



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, 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-14-3673</i>	<i>12/10/2014</i>	<i>R-14-0510</i>	<i>79</i>	<i>798</i>	<i>12/10/2014</i>

SECTION 1 - SITE INFORMATION

1.1 Property Address:		<i>38 BAY VIEW AV</i>		1.2 Assessors Map & Parcel Number:			
		Map Number	<i>20</i>	Parcel Number	<i>20 0 8</i>		
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)		1.7 Flood Zone		1.8 Sewage Disposal System :			
Public :	Private :	Zone :	Outside Flood Zone :	Municipal :	On site disposal system :		
		<input type="checkbox"/>					

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:			
Name <i>COLSON, RALPH V &</i>		Address <i>38 BAY VIEW AVE</i>	
Signature		Telephone No. <i>7815954918</i>	Alternate Telephone No.
City <i>NAHANT</i>		State <i>MA</i>	Zip <i>01908</i>
2.2 Authorized Agent:			
Name <i>Chris Casteris</i>		Address <i>317 LINEBROOK RD, IPSWICH, MA</i>	
Signature		Telephone No. <i>5089549119</i>	Alternate Telephone No.

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Licensed Construction Supervisor	<i>Chris Casteris</i>		
Address	<i>317 Linebrook rd</i>	License Number	<i>056748</i>
Town/City	<i>Ipswich</i>	State	<i>ma</i>
Zip	<i>01938</i>	Telephone	<i>5089549119</i>
Signature		Expiration Date	<i>2/25/2015</i>

3.2 Home Improvement Supervisor:

Company Name	<i>Chris Casteris</i>	Address	<i>317 Linebrook Rd</i>
Telephone	<i>5089549119</i>	Registration Number	<i>179003</i>
Signature		Expiration Date	<i>6/09/2016</i>
City	<i>Ipswich</i>	State	<i>ma</i>
Zip	<i>01938</i>		

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 No

SECTION 5- DESCRIPTION OF PROPOSED WORK (check all applicable) 6th Edition 7th Edition

<input type="checkbox"/> New Construction	<input type="checkbox"/> Existing Building	<input checked="" 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:

replace broken sliders with new Anderson slider

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
		Story	
1. Building	<i>7900</i>		
2. Electrical			
3. Plumbing			
4. Mechanical (HVAC)			
5. Fire Protection			
Total = (1+2+3+4+5)	7900		
Building Permit Fee Multiplier			
Total Building Permit Fee			
		Number of Dwelling units	
		Comments	

SECTION 7(a) OWNER AUTHORIZATION-TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTORS APPLIES FOR BUILDING PERMIT

I, **COLSON, RALPH V &**, as Owner of the subject property hereby authorize **Chris Casteris** to act on my behalf, in all matters relative to work authorized by this building permit application

Signature of Owner

Date **12/2/2014**

SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION

I, **Chris Casteris**, 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 **12/2/2014**

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: