



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, 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-15-3989	7/15/2015	C-15-0252	0		7/15/2015

SECTION 1 - SITE INFORMATION

1.1 Property Address:	0 FLASH RD	1.2 Assessors Map & Parcel Number: Map Number 15A Parcel Number 15A 0 24
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)
Required	Provided	Required
		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	TOWN OF NAHANT	Address FLASH ROAD	
Signature:	_____	Telephone No. 7815810026	Alternate Telephone No. 7815810026
2.2 Authorized Agent:			
Name	Rebuildex	Address 6 commerce way Carver Ma 02330	
Signature:	_____	Telephone No. 6178427244	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	Don Allan	License Number	CS-10555
Address	70 Dillingham Way Hanover Ma 02339	Expiration Date	6/27/2017

Signature

Telephone

6178427244

3.2 Home Improvement Supervisor:			
Company Name	<i>Rebuildex</i>	Registration Number	<i>156147</i>
Address	<i>6 commerce way Carver Ma 02330</i>	Expiration Date	<i>6/07/2017</i>
Signature	_____	Telephone	<i>7744350319</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="radio"/>	Final

5.1 Registered Architect: Not Applicable

Name (Registrant):	_____		Registration Number	_____
Address	_____		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>Rebuildex</i>	Not Applicable	<input type="checkbox"/>
Responsible In Charge of Construction	<i>Don Allan</i>		
Address	<i>6 Commerce Way Carver ma</i>		
Signature	_____	Telephone	<i>6178427244</i>

SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable) 6th Edition 7th Edition 8th Edition

<input type="checkbox"/> New Construction	<input 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:

Ins. co. approved to replace ceiling insulation in 3 bays. Few different ways to bring the new insulation as close to code as possible. We could do a R-30 unfaced batt w/ fire poly or R-30 foil faced as existing or R-30 Fires Safe faced batt.

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	1 A <input type="checkbox"/>
	<input type="checkbox"/> A-4	<input type="checkbox"/> A-5		1 B <input type="checkbox"/>
B Business				2 A <input type="checkbox"/>
E Educational				2 B <input type="checkbox"/>
F Factory	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2		2 C <input type="checkbox"/>
H High Hazard				3 A <input type="checkbox"/>
I Institutional	<input type="checkbox"/> I-1	<input type="checkbox"/> I-2	<input type="checkbox"/> I-3	3 B <input type="checkbox"/>
M Mechanical				4 <input type="checkbox"/>
R Residential	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3	5 A <input type="checkbox"/>
S Storage	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2		5 B <input type="checkbox"/>
U Utility	<input type="checkbox"/> Specify:			
M Mixed Use	<input type="checkbox"/> Specify:			
S Special Use	<input type="checkbox"/> Specify:			

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 Stuctural Peer Review Required Yes No

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

I, **TOWN OF NAHANT** as owner of the subject property hereby authorize **Rebuildex** to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner _____

Date **6/26/2015**

SECTION 10b - OWNER/AUTHORIZED AGENT DECLARATION

I, **Rebuildex** 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	Rebuildex	
Signature of Owner/Agent	_____	Date 6/26/2015

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
		Story	
1. Building	8000		
2. Electrical			
3. Plumbing			
4. Mechanical (HVAC)			
5. Fire Protection			
Total = (1+2+3+4+5)	8000		
Building Permit Fee Multiplier			
Total Building Permit Fee			
		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: