

 <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-14-3325	6/5/2014	C-14-0198	70	1310	6/5/2014

SECTION 1 - SITE INFORMATION

1.1 Property Address:	41 VALLEY RD	1.2 Assessors Map & Parcel Number: Map Number 11 Parcel Number 11015			
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	NAHANT PRESERVATION TRUST LEAS	Address 41 VALLEY ROAD	
Signature:		Telephone No. 7815812727	Alternate Telephone No. 7815812727
2.2 Authorized Agent:			
Name	Gerard O'Doherty	Address 12 Morningside Lane Lincoln MA	
Signature:		Telephone No. 3392232663	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	Gerard O'Doherty	License Number	cs-080786

Address	<i>12 Morningside Lane Lincoln ma 01773</i>	Expiration Date	<i>12/19/2015</i>
Signature	_____	Telephone	<i>3392232663</i>

3.2 Home Improvement Supervisor:			
Company Name	<i>Gerard O'Doherty</i>	Registration Number	<i>145376</i>
Address	<i>12 Morningside Lane Lincoln Ma 01773</i>	Expiration Date	<i>1/13/2015</i>
Signature	_____	Telephone	<i>3392232663</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):	<i>Spencer & Vogt</i>	Registration Number	
Address	<i>1 Thompson Sq. Charlestown MA</i>	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>Gerard O'Doherty</i>	Not Applicable	<input type="checkbox"/>
Responsible In Charge of Construction	<i>same</i>		
Address	<i>12 Morningside Lane Lincoln MA</i>		
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:
Construction of interior wall partitions in room # 211

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
				<input type="checkbox"/> 5 A
				<input type="checkbox"/> 5 B
M Mechanical				<input type="checkbox"/> Specify:
R Residential	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3	<input type="checkbox"/> Specify:
S Storage	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2		<input type="checkbox"/> Specify:
U Utility				
M Mixed Use				
S Special Use				

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 Structural Peer Review Required Yes No

SECTION 10a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, **NAHANT PRESERVATION TRUST LEAS** as owner of the subject property hereby authorize **Gerard O'Doherty** to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner _____

Date **5/27/2014**

SECTION 10b - OWNER/AUTHORIZED AGENT DECLARATION

I, **Gerard O'Doherty** 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

Signature of Owner/Agent

Date **5/27/2014**

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant
1. Building	7000
2. Electrical	
3. Plumbing	
4. Mechanical (HVAC)	
5. Fire Protection	
Total = (1+2+3+4+5)	7000
Building Permit Fee Multiplier	
Total Building Permit Fee	

Official Use Only	
Story	
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: