

 <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 :
<i>R-13-2740</i>	<i>5/3/2013</i>	<i>R-13-0135</i>	<i>225</i>	<i>13053</i>	<i>5/3/2013</i>
SECTION 1 - SITE INFORMATION					
1.1 Property Address:		<i>6 SWALLOW CAVE RD</i>		1.2 Assessors Map & Parcel Number:	
		Map Number	<i>1A</i>	Parcel Number	<i>1A 0 2A</i>
1.3 Zoning Information			1.4 Property Dimensions:		
Zoning District		Proposed Use		Lot Area (sf)	<i>30,370</i>
				Frontage (ft.)	<i>160</i>
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="checkbox"/> Outside Flood Zone : <input type="checkbox"/>		1.8 Sewage Disposal System : Municipal : <input checked="" type="radio"/> On site disposal system : <input type="radio"/>	
SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT					
2.1 Owner of Record:					
Name <i>PEA ISLAND PROPERTY TRUST</i>		Address <i>P.O. BOX 55159</i>			
Signature		Telephone No. <i>6175633526</i>	Alternate Telephone No.		
City <i>BOSTON</i>		State <i>MA</i>	Zip <i>02205-5159</i>		
2.2 Authorized Agent:					
Name <i>DAVID CLARKE</i>		Address <i>22 SEWALL ST., MARBLEHEAD, MA</i>			
Signature		Telephone No. <i>7812548203</i>	Alternate Telephone No.		

SECTION 3 - CONSTRUCTION SERVICES			
3.1 Licensed Construction Supervisor:			
Licensed Construction Supervisor	DAVID CLARKE		
Address	22 SEWALL STREET	License Number	015386
Town/City	MARBLEHEAD	State	MA
Zip	01945	Telephone	7816392640
Signature		Expiration Date	9/02/2013
3.2 Home Improvement Supervisor:			
Company Name	DAVID CLARKE	Address	22 SEWALL STREET
Telephone	7816392640	Registration Number	168233
Signature		Expiration Date	9/02/2013
City	MARBLEHEAD	State	MA
Zip	01945		
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 type="checkbox"/> Existing Building	<input type="checkbox"/> Repair(s)	<input checked="" 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 checked="" type="checkbox"/> Deck
<input type="checkbox"/> Tent	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Roof	<input type="checkbox"/> Siding
			<input type="checkbox"/> Addition
			<input type="checkbox"/> Shed/Barn
			<input type="checkbox"/> Tenat Fitup(Commercial only)
			<input type="checkbox"/> Other Specify:
Brief Description of Proposed Work:			
REMOVE EXISTING DECK, REPLACE WITH SMALLER DECK. ALTER SHAPE OF EXISTING PATIO.			
SECTION 6 - ESTIMATED CONSTRUCTION COSTS			
Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	22500	Story	<input type="text"/>
2. Electrical		Number of Dwelling units	<input type="text"/>
3. Plumbing			<input type="text"/>
4. Mechanical (HVAC)		Comments	<input type="text"/>
5. Fire Protection			
Total = (1+2+3+4+5)	22500		
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, PEA ISLAND PROPERTY TRUST , as Owner of the subject property hereby authorize DAVID CLARKE to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 4/21/2013
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, DAVID CLARKE , 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 4/21/2013
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:	