

	<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-15-3795</i>	<i>3/31/2015</i>	<i>R-15-0086</i>	<i>20</i>	<i>2752</i>	<i>3/31/2015</i>

**SECTION 1 - SITE INFORMATION**

1.1 Property Address:		<i>52 WHARF ST</i>		1.2 Assessors Map & Parcel Number:			
		Map Number	<i>3A</i>	Parcel Number	<i>3A 0 66</i>		
1.3 Zoning Information				1.4 Property Dimensions:			
Zoning District		Proposed Use	<i>SOLAR</i>	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>WACHTEL, MARY E, TRUSTEE TASMA</i>		Address <i>52 WHARF ST</i>	
Signature		Telephone No. <i>7815810033</i>	Alternate Telephone No.
City <i>NAHANT</i>		State <i>MA</i>	Zip <i>01908</i>
2.2 Authorized Agent:			
Name <i>James Sherman</i>		Address <i>6 Fox Hollow Dr.</i>	
Signature		Telephone No. <i>7813053065</i>	Alternate Telephone No. <i>7813053065</i>

**SECTION 3 - CONSTRUCTION SERVICES**

**3.1 Licensed Construction Supervisor:**

Licensed Construction Supervisor	<i>James sherman</i>		
Address	<i>6 Fox Hollow Dr.</i>	License Number	<i>045254</i>
Town/City	<i>Saugus</i>	State	<i>Ma</i>
Zip	<i>01906</i>	Telephone	<i>7813053065</i>
Signature		Expiration Date	

**3.2 Home Improvement Supervisor:**

Company Name	<i>James sherman</i>	Address	<i>6 Fox Hollow Dr.</i>
Telephone	<i>7813053065</i>	Registration Number	<i>170848</i>
Signature		Expiration Date	
City	<i>Saugus</i>	State	<i>Ma</i>
Zip	<i>01906</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 checked="" 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 type="checkbox"/> Other      Specify:

**Brief Description of Proposed Work:**  
*Installation of roof mounted photovoltaic solar system. 4.5kw 18 panels*

**SECTION 6 - ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	<i>900</i>	Story	
2. Electrical		Number of Dwelling units	
3. Plumbing			
4. Mechanical (HVAC)		Comments	
5. Fire Protection			
Total = (1+2+3+4+5)	900		
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, **WACHTEL, MARY E, TRUSTEE TASMA**, as Owner of the subject property hereby authorize **James Sherman** to act on my behalf, in all matters relative to work authorized by this building permit application

Signature of Owner

Date **3/26/2015****SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION**

I, **James Sherman**, 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 **3/26/2015****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: