



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-14-3220</i>	<i>4/11/2014</i>	<i>R-14-0097</i>	<i>28500</i>	<i>2491</i>	<i>4/11/2014</i>

SECTION 1 - SITE INFORMATION

1.1 Property Address:		<i>17 PROSPECT ST</i>		1.2 Assessors Map & Parcel Number:	
		Map Number	<i>13</i>	Parcel Number	<i>13 0 32</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>STEMPEK, MICHAEL D &amp;</i>	Address <i>17 PROSPECT ST</i>	
Signature	Telephone No. <i>3394404067</i>	Alternate Telephone No.
City <i>NAHANT</i>	State <i>MA</i>	Zip <i>01908</i>

**2.2 Authorized Agent:**

<b>Name</b> <i>Jerzy Wabno</i>	<b>Address</b> <i>15 Higgins Rd Marblehead MA</i>	
<b>Signature</b>	<b>Telephone No.</b> <i>7815219404</i>	<b>Alternate Telephone No.</b> <i>7815219327</i>

**SECTION 3 - CONSTRUCTION SERVICES****3.1 Licensed Construction Supervisor:**

Licensed Construction Supervisor	<i>Nova Construction</i>		
Address	<i>15 Higgins Rd</i>	License Number	<i>104338</i>
Town/City	<i>Marblehead</i>	State	<i>MA</i>
Zip	<i>01945</i>	Telephone	<i>7815219404</i>
Signature		Expiration Date	<i>12/10/2015</i>

**3.2 Home Improvement Supervisor:**

Company Name	<i>Nova Construction</i>	Address	<i>15 Higgins Rd</i>
Telephone	<i>7815219327</i>	Registration Number	<i>146850</i>
Signature		Expiration Date	<i>5/20/2014</i>
City	<i>Marblehead</i>	State	<i>MA</i>
Zip	<i>01945</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 checked="" type="checkbox"/> Existing Building	<input checked="" type="checkbox"/> Repair(s)	<input checked="" 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:**

*Kitchen and Dining room remodeling. New cabinets, appliances. relocate windows and door.*

**SECTION 6 - ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Cost (Dollars) to be
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**completed by permit applicant**

<b>1. Building</b>	<b>28500</b>
<b>2. Electrical</b>	
<b>3. Plumbing</b>	
<b>4. Mechanical (HVAC)</b>	
<b>5. Fire Protection</b>	
<b>Total = (1+2+3+4+5)</b>	28500
<b>Building Permit Fee Multiplier</b>	
<b>Total Building Permit Fee</b>	

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<b>Story</b>	<input type="text"/>
<b>Number of Dwelling units</b>	<input type="text"/>
<b>Comments</b>	<input type="text"/>

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

I, **STEMPEK, MICHAEL D &**, as Owner of the subject property hereby authorize **Jerzy Wabno** to act on my behalf, in all matters relative to work authorized by this building permit application

Signature of Owner

Date **3/31/2014**

## SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION

I, **Jerzy Wabno**, 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 **3/31/2014**

## 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: