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-15-3840	*5/1/2015*	*R-15-0144*	*450*	*15283*	*5/1/2015*

SECTION 1 - SITE INFORMATION

1.1 Property Address:	*166 Willow*

1.2 Assessors Map & Parcel Number:

Map Number		Parcel Number	

1.3 Zoning Information

Zoning District	*R2*	Proposed Use	*Sing. Fam.*

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 : *C* 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 *Michael and Patty Shires*	Address	
Signature	Telephone No. *7818447145*	Alternate Telephone No.
City *Nahant*	State *Ma*	Zip *01908*

2.2 Authorized Agent:

Name *Wayne Wilson*	Address	
Signature	Telephone No. *7818447145*	Alternate Telephone No.

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Licensed Consruction Supervisor	*Wilson Bros. Const.*		
Address	*55 The Greenway*	License Number	*042198*
Town/City	*Swampscott Ma*	State	*Ma*
Zip	*01907*	Telephone	*7815811359*
Signature		Expiration Date	

3.2 Home Improvement Supervisor:

Company Name	*Wilson Bros. Const.*	Address	*55 The Greenway*
Telephone	*7815811359*	Registration Number	*042198*
Signature		Expiration Date	
City	*Swampscott Ma*	State	*Ma*
Zip	*01907*		

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:

Rehab one existing bath, create master bath in existing bedroom

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant
1. Building	*45000*
2. Electrical	
3. Plumbing	
4. Mechanical (HVAC)	
5. Fire Protection	
Total = (1+2+3+4+5)	45000
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, *Michael and Patty Shires* , as Owner of the subject property hereby authorize *Wayne Wilson* to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date *4/14/2015*
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, *Wayne Wilson*, 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 *4/14/2015*
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:	