



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, 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-14-3622	10/31/2014	C-14-0447	420	28871	10/31/2014

SECTION 1 - SITE INFORMATION

1.1 Property Address:	280 NAHANT RD	1.2 Assessors Map & Parcel Number: Map Number 8 Parcel Number 801
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)
Required	Provided	Required
		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	NEW NAHANT LAND CO INC	Address P.O. BOX 102	
Signature:	_____	Telephone No. 7815924863	Alternate Telephone No. 7815924863
2.2 Authorized Agent:			
Name	LELAND HUSSEY CONTRACTING	Address 490 WASHINGTON ST., LYNN, MA	
Signature:	_____	Telephone No. 7815936630	Alternate Telephone No. 7817604886

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

3.1 Licensed Construction Supervisor:			
Licensed Construction Supervisor	LELAND HUSSEY	License Number	032197
Address	490 WASHINGTON ST., LYNN, MA	Expiration Date	10/16/2015

Signature

\_\_\_\_\_

Telephone

**7815936630**

<b>3.2 Home Improvement Supervisor:</b>			
Company Name	<i>LELAND HUSSEY CONTRACTING</i>	Registration Number	<i>101743</i>
Address	<i>490 WASHINGTON ST., LYNN, MA</i>	Expiration Date	<i>6/29/2016</i>
Signature	_____	Telephone	<i>815936630</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="checkbox"/> Final	

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	Not Applicable		<input type="checkbox"/>
Responsible In Charge of Construction	_____		
Address	_____		
Signature	_____	Telephone	

SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable)  6th Edition  7th Edition  8th Edition

<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Existing Building	<input 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:

*Remodel existing first floor bathroom and re-plaster dining room ceiling.*

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	1 A <input type="checkbox"/>
	<input type="checkbox"/> A-4	<input type="checkbox"/> A-5		1 B <input type="checkbox"/>
B Business				2 A <input type="checkbox"/>
E Educational				2 B <input type="checkbox"/>
F Factory	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2		2 C <input type="checkbox"/>
				3 A <input type="checkbox"/>
H High Hazard				3 B <input type="checkbox"/>
I Institutional	<input type="checkbox"/> I-1	<input type="checkbox"/> I-2	<input type="checkbox"/> I-3	4 <input type="checkbox"/>
				5 A <input type="checkbox"/>
M Mechanical				5 B <input type="checkbox"/>
R Residential	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3	
S Storage	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2		
U Utility	<input type="checkbox"/> Specify:			
M Mixed Use	<input type="checkbox"/> Specify:			
S Special Use	<input type="checkbox"/> 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, **NEW NAHANT LAND CO INC** as owner of the subject property hereby authorize **LELAND HUSSEY CONTRACTING** to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner \_\_\_\_\_

Date **10/08/2014**



**SECTION 10b - OWNER/AUTHORIZED AGENT DECLARATION**

I, **LELAND HUSSEY CONTRACTING** 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	<b>LELAND HUSSEY CONTRACTING</b>	
Signature of Owner/Agent	_____	Date <b>10/08/2014</b>

**SECTION 11 - ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
		Story	
1. Building	<b>42000</b>		
2. Electrical			
3. Plumbing			
4. Mechanical (HVAC)			
5. Fire Protection			
Total = (1+2+3+4+5)	42000		
Building Permit Fee Multiplier			
Total Building Permit Fee			
		Number of Dwelling units	
		Comments	

**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: