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 :
R-15-3863	4/23/2015	R-15-0128	78	2000	4/23/2015

SECTION 1 - SITE INFORMATION

1.1 Property Address:	5 WARD RD	1.2 Assessors Map & Parcel Number:			
		Map Number	24	Parcel Number	24 0 47

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 :

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

Name MARLYN DOOLITTLE	Address 5 WARD RD., NAHANT, MA	
Signature	Telephone No. 7742580862	Alternate Telephone No.
City NAHANT	State MA	Zip 01908

2.2 Authorized Agent:

Name RAFAEL H. MARROQUIN	Address 29 COTTING AVE., MARLBORO, MA	
Signature	Telephone No. 5087409669	Alternate Telephone No.

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Licensed Consruction Supervisor	*MARIO U. FUENTES*		
Address	*69 BLOMINGDALE ST., #1*	License Number	*086369*
Town/City	*CHELSEA*	State	*MA*
Zip	*02150*	Telephone	*6178175473*
Signature		Expiration Date	*1/22/2017*

3.2 Home Improvement Supervisor:

Company Name	*MARIO FUENTES*	Address	*69 BLOMINGDALE ST., #1*
Telephone	*6178175473*	Registration Number	*153770*
Signature		Expiration Date	*1/08/2017*
City	*CHELSEA*	State	*MA*
Zip	*02150*		

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:

Strip & re-single entire roof of the house. install 6 ft. grace ice & water shield. CertainTeed architectural shingles will be installed.

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant
1. Building	*7800*
2. Electrical	
3. Plumbing	
4. Mechanical (HVAC)	
5. Fire Protection	
Total = (1+2+3+4+5)	7800
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, *MARLYN DOOLITTLE*, as Owner of the subject property hereby authorize *RAFAEL H. MARROQUIN* to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date *4/23/2015*
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, *RAFAEL H. MARROQUIN*, 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 *4/23/2015*
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:	