



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 :
<i>C-13-3027</i>	<i>10/25/2013</i>	<i>C-13-0400</i>	<i>952</i>	<i>6204</i>	<i>10/25/2013</i>

SECTION 1 - SITE INFORMATION

1.1 Property Address:	<i>430 Nahant Road</i>	1.2 Assessors Map & Parcel Number: Map Number <i>1B</i> Parcel Number <i>1B 0 0</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>Northeastern University</i>		Address <i>360 Huntington Avenue Boston, MA 02115</i>	
Signature:		_____		Telephone No. <i>6173732000</i>	Alternate Telephone No. <i>6173732000</i>
2.2 Authorized Agent:					
Name		<i>John Creighton</i>		Address <i>1037 Chestnut Street Newton Upper Falls, MA 02464</i>	

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	<i>John Creighton</i>	License Number	<i>CS-72247</i>
Address	<i>28 American Way, Unit 3 Salem, MA 01907</i>	Expiration Date	<i>10/17/2014</i>
Signature	_____	Telephone	<i>7815564302</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 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):	<i>Michael Slezak</i>	Registration Number	<i>5323</i>
Address	<i>195 State Street Boston, MA 02109</i>	Expiration Date	<i>8/31/2014</i>
Signature	_____	Telephone	<i>6177238808</i>

5.2 Registered Professional Engineer (s):

Name	<i>Thomas J. Sullivan, Jr.</i>	Area of Responsibility	<i>Mechanical</i>
Address	<i>41 Farnsworth Street Boston, MA 02210</i>	Registration Number	<i>47887</i>
Signature	_____	Telephone	<i>6175358247</i>
		Expiration Date	<i>6/30/2014</i>

Name	<i>Thomas J. Sullivan, Jr.</i>	Area of Responsibility	<i>Plumbing</i>
Address	<i>41 Farnsworth Street Boston, MA 02210</i>	Registration Number	<i>47887</i>
Signature	_____	Telephone	<i>6175358247</i>
		Expiration Date	<i>6/30/2014</i>

Name	<i>William J. Cox</i>	Area of Responsibility	<i>Electrical</i>
Address	<i>41 Farnsworth Street Boston, MA 02210</i>	Registration Number	<i>40701</i>
Signature	_____	Telephone	<i>6175358243</i>
		Expiration Date	<i>6/30/2014</i>

Name		Area of Responsibility	<i>Fire Alarm</i>
Address	<i>41 Farnsworth Street Boston, MA 02210</i>	Registration Number	<i>40701</i>
Signature	_____	Telephone	<i>6175358243</i>
		Expiration Date	<i>6/30/2014</i>

5.3 General Contractor

Company Name	<i>Elaine Construction Company, Inc.</i>	Not Applicable	<input type="checkbox"/>
--------------	--	----------------	--------------------------

Responsible In Charge of Construction	<i>John Creighton</i>		
Address	<i>1037 Chestnut Street Newton Upper Falls, MA 02464</i>		
Signature	<hr/>	Telephone	<i>7815564302</i>

SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable) <input type="radio"/> 6th Edition <input checked="" type="radio"/> 7th Edition				
<input type="checkbox"/> New Construction	<input type="checkbox"/> Existing Building	<input type="checkbox"/> Repair(s)	<input checked="" 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:

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	<input type="checkbox"/> A-1	<input type="checkbox"/> A-2	<input type="checkbox"/> A-3
	<input type="checkbox"/> A-4	<input type="checkbox"/> A-5	
B Business	<input checked="" type="checkbox"/>		1 A <input type="checkbox"/>
E Educational	<input type="checkbox"/>		1 B <input type="checkbox"/>
F Factory	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2	2 A <input checked="" type="radio"/>
H High Hazard	<input type="checkbox"/>		2 B <input type="checkbox"/>
I Institutional	<input type="checkbox"/> I-1	<input type="checkbox"/> I-2	2 C <input type="checkbox"/>
M Mechanical	<input type="checkbox"/>		3 A <input type="checkbox"/>
R Residential	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	3 B <input type="checkbox"/>
S Storage	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2	4 <input type="checkbox"/>
U Utility	<input type="checkbox"/>	Specify:	5 A <input type="checkbox"/>
M Mixed Use	<input type="checkbox"/>	Specify:	5 B <input type="checkbox"/>
S Special Use	<input type="checkbox"/>	Specify:	

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

Existing Use Group:	<i>Business</i>	Proposed Use Group:	<i>Business</i>
Existing Hazard Index 780 CMR 34:	<i>B +A-3 Accessory Use</i>	Proposed Hazard Index 780 CMR 34:	<i>B +A-3 Accessory Use</i>

SECTION 8 - BUILDING HEIGHT AND AREA

BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or stories include basement levels	<i>1</i>	<i>1</i>

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 Structural 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	<i>John Creighton</i>	
Signature of Owner/Agent		Date <i>10/17/2013</i>

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant
1. Building	<i>95150</i>
2. Electrical	<i>19900</i>
3. Plumbing	<i>15850</i>
4. Mechanical (HVAC)	<i>72000</i>
5. Fire Protection	
Total = (1+2+3+4+5)	202900
Building Permit Fee Multiplier	<input style="width: 80%;" type="text"/>
Total Building Permit Fee	<input style="width: 80%;" type="text"/>

Official Use Only	
Story	<input style="width: 90%;" type="text"/>
Number of Dwelling units	<input style="width: 90%;" type="text"/>
Comments	<input style="width: 95%; height: 40px;" 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: