

 <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>			
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 :
<i>C-14-3296</i>	<i>5/13/2014</i>	<i>C-14-0155</i>	<i>105</i>	<i>8079</i>	<i>5/13/2014</i>
SECTION 1 - SITE INFORMATION					
1.1 Property Address:		<i>28 NAHANT RD</i>		1.2 Assessors Map & Parcel Number: Map Number <i>25A</i> Parcel Number <i>25A 0 421</i>	
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. § 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		<i>BONGIORNO, THOMAS A & TWO WILS</i>		Address <i>809 POLO PLACE</i>	
Signature:		_____		Telephone No. <i>7815991211</i>	Alternate Telephone No. <i>7815991211</i>
2.2 Authorized Agent:					
Name		<i>WILLIAM TRAHANT</i>		Address <i>215 VERONA ST LYNN, MA 01904</i>	
Signature:		_____		Telephone No. <i>7815991211</i>	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		<i>WILLIAM TRAHANT JR</i>		License Number	<i>101220</i>
Address		<i>215 VERONA ST LYNN, MA 01904</i>		Expiration Date	<i>2/10/2015</i>

Signature	<hr/>	Telephone	7815991211
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3.2 Home Improvement Supervisor:			
Company Name	<i>WILLIAM TRAHANT JR CONSTRUCTION INC.</i>	Registration Number	<i>141778</i>
Address	<i>215 VERONA ST LYNN,MA 01904</i>	Expiration Date	<i>2/05/2015</i>
Signature		Telephone	<i>7815991211</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="radio"/>	
	<input type="checkbox"/> Final <input type="radio"/>	

5.1 Registered Architect: Not Applicable

Name (Registrant):		Registration Number	
Address		Expiration Date	
Signature		Telephone	

5.2 Registered Professional Engineer (s):

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
Name		Area of Responsibility	
Address		Registration Number	
Signature		Telephone	Expiration Date

5.3 General Contractor

Company Name	<i>WILLIAM TRAHANT JR CONSTRUCTION INC.</i>	Not Applicable	<input type="checkbox"/>
Responsible In Charge of Construction	<i>WILLIAM TRAHANT</i>		
Address	<i>215 VERONA ST LYNN,MA 01904</i>		
Signature		Telephone	<i>7815991211</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 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:				
<i>STRIP AND RE ROOF</i>				
SECTION 7 - USE GROUP AND CONSTRUCTION TYPE				
USE GROUP (Check as applicable)				CONSTRUCTION TYPE
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
B Business				<input type="checkbox"/> 2 A
E Educational				<input type="checkbox"/> 2 B
F Factory	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2		<input type="checkbox"/> 2 C
				<input type="checkbox"/> 3 A
H High Hazard				<input type="checkbox"/> 3 B
I Institutional	<input type="checkbox"/> I-1	<input type="checkbox"/> I-2	<input type="checkbox"/> I-3	<input type="checkbox"/> 4
M Mechanical				<input type="checkbox"/> 5 A
R Residential	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3	<input type="checkbox"/> 5 B
S Storage	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2		
U Utility	Specify:			
M Mixed Use	Specify:			
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>				
SECTION 10a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT				
I, <i>BONGIORNO, THOMAS A & TWO WILS</i> as owner of the subject property hereby authorize <i>WILLIAM TRAHANT</i> to act on my behalf, in all matters relative to work authorized by this building permit application.				
Signature of Owner _____			Date <i>5/7/2014</i>	

SECTION 10b - 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. Signed under the pains and penalties of perjury.

Name	WILLIAM TRAHANT	
Signature of Owner/Agent	_____	Date 5/7/2014

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
		Story	Number of Dwelling units
1. Building	10500		
2. Electrical			
3. Plumbing			
4. Mechanical (HVAC)			
5. Fire Protection			
Total = (1+2+3+4+5)	10500		
Building Permit Fee Multiplier			
Total Building Permit Fee			
		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: