



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

<b>Application Number:</b>	<b>Date Issued:</b>	<b>Permit Number:</b>	<b>FEE: \$</b>	<b>Check No. :</b>	<b>Date Paid :</b>
<i>R-14-3212</i>	<i>4/4/2014</i>	<i>R-14-0089</i>	<i>90</i>	<i>9322</i>	<i>4/4/2014</i>

SECTION 1 - SITE INFORMATION

<b>1.1 Property Address:</b>		<i>148 WILSON RD</i>		<b>1.2 Assessors Map &amp; Parcel Number:</b>			
				<b>Map Number</b>	<i>25C</i>	<b>Parcel Number</b>	<i>25C 0 17</i>
<b>1.3 Zoning Information</b>				<b>1.4 Property Dimensions:</b>			
<b>Zoning District</b>		<b>Proposed Use</b>		<b>Lot Area (sf)</b>		<b>Frontage (ft.)</b>	

1.5 Building Setbacks (ft.)

	Front (ft.)	Side (ft.)	Rear (ft.)	Distance from wetland	
<b>Required</b>		L. R.		ft.	
<b>Provided</b>		L. R.			
<b>1.6 Water Supply (M.G.L.c.40.* 54)</b>		<b>1.7 Flood Zone</b>		<b>1.8 Sewage Disposal System :</b>	
<b>Public :</b>	<b>Private :</b>	<b>Zone :</b>	<b>Outside Flood Zone :</b> <input type="checkbox"/>	<b>Municipal :</b>	<b>On site disposal system :</b>

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

<b>2.1 Owner of Record:</b>		
<b>Name</b> <i>SALLIMAN, AUGUST &amp;</i>	<b>Address</b> <i>148 WILSON RD</i>	
<b>Signature</b>	<b>Telephone No.</b> <i>6176509070</i>	<b>Alternate Telephone No.</b>
<b>City</b> <i>NAHANT</i>	<b>State</b> <i>MA</i>	<b>Zip</b> <i>01908</i>

**2.2 Authorized Agent:**

<b>Name</b> <i>william nichols</i>	<b>Address</b> <i>45 fondi rd haverhill ma 01832</i>	
<b>Signature</b>	<b>Telephone No.</b> <i>9782657255</i>	<b>Alternate Telephone No.</b>

**SECTION 3 - CONSTRUCTION SERVICES**

**3.1 Licensed Construction Supervisor:**

Licensed Construction Supervisor	<i>pella windows /william nichols</i>		
Address	<i>45 fondi road</i>	License Number	<i>089853</i>
Town/City	<i>haverhill</i>	State	<i>ma</i>
Zip	<i>01832</i>	Telephone	<i>9782657255</i>
Signature		Expiration Date	<i>10/26/2014</i>

**3.2 Home Improvement Supervisor:**

Company Name	<i>pella windows /william r nichols</i>	Address	<i>45 fondi rd</i>
Telephone	<i>9782657255</i>	Registration Number	<i>129774</i>
Signature		Expiration Date	<i>11/02/2015</i>
City	<i>haverhill</i>	State	<i>ma</i>
Zip	<i>01832</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:**

*5 replacement windows no structural*

**SECTION 6 - ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only
------	--	-------------------

<b>1. Building</b>	<b>9000</b>	<table border="1"> <tr> <td><b>Story</b></td> <td><input type="text"/></td> </tr> <tr> <td><b>Number of Dwelling units</b></td> <td><input type="text"/></td> </tr> <tr> <td><b>Comments</b></td> <td><input type="text"/></td> </tr> </table>	<b>Story</b>	<input type="text"/>	<b>Number of Dwelling units</b>	<input type="text"/>	<b>Comments</b>	<input type="text"/>
<b>Story</b>	<input type="text"/>							
<b>Number of Dwelling units</b>	<input type="text"/>							
<b>Comments</b>	<input type="text"/>							
<b>2. Electrical</b>	<b>0</b>							
<b>3. Plumbing</b>	<b>0</b>							
<b>4. Mechanical (HVAC)</b>	<b>0</b>							
<b>5. Fire Protection</b>	<b>0</b>							
<b>Total = (1+2+3+4+5)</b>	9000 <input type="text"/>							
<b>Building Permit Fee Multiplier</b>	<input type="text"/>							
<b>Total Building Permit Fee</b>	<input type="text"/>							

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

I, **SALLIMAN, AUGUST &**, as Owner of the subject property hereby authorize **pella window and door llc** to act on my behalf, in all matters relative to work authorized by this building permit application

Signature of Owner

Date **3/26/2014**

## SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION

I, **pella window and door llc**, 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 **3/26/2014**

## 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: