

 <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 :
<b>C-14-3225</b>	<b>4/14/2014</b>	<b>C-14-0107</b>	<b>100</b>	<b>14687</b>	<b>4/14/2014</b>

SECTION 1 - SITE INFORMATION

1.1 Property Address:	<b>1 SOUTHWICK AV</b>	1.2 Assessors Map & Parcel Number: Map Number <b>20</b> Parcel Number <b>20 0 1</b>
1.3 Zoning Information Zoning District <b>R2</b> Proposed Use	1.4 Property Dimensions: Lot Area (sf)      Frontage (ft)	
1.5 Building Setbacks (ft)		
Front Yard (ft)		Side Yards (ft)
Required	Provided	Required
L. R.	L. R.	Rear Yard (ft)
Required	Provided	Required
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: <input checked="" type="checkbox"/> 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	<b>ONE RANGE ROAD, LLC</b>	Address <b>C/O 11141 HARBOUR YACHT COURT</b>	
Signature:	_____	Telephone No. <b>7818447145</b>	Alternate Telephone No. <b>7818447145</b>
2.2 Authorized Agent:			
Name	<b>Wayne Wilson</b>	Address	
Signature:	_____	Telephone No. <b>7818447145</b>	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	<b>Wayne Wilson</b>	License Number	<b>042198</b>

<b>Address</b>	<i>7 Spring Rd</i>	<b>Expiration Date</b>	<i>2/16/2015</i>
<b>Signature</b>	_____	<b>Telephone</b>	<i>7818447145</i>

<b>3.2 Home Improvement Supervisor:</b>			
Company Name	<i>Wilson Bros. Const. Inc</i>	Registration Number	<i>104593</i>
Address		Expiration Date	<i>7/14/2014</i>
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):		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	<i>Wilson Bros. Const. Inc</i>	Not Applicable	<input type="checkbox"/>
Responsible In Charge of Construction	<i>Wayne T Wilson</i>		
Address	<i>55 The Greenway Swampscott Ma</i>		
Signature		Telephone	<i>7818447145</i>

**SECTION 6 - 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:**  
*Rebuild exterior catwalk along North wall*

**SECTION 7 - USE GROUP AND CONSTRUCTION TYPE**

USE GROUP (Check as applicable)				CONSTRUCTION TYPE
<b>A Assembly</b>	<input checked="" type="checkbox"/>	A-1 <input type="radio"/>	A-2 <input type="radio"/>	1 A <input type="radio"/>
		A-4 <input type="radio"/>	A-5 <input type="radio"/>	1 B <input type="radio"/>
<b>B Business</b>	<input type="checkbox"/>			2 A <input type="radio"/>
<b>E Educational</b>	<input type="checkbox"/>			2 B <input type="radio"/>
<b>F Factory</b>	<input type="checkbox"/>	F-1	F-2	2 C <input type="radio"/>
	<input type="checkbox"/>			3 A <input type="radio"/>
<b>H High Hazard</b>	<input type="checkbox"/>			3 B <input type="radio"/>
<b>I Institutional</b>	<input type="checkbox"/>	I-1 <input type="radio"/>	I-2 <input type="radio"/>	4 <input type="radio"/>
			I-3 <input type="radio"/>	5 A <input type="radio"/>
				5 B <input type="radio"/>
<b>M Mechanical</b>	<input type="checkbox"/>			
<b>R Residential</b>	<input type="checkbox"/>	R-1 <input type="radio"/>	R-2 <input type="radio"/>	
			R-3 <input type="radio"/>	
<b>S Storage</b>	<input type="checkbox"/>	S-1 <input type="radio"/>	S-2 <input type="radio"/>	
<b>U Utility</b>	<input type="checkbox"/>	Specify:		
<b>M Mixed Use</b>	<input type="checkbox"/>	Specify:		
<b>S Special Use</b>	<input type="checkbox"/>	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	<i>1</i>	
Floor Area per Floor (sf)	<i>1500</i>	
Total Area (sf)	<i>1500</i>	
Total Height (ft)	<i>20</i>	

**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, **ONE RANGE ROAD, LLC** as owner of the subject property hereby authorize **Wayne Wilson** to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner \_\_\_\_\_

Date **4/2/2014**

**SECTION 10b - OWNER/AUTHORIZED AGENT DECLARATION**

I, **Wayne Wilson** 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.

<b>Name</b>	<b>Wayne Wilson</b>	
<b>Signature of Owner/Agent</b>	_____	<b>Date</b> <b>4/2/2014</b>

**SECTION 11 - ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
		Story	
1. Building	10000		
2. Electrical			
3. Plumbing			
4. Mechanical (HVAC)			
5. Fire Protection			
<b>Total = (1+2+3+4+5)</b>	10000		
<b>Building Permit Fee Multiplier</b>			
<b>Total Building Permit Fee</b>			
		<b>Number of Dwelling units</b>	
		<b>Comments</b>	

**SECTION 12 - THIS SECTION FOR OFFICIAL USE ONLY**

<b>Approved/Disapproved by Zoning Authority:</b>
<b>Approved/Disapproved by Board of Health:</b>
<b>Approved/Disapproved by Conservation Commission:</b>
<b>Approved/Disapproved by Building Department:</b>
<b>Approved/Disapproved by Fire Department:</b>