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-15-3731	5/4/2015	R-15-0146	2500	863	5/4/2015

SECTION 1 - SITE INFORMATION

1.1 Property Address:	92 Willow Rd

1.2 Assessors Map & Parcel Number:

Map Number	9	Parcel Number	9 0 5

1.3 Zoning Information

Zoning District	R2	Proposed Use	1 Family

1.4 Property Dimensions:

Lot Area (sf)	.09	Frontage (ft.)	60

1.5 Building Setbacks (ft.)

	Front (ft.)	Side (ft.)	Rear (ft.)	Distance from wetland
Required	25	L. 10 R. 10	20	ft.
Provided	16	L. 18 R. 4.6	12.5	

1.6 Water Supply (M.G.L.c.40.* 54)
Public : ◉ Private : ○

1.7 Flood Zone
Zone : AE 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 John Condon / Kathleen Burns	Address 93 Willow Rd Nahant, MA 01908	
Signature	Telephone No. 7815955069	Alternate Telephone No. 7817100460
City Nahant	State Massachusetts	Zip 01908

2.2 Authorized Agent:

Name Mario S Spinucci DBA M.S. Construction	Address 12 Sunset Rd	
Signature	Telephone No. 7815816266	Alternate Telephone No. 6172404146

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Licensed Consruction Supervisor	*M.S. Construction*		
Address	*12 Sunset Rd.*	License Number	*46132*
Town/City	*Nahant*	State	*MA*
Zip	*01908*	Telephone	*7815816266*
Signature		Expiration Date	*8/13/2015*

3.2 Home Improvement Supervisor:

Company Name	*M.S. Construction*	Address	*12 Sunset Rd*
Telephone	*7815816266*	Registration Number	*104872*
Signature		Expiration Date	*7/15/2016*
City	*Nahant*	State	*MA*
Zip	*01908*		

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:

Build new dwelling as per plans on same footprint.

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant
1. Building	*250000*
2. Electrical	
3. Plumbing	
4. Mechanical (HVAC)	
5. Fire Protection	
Total = (1+2+3+4+5)	250000
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, *John Condon / Kathleen Burns*, as Owner of the subject property hereby authorize *Mario S Spinucci DBA M.S. Construction* to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date *1/20/2015*
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, *Mario S Spinucci DBA M.S. Construction*, 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 *1/20/2015*
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:	