

 <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, 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 :
R-13-2842	7/3/2013	R-13-0224	50	688	7/3/2013

**SECTION 1 - SITE INFORMATION**

1.1 Property Address:	5 HIGHLAND AV	1.2 Assessors Map & Parcel Number:			
		Map Number	22	Parcel Number	22 0 108

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) Public :            Private :	1.7 Flood Zone Zone :            Outside Flood Zone : <input type="checkbox"/>	1.8 Sewage Disposal System : Municipal :            On site disposal system :
---	--	--

**SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT**

**2.1 Owner of Record:**

Name <b>SANBORN, PAUL &amp;</b>	Address <b>5 HIGHLAND AVE</b>		
Signature	Telephone No. <b>7815955720</b>	Alternate Telephone No.	
City <b>NAHANT</b>	State <b>MA</b>	Zip <b>01908</b>	

**2.2 Authorized Agent:**

Name <b>RICK FALLONE</b>	Address <b>24 SUNRISE DR., PROVIDENCE, RI</b>		
Signature	Telephone No. <b>4019352633</b>	Alternate Telephone No.	

<b>SECTION 3 - CONSTRUCTION SERVICES</b>				
<b>3.1 Licensed Construction Supervisor:</b>				
Licensed Construction Supervisor	<i>Robert Poczobut</i>			
Address	<i>17 Beach Rd Apt 45</i>	License Number	<i>99699</i>	
Town/City	<i>Lynn</i>	State	<i>MA</i>	
Zip	<i>01902</i>	Telephone	<i>7819135136</i>	
Signature		Expiration Date	<i>2/08/2014</i>	
<b>3.2 Home Improvement Supervisor:</b>				
Company Name	<i>The Home Depot-Rick Fallone</i>	Address	<i>908 BOSTON TURNPIKE</i>	
Telephone	<i>4019352633</i>	Registration Number	<i>126893</i>	
Signature		Expiration Date	<i>8/03/2014</i>	
City	<i>SHREWSBURY</i>	State	<i>MA</i>	
Zip	<i>01945</i>			
<b>SECTION 4- WORKER'S COMPENSATION INSURANCE(M.G.L.c.152* 25C(6))</b>				
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"/>				
<b>SECTION 5- DESCRIPTION OF PROPOSED WORK (check all applicable)</b> <input type="radio"/> 6th Edition <input type="radio"/> 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"/> Accessory Bldg	<input type="checkbox"/> Demolition	<input type="checkbox"/> Fence	<input type="checkbox"/> Home Occupation	
<input type="checkbox"/> Wood Stove	<input type="checkbox"/> Pool AG	<input type="checkbox"/> Pool IG	<input type="checkbox"/> Deck	
<input type="checkbox"/> Tent	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Roof	<input checked="" type="checkbox"/> Other    Specify: <i>WINDOWS</i>	
<b>Brief Description of Proposed Work:</b>				
<i>INSTALL 2 CASEMENT WINDOWS. NO STRUCTURAL</i>				
<b>SECTION 6 - ESTIMATED CONSTRUCTION COSTS</b>				
<b>Item</b>	<b>Estimated Cost (Dollars) to be completed by permit applicant</b>		<b>Official Use Only</b>	
1. Building	<i>1400</i>		Story	<input type="text"/>
2. Electrical			Number of Dwelling units	<input type="text"/>
3. Plumbing				
4. Mechanical (HVAC)			Comments	<input type="text"/>
5. Fire Protection				
Total = (1+2+3+4+5)	1400			
Building Permit Fee Multiplier				
Total Building Permit Fee				

<b>SECTION 7(a) OWNER AUTHORIZATION-TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTORS APPLIES FOR BUILDING PERMIT</b>	
I, <b>SANBORN, PAUL &amp;</b> , as Owner of the subject property hereby authorize <b>RICK FALLONE</b> to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date <b>7/1/2013</b>
<b>SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION</b>	
I, <b>RICK FALLONE</b> , 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>7/1/2013</b>
<b>SECTION 8 - THIS SECTION FOR OFFICIAL USE ONLY</b>	
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:	