

 <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>
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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-13-2947</i>	<i>9/9/2013</i>	<i>C-13-0324</i>	<i>20</i>	<i>36121</i>	<i>9/9/2013</i>

SECTION 1 - SITE INFORMATION

1.1 Property Address:	<i>89 SUMMER ST</i>	1.2 Assessors Map & Parcel Number: Map Number <i>5</i> Parcel Number <i>5 0 26</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>JOHNSON, E C III, ET AL, TRUSTEE (Cary Club)</i>	Address <i>11 KEEWAYDIN DRIVE</i>			
Signature:	_____	Telephone No. <i>8575230391</i>	Alternate Telephone No. <i>8575230391</i>		
2.2 Authorized Agent:					
Name	<i>Peterson Party Center</i>	Address <i>36 Cabot rd</i>			
Signature:	_____	Telephone No. <i>7817294000</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>Mark Traina</i>	License Number	<i>069219</i>
Address	<i>33 Hanford St Stoneham Ma</i>	Expiration Date	<i>1/27/2015</i>

Address	55 HAMMOND ST STONEHAM, MA	Expiration Date	7/27/2015
Signature	<hr/>	Telephone	7817294000

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 checked="" type="radio"/>	
	<input type="checkbox"/> Final <input checked="" type="radio"/>	

5.1 Registered Architect: Not Applicable

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		Not Applicable	<input type="checkbox"/>
Responsible In Charge of Construction			
Address			
Signature	_____	Telephone	

SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable) 6th Edition 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"/> 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:

To Erect a 25x60&20x30 Temporary Tent on 9/20/13. Remove on 9/22/13

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE

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

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

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

SECTION 8 - BUILDING HEIGHT AND AREA

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

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, **JOHNSON,E C III, ET AL,TRUSTEE** as owner of the subject property hereby authorize **Peterson Party Center** to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner _____

Date **9/5/2013**

SECTION 10b - OWNER/AUTHORIZED AGENT DECLARATION

I, **Peterson Party Center** 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	JOHNSON,E C III, ET AL,TRUSTEE (Cary Club)	
Signature of Owner/Agent	_____	Date 9/5/2013

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	2300.00	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)	<input type="text" value="2300"/>		
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: