

	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
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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-14-3395</i>	<i>6/30/2014</i>	<i>R-14-0240</i>	<i>85</i>	<i>8166</i>	<i>6/30/2014</i>

SECTION 1 - SITE INFORMATION

1.1 Property Address:	<i>18 CENTRAL ST</i>	1.2 Assessors Map & Parcel Number:			
		Map Number	<i>5</i>	Parcel Number	<i>5 0 20</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 :
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SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

Name <i>ALIMENTI, MARION F & ALIMENTI,</i>	Address <i>18 CENTRAL ST</i>	
Signature	Telephone No. <i>7812589715</i>	Alternate Telephone No.
City <i>NAHANT</i>	State <i>MA</i>	Zip <i>01908</i>

2.2 Authorized Agent:

Name <i>WILLIAM TRAHANT</i>	Address <i>215 VERONA ST LYNN,MA</i>	
Signature	Telephone No. <i>7815991211</i>	Alternate Telephone No.

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Licensed Construction Supervisor	<i>WILLIAM R TRAHANT JR.</i>		
Address	<i>215 VERONA STREET</i>	License Number	<i>101220</i>
Town/City	<i>LYNN</i>	State	<i>MA</i>
Zip	<i>01904</i>	Telephone	<i>9785991211</i>
Signature		Expiration Date	<i>2/10/2016</i>

3.2 Home Improvement Supervisor:

Company Name	<i>WILLIAM R TRAHANT JR.</i>	Address	<i>215 VERONA STREET</i>
Telephone	<i>9785991211</i>	Registration Number	<i>178945</i>
Signature		Expiration Date	<i>6/05/2016</i>
City	<i>LYNN</i>	State	<i>MA</i>
Zip	<i>01904</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 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 RE ROOF

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	<i>8500</i>	Story	<input type="text"/>
2. Electrical		Number of Dwelling units	<input type="text"/>
3. Plumbing			
4. Mechanical (HVAC)		Comments	<input type="text"/>
5. Fire Protection			
Total = (1+2+3+4+5)	<input type="text" value="8500"/>		
Building Permit Fee Multiplier	<input type="text"/>		
Total Building Permit Fee	<input type="text"/>		

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

I, **ALIMENTI, MARION F & ALIMENTI,** as Owner of the subject property hereby authorize **WILLIAM TRAHANT** to act on my behalf, in all matters relative to work authorized by this building permit application

Signature of Owner

Date **6/30/2014**

SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION

I, **WILLIAM TRAHANT**, 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 **6/30/2014**

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: