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-15-4153	9/16/2015	R-15-0357	135	4949	9/16/2015

SECTION 1 - SITE INFORMATION

1.1 Property Address:	105 LITTLE NAHANT RD

1.2 Assessors Map & Parcel Number:

Map Number	25C	Parcel Number	25C 0 53

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 FREEDBERG, RICHARD TRUSTEE HON	Address ONE SEAFOOD WAY	
Signature	Telephone No. 1111111111	Alternate Telephone No.
City BOSTON	State MA	Zip 02210

2.2 Authorized Agent:

Name SML ROOFING	Address 6 FELTON ST., PEABODY, MA 01960	
Signature	Telephone No. 9785319557	Alternate Telephone No.

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Licensed Consruction Supervisor	STEVEN M. LAMONDE		
Address	6 FELTON STREET	License Number	099962
Town/City	PEABODY	State	MA
Zip	01960	Telephone	9785319557
Signature		Expiration Date	10/22/2015

3.2 Home Improvement Supervisor:

Company Name	SML ROOFING & ROOF REPAIRS LLC	Address	6 FELTON STREET
Telephone	9785319557	Registration Number	168689
Signature		Expiration Date	3/20/2017
City	PEABODY	State	MA
Zip	01960		

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:

STRIP AND RE-ROOF THE MAIN WITH ASPHALT SHINGLES.

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant
1. Building	13500
2. Electrical	
3. Plumbing	
4. Mechanical (HVAC)	
5. Fire Protection	
Total = (1+2+3+4+5)	13500
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, *FREEDBERG, RICHARD TRUSTEE HON*, as Owner of the subject property hereby authorize *SML ROOFING* to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date *9/16/2015*
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, *SML ROOFING*, 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 *9/16/2015*
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:	