



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 :      |
| <i>R-14-3555</i>    | <i>9/30/2014</i> | <i>R-14-0396</i> | <i>30</i> |             | <i>9/30/2014</i> |

SECTION 1 - SITE INFORMATION

|  |             |  |            |  |                 |                |  |
|--|-------------|--|------------|--|-----------------|----------------|--|
| 1.1 Property Address:  |             | <i>49 SURF VIEW AV</i>   |            | 1.2 Assessors Map & Parcel Number:   |                 |                |  |
|  |             | Map Number   | <i>18</i>  | Parcel Number  | <i>18 0 59A</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.*<br>54)<br>Public :                      Private : |             | 1.7 Flood Zone<br>Zone :                      Outside Flood Zone<br>: <input type="checkbox"/> |            | 1.8 Sewage Disposal System :<br>Municipal :                      On site disposal system : |                 |                |  |

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

|                                      |   |                         |
|--------------------------------------|---|-------------------------|
| 2.1 Owner of Record:                 |   |                         |
| Name <i>LEVIN, DONNA</i>             | Address <i>49 SURF VIEW AVE</i>               |                         |
| Signature                            | Telephone No. <i>6172859260</i>               | Alternate Telephone No. |
| City <i>NAHANT</i>                   | State <i>MA</i>                               | Zip <i>01908</i>        |
| 2.2 Authorized Agent:                |   |                         |
| Name <i>MARBLEHEAD HOME SERVICES</i> | Address <i>214 GREENS ST., MARBLEHEAD, MA</i> |                         |
| Signature                            | Telephone No. <i>7813676250</i>               | Alternate Telephone No. |

**SECTION 3 - CONSTRUCTION SERVICES**

**3.1 Licensed Construction Supervisor:**

|                                  |                         |                 |                   |
|----------------------------------|-------------------------|-----------------|-------------------|
| Licensed Construction Supervisor | <i>LARRY HANAPOLE</i>   |                 |                   |
| Address                          | <i>214 GREEN STREET</i> | License Number  | <i>107796</i>     |
| Town/City                        | <i>MARBLEHEAD</i>       | State           | <i>MA</i>         |
| Zip                              | <i>01945</i>            | Telephone       | <i>7813676250</i> |
| Signature                        |                         | Expiration Date | <i>1/13/2018</i>  |

**3.2 Home Improvement Supervisor:**

|              |                                 |                     |                         |
|--------------|---------------------------------|---------------------|-------------------------|
| Company Name | <i>MARBLEHEAD HOME SERVICES</i> | Address             | <i>214 GREEN STREET</i> |
| Telephone    | <i>7813676250</i>               | Registration Number | <i>165202</i>           |
| Signature    |                                 | Expiration Date     | <i>1/19/2016</i>        |
| City         | <i>MARBLEHEAD</i>               | State               | <i>MA</i>               |
| Zip          | <i>01945</i>                    |                     |                         |

**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 checked="" type="checkbox"/> Existing Building | <input checked="" 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 type="checkbox"/> Roof                 | <input type="checkbox"/> Siding          | <input type="checkbox"/> Other    Specify:            |

**Brief Description of Proposed Work:**

*Repair center beam in basement and reinforce with LVL.*

**SECTION 6 - ESTIMATED CONSTRUCTION COSTS**

| Item                           | Estimated Cost (Dollars) to be completed by permit applicant | Official Use Only        |                      |
|--------------------------------|--|--------------------------|----------------------|
| 1. Building                    | <i>3000</i>  | Story                    | <input type="text"/> |
| 2. Electrical                  | <input type="text"/>   | Number of Dwelling units | <input type="text"/> |
| 3. Plumbing                    | <input type="text"/>   |                          |                      |
| 4. Mechanical (HVAC)           | <input type="text"/>   | Comments                 | <input type="text"/> |
| 5. Fire Protection             | <input type="text"/>   |                          |                      |
| Total = (1+2+3+4+5)            | <input type="text" value="3000"/>                            |                          |                      |
| Building Permit Fee Multiplier | <input type="text"/>   |                          |                      |
| Total Building Permit Fee      | <input type="text"/>   |                          |                      |

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

I, **LEVIN, DONNA**, as Owner of the subject property hereby authorize **MARBLEHEAD HOME SERVICES** to act on my behalf, in all matters relative to work authorized by this building permit application

Signature of Owner

Date **9/25/2014**

**SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION**

I, **MARBLEHEAD HOME SERVICES**, 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 **9/25/2014**

**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: