

 <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, 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-14-3135</i>	<i>1/17/2014</i>	<i>R-14-0010</i>	<i>103</i>	<i>4618</i>	<i>1/17/2014</i>

SECTION 1 - SITE INFORMATION

1.1 Property Address:	<i>4 NAUTICAL LN</i>	1.2 Assessors Map & Parcel Number:			
		Map Number	<i>13</i>	Parcel Number	<i>13 0 40</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>GREERSEN, HAL</i>	Address <i>4 NAUTICAL LN</i>		
Signature	Telephone No. <i>9784278228</i>	Alternate Telephone No.	
City <i>NAHANT</i>	State <i>MA</i>	Zip <i>01908</i>	

2.2 Authorized Agent:

Name <i>REGATTA CONSTRUCTION</i>	Address <i>50 JERSEY ST., MARBLEHEAD, MA</i>		
Signature	Telephone No. <i>7816391660</i>	Alternate Telephone No.	

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Licensed Construction Supervisor	REGATTA CONSTRUCTION		
Address	50 JERSEY STREET	License Number	102163
Town/City	MARBLEHEAD	State	MA
Zip	01945	Telephone	6178945661
Signature		Expiration Date	12/15/2014

3.2 Home Improvement Supervisor:

Company Name	REGATTA CONSTRUCTION	Address	50 JERSEY STREET
Telephone	6178945661	Registration Number	163531
Signature		Expiration Date	7/15/2015
City	MARBLEHEAD	State	MA
Zip	01945		

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 checked="" 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:

Remove sheetrock, part of sub-fl. & all insulation from storage area over garage. Spray foam fl. & rafters w/open cell. Replace sub-fl., hang blue board & plaster. Rafters go down to the fl. & the room will remain a storage area.

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	10266.3	Story	<input type="text"/>
2. Electrical		Number of Dwelling units	<input type="text"/>
3. Plumbing			
4. Mechanical (HVAC)			
5. Fire Protection			
Total = (1+2+3+4+5)	<input type="text" value="10266"/>		
Building Permit Fee Multiplier	<input type="text"/>		
	<input type="text"/>		

Total Building Permit Fee		Comments	

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

I, *GREERSEN, HAL*, as Owner of the subject property hereby authorize *REGATTA CONSTRUCTION* to act on my behalf, in all matters relative to work authorized by this building permit application

Signature of Owner

Date *1/15/2014*

SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION

I, *REGATTA CONSTRUCTION*, 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 *1/15/2014*

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: