13-0400	952	6204	10/25/2013

SECTION 1 - SITE INFORMATION

1.1 Property Address: 430 Nahant Road

1.2 Assessors Map & Parcel Number:
Map Number 1B Parcel Number 1B 0 0

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. ß 54)
Public ○ Private ○

1.7 Flood Zone Information:
Zone: Outside Flood Zone ☐

1.8 Sewage Disposal System:
Municipal ○ On site disposal system ○

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

Name	Northeastern University	Address	360 Huntington Avenue Boston, MA 02115
Signature:	_____	Telephone No. 6173732000	Alternate Telephone No. 6173732000

2.2 Authorized Agent:

Name	John Creighton	Address	1037 Chestnut Street Newton Upper Falls, MA 02464

Signature:	_____	**Telephone No.** *6172191110*	**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	*John Creighton*	**License Number**	*CS-72247*
Address	*28 American Way, Unit 3 Salem, MA 01907*	**Expiration Date**	*10/17/2014*
Signature	_____	**Telephone**	*7815564302*

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 ß 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)

☐ Preliminary

☐ Final

5.1 Registered Architect: Not Applicable ☐

Name (Registrant):	*Michael Slezak*			Registration Number	*5323*
Address	*195 State Street Boston, MA 02109*			Expiration Date	*8/31/2014*
Signature	_____	Telephone	*6177238808*		

5.2 Registered Professional Engineer (s):

Name	*Thomas J. Sullivan, Jr.*			Area of Responsibility	*Mechanical*
Address	*41 Farnsworth Street Boston, MA 02210*			Registration Number	*47887*
Signature	_____	Telephone	*6175358247*	Expiration Date	*6/30/2014*
Name	*Thomas J. Sullivan, Jr.*			Area of Responsibility	*Plumbing*
Address	*41 Farnsworth Street Boston, MA 02210*			Registration Number	*47887*
Signature	_____	Telephone	*6175358247*	Expiration Date	*6/30/2014*
Name	*William J. Cox*			Area of Responsibility	*Electrical*
Address	*41 Farnsworth Street Boston, MA 02210*			Registration Number	*40701*
Signature	_____	Telephone	*6175358243*	Expiration Date	*6/30/2014*
Name				Area of Responsibility	*Fire Alarm*
Address	*41 Farnsworth Street Boston, MA 02210*			Registration Number	*40701*
Signature	_____	Telephone	*6175358243*	Expiration Date	*6/30/2014*

5.3 General Contractor

Company Name	*Elaine Construction Company, Inc.*	Not Applicable	☐

Responsible In Charge of Construction	*John Creighton*		
Address	*1037 Chestnut Street Newton Upper Falls, MA 02464*		
Signature	_____	**Telephone**	*7815564302*

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

☐ New Construction	☐ Existing Building	☐ Repair(s)	☑ Alteration(s)	☐ Addition
☐ Accessory Bldg.	☐ Demolition	☐ Fence	☐ Home Occupation	☐ Shed/Barn
☐ Wood Stove	☐ Pool AG	☐ Pool IG	☐ Deck	☐ Tenat Fitup (Commercial only)
☐ Tent	☐ Retaining Wall	☐ Roof	☐ Siding	☐ Other Specify:

Brief Description of Proposed Work:

Renovations of existing OGL Lab Space and offices. Work includes demolition, drywall, patching, painting, flooring, ceilings, HVAC Electrical, Plumbing, Fire Protection & Fire Alarm work.

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE

USE GROUP (Check as applicable)					CONSTRUCTION TYPE
A Assembly	☐	A-1 ○	A-2 ○	A-3 ○	1 A ○
	☐	A-4 ○	A-5 ○		1 B ○
B Business	☑				2 A ◉
E Educational	☐				2 B ○
F Factory	☐	F-1	F-2		2 C ○
H High Hazard	☐				3 A ○
I Institutional	☐	I -1 ○	I -2 ○	I -3 ○	3 B ○
M Mechanical	☐				4 ○
R Residential	☐	R-1 ○	R-2 ○	R-3 ○	5 A ○
S Storage	☐	S-1 ○	S-2 ○		5 B ○
U Utility	☐	Specify:			
M Mixed Use	☐	Specify:			
S Special Use	☐	Specify:			

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

Existing Use Group:	*Business*	Proposed Use Group:	*Business*
Existing Hazard Index 780 CMR 34:	*B +A-3 Accessory Use*	Proposed Hazard Index 780 CMR 34:	*B +A-3 Accessory Use*

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)	*13168*	*13168*
Total Area (sf)	*13168*	*13168*
Total Height (ft)	*11'*	*11'*

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, *Northeastern University* as owner of the subject property hereby authorize *John Creighton* to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner _____	**Date** *10/17/2013*

SECTION 10b - OWNER/AUTHORIZED AGENT DECLARATION

I, *John Creighton* 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	*John Creighton*	
Signature of Owner/Agent	_____	Date *10/17/2013*

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant
1. Building	*95150*
2. Electrical	*19900*
3. Plumbing	*15850*
4. Mechanical (HVAC)	*72000*
5. Fire Protection	
Total = (1+2+3+4+5)	202900
Building Permit Fee Multiplier	
Total Building Permit Fee	

Official Use Only	
Story	
Number of Dwelling units	
Comments	

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: