



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-14-3152</i>	<i>2/5/2014</i>	<i>R-14-0026</i>	<i>33</i>		<i>2/5/2014</i>

SECTION 1 - SITE INFORMATION

1.1 Property Address:		<i>8 MAPLE AV</i>		1.2 Assessors Map & Parcel Number:	
		Map Number	<i>21B</i>	Parcel Number	<i>21B 0 52</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 :

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:		
Name <i>COMER MICHAEL +</i>	Address <i>8 MAPLE AVENUE</i>	
Signature	Telephone No. <i>7815819689</i>	Alternate Telephone No.
City <i>NAHANT</i>	State <i>MA</i>	Zip <i>01908</i>

**2.2 Authorized Agent:**

**Name** *LOWES HOME IMPROVEMENT*

**Address** *136 TURNPIKE RD., SOUTHBOROUGH, MA*

**Signature**

**Telephone No.** *6173590946*

**Alternate Telephone No.**

**SECTION 3 - CONSTRUCTION SERVICES****3.1 Licensed Construction Supervisor:**

Licensed Construction Supervisor	<i>MICHAEL DEMILLE</i>		
Address	<i>5 BRISTOL STREET</i>	License Number	<i>82193</i>
Town/City	<i>SALEM</i>	State	<i>MA</i>
Zip	<i>01970</i>	Telephone	<i>9787455364</i>
Signature		Expiration Date	<i>10/04/2015</i>

**3.2 Home Improvement Supervisor:**

Company Name	<i>Lowes Home Improvement</i>	Address	<i>136 Turnpike Rd Suite 100</i>
Telephone	<i>6173590946</i>	Registration Number	<i>148688</i>
Signature		Expiration Date	<i>10/09/2015</i>
City	<i>Southborough</i>	State	<i>MA</i>
Zip	<i>01772</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 type="checkbox"/> Existing Building	<input 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 checked="" type="checkbox"/> Other    Specify:

**Brief Description of Proposed Work:**

*Remove/Replace 6 existing windows. No structural work being done.*

**SECTION 6 - ESTIMATED CONSTRUCTION COSTS**

Estimated Cost (Dollars) to be

Item	completed by permit applicant	Official Use Only	
1. Building	3231.05	Story	<input type="text"/>
2. Electrical			Number of Dwelling units
3. Plumbing		Comments	
4. Mechanical (HVAC)			
5. Fire Protection			
Total = (1+2+3+4+5)	<input type="text" value="3231"/>		
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, **COMER MICHAEL +**, as Owner of the subject property hereby authorize **LOWES HOME IMPROVEMENT** to act on my behalf, in all matters relative to work authorized by this building permit application

Signature of Owner

Date **1/31/2014**

## SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION

I, **LOWES HOME IMPROVEMENT**, 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 **1/31/2014**

## 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: