| | |
|---|---|
| The Commonwealth of Massachusetts<br>State Board of Building Regulations and Standards<br>Massachusetts State Building Code<br>780 CMR | TOWN OF NAHANT<br>BUILDING DEPARTMENT, TOWN HALL<br>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 : |
|---|---|---|---|---|---|
| *R-15-3777* | *3/13/2015* | *R-15-0063* | *70* | *3725* | *3/13/2015* |

## SECTION 1 - SITE INFORMATION

| | | | | | |
|---|---|---|---|---|---|
| 1.1 Property Address: | *0 WILLOW RD* | 1.2 Assessors Map & Parcel Number: | | | |
| | | Map Number | *12* | Parcel Number | *12 0 34* |

| 1.3 Zoning Information | | | |
|---|---|---|---|
| Zoning District | | Proposed Use | |

| 1.4 Property Dimensions: | | | |
|---|---|---|---|
| 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) | 1.7 Flood Zone | 1.8 Sewage Disposal System : |
|---|---|---|
| Public : Private : | Zone : Outside Flood Zone : ☐ | Municipal : On site disposal system : |

## SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

**2.1 Owner of Record:**

| | | |
|---|---|---|
| Name *ATLANTIC FUNCTIONS CORP.* | Address *0 WILLOW RD., NAHANT, MA* | |
| Signature | Telephone No. *1111111111* | Alternate Telephone No. |
| City *PEABODY* | State *MA* | Zip *01960* |

**2.2 Authorized Agent:**

| | | |
|---|---|---|
| Name *UNIQUE RENOVATIONS, INC.* | Address *23 ELM RD., WESTFORD, MA* | |
| Signature | Telephone No. *7817600945* | Alternate Telephone No. |

## SECTION 3 - CONSTRUCTION SERVICES

### 3.1 Licensed Construction Supervisor:

| | | | |
|---|---|---|---|
| Licensed Consruction Supervisor | *ERIK CROSBY* | | |
| Address | *22 ELM ROAD* | License Number | *66699* |
| Town/City | *WESTFORD* | State | *MA* |
| Zip | *01886* | Telephone | *7817600945* |
| Signature | | Expiration Date | *12/02/2015* |

### 3.2 Home Improvement Supervisor:

| | | | |
|---|---|---|---|
| Company Name | *UNIQUE RENOVATIONS, INC.* | Address | *22 ELM ROAD* |
| Telephone | *7817600945* | Registration Number | *121610* |
| Signature | | Expiration Date | *5/28/2016* |
| City | *WESTFORD* | State | *MA* |
| Zip | *01886* | | |

## 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

| | | | | |
|---|---|---|---|---|
| ☐ New Construction | ☐ Existing Building | ☐ Repair(s) | ☑ Alteration(s) | ☐ Addition |
| ☐ Accessory Bldg | ☐ Demolition | ☐ Fence | ☐ Home Occupation | ☐ Shed/Barn |
| ☐ Wood Stove | ☐ Pool AG | ☐ Pool IG | ☐ Deck | ☐ Tenat Fitup(Commercial only) |
| ☐ Tent | ☐ Retaining Wall | ☐ Roof | ☐ Siding | ☐ Other Specify: |

Brief Description of Proposed Work:

*Box in ceiling for chandelier, trim to existing door frame, frames, attach wave wall panels to existing, board & plaster ceiling after elec.*

## SECTION 6 - 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 7(a) OWNER AUTHORIZATION-TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTORS APPLIES FOR BUILDING PERMIT | |
|---|---|
| I, *ATLANTIC FUNCTIONS CORP.*, as Owner of the subject property hereby authorize *UNIQUE RENOVATIONS, INC.* to act on my behalf, in all matters relative to work authorized by this building permit application | |
| Signature of Owner | Date *3/09/2015* |
| **SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION** | |
| I, *UNIQUE RENOVATIONS, INC.*, 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 *3/09/2015* |
| **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: | |