



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-15-3953</i> | <i>6/12/2015</i> | <i>R-15-0207</i> | <i>50</i> | <i>8761</i> | <i>6/12/2015</i> |

SECTION 1 - SITE INFORMATION

| | | | | | | | |
|------------------------------------|-------------|--------------------------|----------------------|------------------------------------|---------------------------|----------------|--|
| 1.1 Property Address: | | <i>4 CASTLE TR</i> | | 1.2 Assessors Map & Parcel Number: | | | |
| | | Map Number | <i>20</i> | Parcel Number | <i>20 0 33</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) | | 1.7 Flood Zone | | 1.8 Sewage Disposal System : | | | |
| Public : | Private : | Zone : | Outside Flood Zone : | Municipal : | On site disposal system : | | |
| | | <input type="checkbox"/> | | | | | |

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

| | | | |
|-------------------------------------|--|---|-------------------------|
| 2.1 Owner of Record: | | | |
| Name <i>PERPELITZA DANIEL W</i> | | Address <i>4 CASTLE TER</i> | |
| Signature | | Telephone No. <i>7815934882</i> | Alternate Telephone No. |
| City <i>NAHANT</i> | | State <i>MA</i> | Zip <i>01908</i> |
| 2.2 Authorized Agent: | | | |
| Name <i>WILLIAM TRAHANT ROOFING</i> | | Address <i>215 VERONA ST., LYNN, MA</i> | |
| Signature | | Telephone No. <i>7815991211</i> | Alternate Telephone No. |

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

| | | | |
|----------------------------------|------------------------------|-----------------|-------------------|
| Licensed Construction Supervisor | <i>WILLIAM R TRAHANT JR.</i> | | |
| Address | <i>215 VERONA STREET</i> | License Number | <i>101220</i> |
| Town/City | <i>LYNN</i> | State | <i>MA</i> |
| Zip | <i>01904</i> | Telephone | <i>9785991211</i> |
| Signature | | Expiration Date | <i>2/10/2016</i> |

3.2 Home Improvement Supervisor:

| | | | |
|--------------|------------------------------|---------------------|--------------------------|
| Company Name | <i>WILLIAM R TRAHANT JR.</i> | Address | <i>215 VERONA STREET</i> |
| Telephone | <i>9785991211</i> | Registration Number | <i>178945</i> |
| Signature | | Expiration Date | <i>6/05/2016</i> |
| City | <i>LYNN</i> | State | <i>MA</i> |
| Zip | <i>01904</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 checked="" type="checkbox"/> Roof | <input type="checkbox"/> Siding | <input type="checkbox"/> Other Specify: |

Brief Description of Proposed Work:

STRIP AND RE-ROOF

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

| Item | Estimated Cost (Dollars) to be completed by permit applicant | Official Use Only | |
|--------------------------------|--|--------------------------|----------------------|
| 1. Building | <i>5000</i> | Story | <input type="text"/> |
| 2. Electrical | | Number of Dwelling units | <input type="text"/> |
| 3. Plumbing | | | Comments |
| 4. Mechanical (HVAC) | | | |
| 5. Fire Protection | | | |
| Total = (1+2+3+4+5) | 5000 | | |
| Building Permit Fee Multiplier | | | |
| Total Building Permit Fee | | | |

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

I, **PERPELITZA DANIEL W**, as Owner of the subject property hereby authorize **WILLIAM TRAHANT ROOFING** to act on my behalf, in all matters relative to work authorized by this building permit application

| | |
|--------------------|-----------------------|
| Signature of Owner | Date 6/10/2015 |
|--------------------|-----------------------|

SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION

I, **WILLIAM TRAHANT ROOFING**, 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 6/10/2015 |
|--------------------------|-----------------------|

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: