

 <p>The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR</p>		<p>TOWN OF NAHANT BUILDING DEPARTMENT, TOWN HALL 334 Nahant Road, NAHANT, MA 01908</p>
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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-14-3126	2/10/2014	C-14-0028	50	16234	2/10/2014

SECTION 1 - SITE INFORMATION

1.1 Property Address:	198 NAHANT RD	1.2 Assessors Map & Parcel Number: Map Number 17 Parcel Number 17 0 50A			
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)		Rear Yard (ft)	
Required	Provided	Required	Provided	Required	Provided
		L. R.	L. R.		
1.6 Water Supply (M.G.L.c.40. B 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	TOWN OF NAHANT/LEASED PARCEL W		Address 334 NAHANT ROAD		
Signature:	_____		Telephone No. 7815810018	Alternate Telephone No. 7815810018	
2.2 Authorized Agent:					
Name	John McGilicuddy		Address 49 Brattle St. Arlington, MA 02474		
Signature:	_____		Telephone No. 7814549134	Alternate Telephone No.	

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

3.1 Licensed Construction Supervisor:			
Licensed Construction Supervisor	John McGilicuddy	License Number	78888
Address	40 Brattle St Arlington MA 02474	Expiration Date	7/11/2014

Address	73 DIALLO ST. AMHINGTON, MA 02474	Expiration Date	11/11/2014
Signature	<hr/>	Telephone	6173886324

3.2 Home Improvement Supervisor:		
Company Name		Registration Number
Address		Expiration Date
Signature	_____	Telephone

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):		Registration Number
Address		Expiration Date
Signature	_____	Telephone

5.2 Registered Professional Engineer (s):

Name	<i>Paul Mucci</i>	Area of Responsibility	<i>All</i>
Address	<i>PO BOX 875 Westford, MA 01886</i>	Registration Number	<i>40619</i>
Signature	_____	Telephone	<i>9787997225</i>
		Expiration Date	<i>6/30/2014</i>

Name		Area of Responsibility
Address		Registration Number
Signature	_____	Telephone
		Expiration Date

Name		Area of Responsibility
Address		Registration Number
Signature	_____	Telephone
		Expiration Date

Name		Area of Responsibility
Address		Registration Number
Signature	_____	Telephone
		Expiration Date

5.3 General Contractor

Company Name	<i>Structure Consulting Group</i>	Not Applicable	<input type="checkbox"/>
Responsible In Charge of Construction	<i>John McGilicuddy</i>		
Address	<i>49 Brattle St. Arlington, MA 02474</i>		
Signature	_____	Telephone	<i>6173886324</i>

SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable) <input type="radio"/> 6th Edition <input type="radio"/> 7th Edition				
<input type="checkbox"/> New Construction	<input type="checkbox"/> Existing Building	<input checked="" type="checkbox"/> Repair(s)	<input checked="" type="checkbox"/> Alteration(s)	<input checked="" 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 checked="" type="checkbox"/> Other Specify: <i>Telecom equipment chnages</i>

Brief Description of Proposed Work:

Verizon is currently installed on cell tower. Looking to add (6) 7/8" coax. Proposed coax to be bundled w/ existing coax from shelter to antenna array. No chanes to outside of Monopole. Coax to be located inside Monopole.

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, **TOWN OF NAHANT/LEASED PARCEL W** as owner of the subject property hereby authorize **John McGilicuddy** to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner _____

Date **1/7/2014**

SECTION 10b - OWNER/AUTHORIZED AGENT DECLARATION

I, **John McGilicuddy** 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 **John McGilicuddy**

Signature of Owner/Agent _____

Date **1/7/2014**

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant
1. Building	5000
2. Electrical	
3. Plumbing	
4. Mechanical (HVAC)	
5. Fire Protection	
Total = (1+2+3+4+5)	5000
Building Permit Fee Multiplier	
Total Building Permit Fee	

Official Use Only	
Story	<input type="text"/>
Number of Dwelling units	<input type="text"/>
Comments	<input type="text"/>

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: