

 <p>The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR</p>	 <p>TOWN OF NAHANT BUILDING DEPARTMENT, TOWN HALL 334 Nahant Road, NAHANT, MA 01908</p>
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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-15-4097</i>	<i>9/15/2015</i>	<i>R-15-0352</i>	<i>20</i>	<i>717</i>	<i>9/15/2015</i>

SECTION 1 - SITE INFORMATION

1.1 Property Address:	<i>19 EMERALD RD</i>	1.2 Assessors Map & Parcel Number:			
		Map Number	<i>12C</i>	Parcel Number	<i>12C 0 6</i>

1.3 Zoning Information			1.4 Property Dimensions:			
Zoning District	<i>R2</i>	Proposed Use	<i>Residential</i>	Lot Area (sf)	<i>0.138</i>	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 : <input checked="" type="radio"/> Private : <input type="radio"/>	1.7 Flood Zone Zone : <i>AE</i> Outside Flood Zone : <input type="checkbox"/>	1.8 Sewage Disposal System : Municipal : <input checked="" type="radio"/> system : <input type="radio"/> On site disposal
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SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

Name <i>KENT, ALEXANDER &</i>	Address <i>19 EMERALD RD</i>		
Signature	Telephone No. <i>7817801346</i>	Alternate Telephone No.	
City <i>NAHANT</i>	State <i>MA</i>	Zip <i>01908</i>	

2.2 Authorized Agent:

Name <i>Kristin Kent</i>	Address		
Signature	Telephone No. <i>7817801346</i>	Alternate Telephone No.	

SECTION 3 - CONSTRUCTION SERVICES					
3.1 Licensed Construction Supervisor:					
Licensed Construction Supervisor					
Address		License Number			
Town/City		State			
Zip		Telephone			
Signature		Expiration Date			
3.2 Home Improvement Supervisor:					
Company Name		Address			
Telephone		Registration Number			
Signature		Expiration Date			
City		State			
Zip					
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>					
SECTION 5- DESCRIPTION OF PROPOSED WORK (check all applicable) <input type="radio"/> 6th Edition <input type="radio"/> 7th Edition					
<input type="checkbox"/> New Construction	<input checked="" 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 type="checkbox"/> Roof	<input type="checkbox"/> Siding	<input type="checkbox"/> Other Specify:	
Brief Description of Proposed Work:					
<i>Replacing two existing kitchen windows with a single casement window in the same location.</i>					
SECTION 6 - ESTIMATED CONSTRUCTION COSTS					
Item		Estimated Cost (Dollars) to be completed by permit applicant		Official Use Only	
1. Building		<i>1000</i>		Story	<input type="text"/>
2. Electrical				Number of Dwelling units	<input type="text"/>
3. Plumbing					
4. Mechanical (HVAC)				Comments	<input type="text"/>
5. Fire Protection					
Total = (1+2+3+4+5)		1000			
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, KENT, ALEXANDER & , as Owner of the subject property hereby authorize Kristin Kent to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 8/25/2015
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, Kristin Kent , 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 8/25/2015
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:	