

 <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-15-4126</i>	<i>9/9/2015</i>	<i>R-15-0330</i>	<i>20</i>	<i>1388</i>	<i>9/9/2015</i>

**SECTION 1 - SITE INFORMATION**

1.1 Property Address:	<i>26 ROLLINS AV</i>	1.2 Assessors Map & Parcel Number:			
		Map Number	<i>19</i>	Parcel Number	<i>19 0 48</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) Public :                  Private :	1.7 Flood Zone Zone :                  Outside Flood Zone : <input type="checkbox"/>	1.8 Sewage Disposal System : Municipal :                  On site disposal system :
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**SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT**

**2.1 Owner of Record:**

Name <i>SIRIANI, SALLY A &amp;</i>	Address <i>26 ROLLINS AVE</i>		
Signature	Telephone No. <i>6175381284</i>	Alternate Telephone No.	
City <i>NAHANT</i>	State <i>MA</i>	Zip <i>01908</i>	

**2.2 Authorized Agent:**

Name <i>KEN SIRIANI</i>	Address <i>26 ROLLINS AVE</i>		
Signature	Telephone No. <i>6175381284</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       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 type="checkbox"/> Roof	<input type="checkbox"/> Siding	<input checked="" type="checkbox"/> Other    Specify:

**Brief Description of Proposed Work:**

*Replacing 4 old windows*

**SECTION 6 - ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Cost (Dollars) to be completed by permit applicant		Official Use Only	
1. Building	500		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)	500			
Building Permit Fee Multiplier				
Total Building Permit Fee				

<b>SECTION 7(a) OWNER AUTHORIZATION-TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTORS APPLIES FOR BUILDING PERMIT</b>	
I, <b>SIRIANI, SALLY A &amp;</b> , as Owner of the subject property hereby authorize <b>KEN SIRIANI</b> to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date <b>9/02/2015</b>
<b>SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION</b>	
I, <b>KEN SIRIANI</b> , 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 <b>9/02/2015</b>
<b>SECTION 8 - THIS SECTION FOR OFFICIAL USE ONLY</b>	
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:	