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-15-4042	8/26/2015	R-15-0315	20	103	8/26/2015

SECTION 1 - SITE INFORMATION

1.1 Property Address:	9 HARBOR VIEW RD

1.2 Assessors Map & Parcel Number:

Map Number	23	Parcel Number	23 0 40

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)

Public : ◉ Private : ○

1.7 Flood Zone

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 HOLLENBACH, CORNELIS &	Address 9 HARBOR VIEW RD	
Signature	Telephone No. 7819290262	Alternate Telephone No.
City NAHANT	State MA	Zip 01908

2.2 Authorized Agent:

Name ted smith	Address 19 laurel road swmapscott	
Signature	Telephone No. 7819290262	Alternate Telephone No.

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Licensed Consruction Supervisor	*ted*		
Address	*19 laurel road*	License Number	*092562*
Town/City	*swampscott*	State	*ma*
Zip	*01907*	Telephone	*7819290262*
Signature		Expiration Date	*11/17/2016*

3.2 Home Improvement Supervisor:

Company Name	*Theodore Smith Jr*	Address	*19 Laurel Rd. Swampscott Ma*
Telephone		Registration Number	*182992*
Signature		Expiration Date	*8/17/2017*
City	*Swampscott*	State	*Ma*
Zip	*01907*		

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:

add window in kit. new tread/rails to second floor. storm door. remove non bearing wall. install microlam on carrying wall.

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant
1. Building	*20000*
2. Electrical	
3. Plumbing	
4. Mechanical (HVAC)	
5. Fire Protection	
Total = (1+2+3+4+5)	20000
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, *HOLLENBACH, CORNELIS &*, as Owner of the subject property hereby authorize *ted smith* to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date *7/30/2015*
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, *ted smith*, 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 *7/30/2015*
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:	