



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, 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 :
C-14-3542	9/26/2014	C-14-0389	73	555	9/26/2014

SECTION 1 - SITE INFORMATION

1.1 Property Address:	141 NAHANT RD	1.2 Assessors Map & Parcel Number: Map Number 15B Parcel Number 15B 0 33
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)
Required	Provided	Required
		L. R.
		L. R.
1.6 Water Supply (M.G.L.c.40. § 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	MASTORAS, GEORGE; TRUSTEE	Address 141 NAHANT RD	
Signature:	_____	Telephone No. 7817602319	Alternate Telephone No. 7817602319
2.2 Authorized Agent:			
Name	AB CARNES ROOFING, INC	Address 30 ARROWHEAD FARM RD BOXFORD, MA 01921	
Signature:	_____	Telephone No. 9788871431	Alternate Telephone No. 9788871431

SECTION 3 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

3.1 Licensed Construction Supervisor:			
Licensed Construction Supervisor	BARRY CARNES	License Number	230
	30 ARROWHEAD FARM RD		

<b>Address</b>	<i>BOXFORD, MA 01921</i>	<b>Expiration Date</b>	<i>3/07/2016</i>
<b>Signature</b>	_____	<b>Telephone</b>	<i>9788871431</i>

**3.2 Home Improvement Supervisor:**

Company Name	<i>AB CARNES ROOFING INC</i>	Registration Number	<i>176928</i>
Address	<i>30 ARROWHEAD FARM RD</i>	Expiration Date	<i>10/10/2015</i>
Signature	_____	Telephone	<i>9788871431</i>

**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):	<i>BARRY CARNES</i>	Registration Number	
Address		Expiration Date	
Signature	_____	Telephone	

**5.2 Registered Professional Engineer (s):**

Name		Area of Responsibility	
Address		Registration Number	
Signature	_____	Telephone	
Name		Area of Responsibility	
Address		Registration Number	
Signature	_____	Telephone	
Name		Area of Responsibility	
Address		Registration Number	
Signature	_____	Telephone	
Name		Area of Responsibility	
Address	<i>30 ARROWHEAD FARM RD</i>	Registration Number	
Signature	_____	Telephone	<i>9788871431</i>

**5.3 General Contractor**

Company Name	<i>AB CARNES ROOFING INC</i>	Not Applicable	<input type="checkbox"/>
Responsible In Charge of Construction	<i>BARRY CARNES</i>		
Address	<i>30 ARROWHEAD FARM RD BOXFORD, MA 01921</i>		
Signature	_____	Telephone	<i>9788871431</i>

SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable)  6th Edition  7th Edition  8th 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 checked="" type="checkbox"/> Roof	<input type="checkbox"/> Siding	<input type="checkbox"/> Other Specify:

Brief Description of Proposed Work:

**STRIP AND REROOF**

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"/> M Mechanical				<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 Storage	<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, **MASTORAS, GEORGE; TRUSTEE** as owner of the subject property hereby authorize **AB CARNES ROOFING, INC** to act on my behalf, in all matters relative to work authorized by this building permit application.

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

Date **9/23/2014**

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

I, **AB CARNES ROOFING, INC** 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	<b>AB CARNES ROOFING, INC</b>	
Signature of Owner/Agent	_____	Date <b>9/23/2014</b>

**SECTION 11 - ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
		Story	
1. Building	<b>7300</b>		
2. Electrical			
3. Plumbing			
4. Mechanical (HVAC)			
5. Fire Protection			
Total = (1+2+3+4+5)	7300		
Building Permit Fee Multiplier			
Total Building Permit Fee			
		Number of Dwelling units	
		Comments	

**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: