



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, CHANGE THE USE OR OCCUPANCY OF,
OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING

THIS SECTION FOR OFFICIAL USE ONLY

Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
C-15-3995	7/1/2015	C-15-0241	548	373	7/1/2015

SECTION 1 - SITE INFORMATION

1.1 Property Address:	280 NAHANT RD	1.2 Assessors Map & Parcel Number: Map Number 8 Parcel Number 8 0 1
1.3 Zoning Information Zoning District Proposed Use		1.4 Property Dimensions: Lot Area (sf) Frontage (ft)
1.5 Building Setbacks (ft)		
Front Yard (ft)		Side Yards (ft)
Required	Provided	Required
		L. R.
1.6 Water Supply (M.G.L.c.40. B 54) Public <input type="radio"/> Private <input type="radio"/>		1.7 Flood Zone Information: Zone: Outside Flood Zone <input type="checkbox"/>
		1.8 Sewage Disposal System: Municipal <input type="radio"/> On site disposal system <input type="radio"/>

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:			
Name	NEW NAHANT LAND CO INC	Address P.O. BOX 102	
Signature:	_____	Telephone No. 7819137641	Alternate Telephone No. 7819137641
2.2 Authorized Agent:			
Name	RAFFAELE CONSTRUCTION INC.	Address 21 ELM PLACE, SWAMPSCOTT, MA	
Signature:	_____	Telephone No. 6176205129	Alternate Telephone No. 7815985989

SECTION 3 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

3.1 Licensed Construction Supervisor:			
Licensed Construction Supervisor	GERARDO RAFFAELE	License Number	069835
Address	47 SEA VIEW AVENUE, NAHANT, MA	Expiration Date	4/07/2017

Signature

Telephone

7815985989

3.2 Home Improvement Supervisor:			
Company Name	<i>RAFFAELE CONSTRUCTION</i>	Registration Number	<i>177419</i>
Address	<i>21 ELM PLACE, SWAMPSCOTT, MA</i>	Expiration Date	<i>12/09/2015</i>
Signature	_____	Telephone	<i>7815985989</i>

SECTION 4 - WORKER'S COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 B 25C(6))

Worker's 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 - PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES - FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)	<input type="checkbox"/> Preliminary	
	<input type="checkbox"/> Final	

5.1 Registered Architect: Not Applicable

Name (Registrant):	_____		Registration Number	
Address	_____		Expiration Date	
Signature	_____	Telephone		

5.2 Registered Professional Engineer (s):

Name	_____		Area of Responsibility	
Address	_____		Registration Number	
Signature	_____	Telephone		Expiration Date

Name	_____		Area of Responsibility	
Address	_____		Registration Number	
Signature	_____	Telephone		Expiration Date

Name	_____		Area of Responsibility	
Address	_____		Registration Number	
Signature	_____	Telephone		Expiration Date

Name	_____		Area of Responsibility	
Address	_____		Registration Number	
Signature	_____	Telephone		Expiration Date

5.3 General Contractor

Company Name	_____		Not Applicable	<input type="checkbox"/>
Responsible In Charge of Construction	_____			
Address	_____			
Signature	_____	Telephone		

SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable) 6th Edition 7th Edition 8th 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 checked="" type="checkbox"/> Other Specify:

Brief Description of Proposed Work:

Construction of platform tennis court.

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE

USE GROUP (Check as applicable)				CONSTRUCTION TYPE
A Assembly	<input type="checkbox"/> A-1	<input type="checkbox"/> A-2	<input type="checkbox"/> A-3	1 A <input type="checkbox"/>
	<input type="checkbox"/> A-4	<input type="checkbox"/> A-5		1 B <input type="checkbox"/>
B Business	<input checked="" type="checkbox"/>			2 A <input type="checkbox"/>
E Educational	<input type="checkbox"/>			2 B <input type="checkbox"/>
F Factory	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2		2 C <input type="checkbox"/>
				3 A <input type="checkbox"/>
H High Hazard				3 B <input type="checkbox"/>
I Institutional	<input type="checkbox"/> I-1	<input type="checkbox"/> I-2	<input type="checkbox"/> I-3	4 <input type="checkbox"/>
				5 A <input type="checkbox"/>
M Mechanical				5 B <input type="checkbox"/>
R Residential	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3	
S Storage	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2		
U Utility	<input type="checkbox"/>	Specify:		
M Mixed Use	<input type="checkbox"/>	Specify:		
S Special Use	<input type="checkbox"/>	Specify:		

COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE

Existing Use Group:	Proposed Use Group:
Existing Hazard Index 780 CMR 34:	Proposed Hazard Index 780 CMR 34:

SECTION 8 - BUILDING HEIGHT AND AREA

BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or stories include basement levels		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		

SECTION 9 - STRUCTURAL PEER REVIEW (780 CMR 110.11)

Independent Structural Engineering Stuctural Peer Review Required Yes No

SECTION 10a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, *NEWNAHANT LAND CO INC* as owner of the subject property hereby authorize *RAFFAELE CONSTRUCTION INC.* to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner _____

Date *7/1/2015*



SECTION 10b - OWNER/AUTHORIZED AGENT DECLARATION

I, **RAFFAELE CONSTRUCTION INC.** 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. Signed under the pains and penalties of perjury.

Name	RAFFAELE CONSTRUCTION INC.	
Signature of Owner/Agent	_____	Date 7/1/2015

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	54800	Story	
2. Electrical		Number of Dwelling units	
3. Plumbing		Comments	
4. Mechanical (HVAC)			
5. Fire Protection			
Total = (1+2+3+4+5)	54800		
Building Permit Fee Multiplier			
Total Building Permit Fee			

SECTION 12 - 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: