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 :
R-14-3283	5/5/2014	R-14-0139	160	9600651	5/5/2014

SECTION 1 - SITE INFORMATION

1.1 Property Address:	4 HIGHLAND AV

1.2 Assessors Map & Parcel Number:

Map Number	22	Parcel Number	22 0 72

1.3 Zoning Information

Zoning District		Proposed Use	

1.4 Property Dimensions:

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 : ☐

1.8 Sewage Disposal System :
Municipal : ◉ On site disposal system : ○

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

Name LUDKE, WILLIAM E & MARY JO	Address 4 HIGHLAND AVE	
Signature	Telephone No. 7815950109	Alternate Telephone No.
City NAHANT	State MA	Zip 01908

2.2 Authorized Agent:

Name RENEWAL BY ANDERSEN	Address 86 GARDINER ST., LYNN, MA	
Signature	Telephone No. 6179660412	Alternate Telephone No.

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Licensed Consruction Supervisor	*JAIME L. MORIN*		
Address	*86 GARDINER ST.*	License Number	*090125*
Town/City	*LYNN*	State	*MA*
Zip	*01905*	Telephone	*6179660412*
Signature		Expiration Date	*10/06/2014*

3.2 Home Improvement Supervisor:

Company Name	*RENEWAL BY ANDERSEN*	Address	*104 OTIS ST*
Telephone	*5083512200*	Registration Number	*170810*
Signature		Expiration Date	*10/23/2015*
City	*NORTHBORO*	State	*MA*
Zip	*01532*		

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

☐ New Construction	☑ Existing Building	☐ Repair(s)	☐ Alteration(s)	☐ Addition
☐ Accessory Bldg	☐ Demolition	☐ Fence	☐ Home Occupation	☐ Shed/Barn
☐ Wood Stove	☐ Pool AG	☐ Pool IG	☐ Deck	☐ Tenat Fitup(Commercial only)
☐ Tent	☐ Retaining Wall	☐ Roof	☐ Siding	☑ Other Specify: *WINDOWS*

Brief Description of Proposed Work:

Installation of 11 replacement windows. No structural change.

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant
1. Building	*15550*
2. Electrical	
3. Plumbing	
4. Mechanical (HVAC)	
5. Fire Protection	
Total = (1+2+3+4+5)	15550
Building Permit Fee Multiplier	
Total Building Permit Fee	

Official Use Only	
Story	
Number of Dwelling units	
Comments	

SECTION 7(a) OWNER AUTHORIZATION-TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTORS APPLIES FOR BUILDING PERMIT	
I, *LUDKE, WILLIAM E & MARY JO*, as Owner of the subject property hereby authorize *RENEWAL BY ANDERSEN* to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date *4/23/2014*
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, *RENEWAL BY ANDERSEN* , 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 *4/23/2014*
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:	