

 <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-15-4147</i>	<i>9/15/2015</i>	<i>R-15-0351</i>	<i>70</i>	<i>2286</i>	<i>9/15/2015</i>

SECTION 1 - SITE INFORMATION

1.1 Property Address:	<i>182 WILSON RD</i>	1.2 Assessors Map & Parcel Number:			
		Map Number	<i>25C</i>	Parcel Number	<i>25C 0 28</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>POULIN, LAURA A &</i>	Address <i>C/O 169 WALNUT STREET</i>		
Signature	Telephone No. <i>1111111111</i>	Alternate Telephone No.	
City <i>DORCHESTER</i>	State <i>MA</i>	Zip <i>02125</i>	

2.2 Authorized Agent:

Name <i>DE SILVA, FRANCISCO</i>	Address <i>3 MOCKINGBIRD LN., KINGSTON, NH 03848</i>		
Signature	Telephone No. <i>9784234664</i>	Alternate Telephone No.	

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Licensed Construction Supervisor	<i>FRANCISCO DE SILVA</i>		
Address	<i>3 MOCKINGBIRD LANE</i>	License Number	<i>092946</i>
Town/City	<i>KINGSTON</i>	State	<i>NH</i>
Zip	<i>03848</i>	Telephone	<i>9784234664</i>
Signature		Expiration Date	<i>12/22/2015</i>

3.2 Home Improvement Supervisor:

Company Name	<i>CONSTRUCTION BY SILVA INC.</i>	Address	<i>3 MOCKINGBIRD LANE</i>
Telephone	<i>9784234664</i>	Registration Number	<i>140615</i>
Signature		Expiration Date	<i>11/05/2015</i>
City	<i>KINGSTON</i>	State	<i>ma</i>
Zip	<i>03848</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 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:

FINISH PREVIOUSLY STARTED WORK, DRYWALL, INSULATION.

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant		Official Use Only	
1. Building	<i>7000</i>		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)	7000			
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, POULIN, LAURA A & , as Owner of the subject property hereby authorize DE SILVA, FRANCISCO to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 9/09/2015
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, DE SILVA, FRANCISCO , 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 9/09/2015
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:	