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-15-4010	7/15/2015	C-15-0251	0		7/15/2015

SECTION 1 - SITE INFORMATION

1.1 Property Address:	1 WILLOW RD	1.2 Assessors Map & Parcel Number: Map Number 12 Parcel Number 12 0 1
1.3 Zoning Information Zoning District NR Proposed Use BAR/GOLFCOURSE		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. ß 54) Public ○ Private ○	1.7 Flood Zone Information: Zone: Outside Flood Zone ☐	1.8 Sewage Disposal System: Municipal ○ On site disposal system ○

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

Name	TOWN OF NAHANT	Address 334 NAHANT RD	
Signature:	_____	Telephone No. 1111111111	Alternate Telephone No. 1111111111

2.2 Authorized Agent:

Name	MICHAEL O'CALLAGHAN	Address 1 WILLOW ROAD	
Signature:	_____	Telephone No. 7817890720	Alternate Telephone No. 7815939678

SECTION 3 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

3.1 Licensed Construction Supervisor:

Licensed Construction Supervisor		License Number	
Address		Expiration Date	
Signature	_____	Telephone	

3.2 Home Improvement Supervisor:			
Company Name		Registration Number	
Address		Expiration Date	
Signature	_____	Telephone	

SECTION 4 - WORKER'S COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 ß 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)	☐ Preliminary	
	☐ 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		Not Applicable	☐
Responsible In Charge of Construction			
Address			
Signature	_____	Telephone	

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

Remodel of maintenance building. See attached paperwork.

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE

USE GROUP (Check as applicable)					CONSTRUCTION TYPE
A Assembly	☐	A-1 ○	A-2 ○	A-3 ○	1 A ○
	☐	A-4 ○	A-5 ○		1 B ○
B Business	☐				2 A ○
E Educational	☐				2 B ○
F Factory	☐	F-1	F-2		2 C ○
H High Hazard	☐				3 A ○
I Institutional	☐	I -1 ○	I -2 ○	I -3 ○	3 B ○
M Mechanical	☐				4 ○
R Residential	☐	R-1 ○	R-2 ○	R-3 ○	5 A ○
S Storage	☐	S-1 ○	S-2 ○		5 B ○
U Utility	☐	Specify:			
M Mixed Use	☐	Specify:			
S Special Use	☐	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 *MICHAEL O'CALLAGHAN* to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner _____ Date *7/15/2015*

SECTION 10b - OWNER/AUTHORIZED AGENT DECLARATION

I, *MICHAEL O'CALLAGHAN* 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	*MICHAEL O'CALLAGHAN*	
Signature of Owner/Agent	_____	Date *7/15/2015*

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant
1. Building	*43500*
2. Electrical	
3. Plumbing	
4. Mechanical (HVAC)	
5. Fire Protection	
Total = (1+2+3+4+5)	43500
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: