



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-14-3511</i>	<i>9/15/2014</i>	<i>R-14-0359</i>	<i>20</i>	<i>39469</i>	<i>9/15/2014</i>

SECTION 1 - SITE INFORMATION

1.1 Property Address:		<i>11 WENDELL RD</i>		1.2 Assessors Map & Parcel Number:			
		Map Number	<i>23</i>	Parcel Number	<i>23 0 75</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) 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 <i>LOBSTERVILLE ROAD, INC</i>	Address <i>600 SHIRLEY STREET</i>	
Signature	Telephone No. <i>6173334334</i>	Alternate Telephone No.
City <i>WINTHROP</i>	State <i>MA</i>	Zip <i>02152</i>
2.2 Authorized Agent:		
Name <i>Mark Traina/Peterson Party Center</i>	Address <i>36 Cabot Rd Woburn,MA 01801</i>	
Signature	Telephone No. <i>7817294000</i>	Alternate Telephone No.

**SECTION 3 - CONSTRUCTION SERVICES**

**3.1 Licensed Construction Supervisor:**

Licensed Construction Supervisor	<i>MARK TRAINA</i>		
Address	<i>36 Cabot Rd</i>	License Number	<i>060219</i>
Town/City	<i>Woburn</i>	State	<i>MA</i>
Zip	<i>01801</i>	Telephone	<i>7817294000</i>
Signature		Expiration Date	<i>4/27/2015</i>

**3.2 Home Improvement Supervisor:**

Company Name		Address	
Telephone		Registration Number	
Signature		Expiration Date	
City		State	
Zip			

**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 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 checked="" 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 20x30 Temporary Tent on 9/19/14. Removed on 9/21/14*

**SECTION 6 - ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	<i>875</i>	Story	
2. Electrical			
3. Plumbing		Number of Dwelling units	
4. Mechanical (HVAC)			
5. Fire Protection		Comments	
Total = (1+2+3+4+5)	875		
Building Permit Fee Multiplier			
Total Building Permit Fee			

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

I, **LOBSTERVILLE ROAD, INC**, as Owner of the subject property hereby authorize **Mark Traina/Peterson Party Center** to act on my behalf, in all matters relative to work authorized by this building permit application

Signature of Owner

Date **9/11/2014**

**SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION**

I, **Mark Traina/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.

Signature of Owner/Agent

Date **9/11/2014**

**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: