
 <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>			
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-10-1205</i>	<i>5/14/2010</i>	<i>10-R-0162</i>	<i>20</i>	<i>105</i>	<i>5/14/2010</i>
SECTION 1 - SITE INFORMATION					
1.1 Property Address:		<i>26 ROLLINS AV</i>		1.2 Assessors Map & Parcel Number:	
		Map Number	<i>19</i>	Parcel Number	<i>19 0 48</i>
1.3 Zoning Information			1.4 Property Dimensions:		
Zoning District		Proposed Use		Lot Area (sf)	<i>0.05165</i>
				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)		1.7 Flood Zone		1.8 Sewage Disposal System :	
Public : <input checked="" type="radio"/> Private : <input type="radio"/>		Zone : <input type="checkbox"/> Outside Flood Zone : <input type="checkbox"/>		Municipal : <input type="checkbox"/> On site disposal system : <input type="checkbox"/>	
SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT					
2.1 Owner of Record:					
Name <i>SIRIANI, SALLY A & SIRIANI, KENNETH T/E</i>		Address <i>26 ROLLINS AVE</i>			
Signature		Telephone No. <i>6175381284</i>	Alternate Telephone No.		
City <i>NAHANT</i>		State <i>MA</i>	Zip <i>01908</i>		
2.2 Authorized Agent:					
Name <i>Siriani, Kenneth and Sally</i>		Address			
Signature		Telephone No. <i>6175381284</i>	Alternate Telephone No.		

SECTION 3 - CONSTRUCTION SERVICES				
3.1 Licensed Construction Supervisor:				
Licensed Construction Supervisor				
Address		License Number		
Town/City		State		
Zip		Telephone		
Signature		Expiration Date		
3.2 Home Improvement Supervisor:				
Company Name		Address		
Telephone		Registration Number		
Signature		Expiration Date		
City		State		
Zip				
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>				
SECTION 5- DESCRIPTION OF PROPOSED WORK (check all applicable) <input type="radio"/> 6th Edition <input type="radio"/> 7th Edition				
<input type="checkbox"/> New Construction	<input type="checkbox"/> Existing Building	<input checked="" 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: <i>kitchen area</i>
Brief Description of Proposed Work:				
<i>removed old panneling and insulation. Plan to replace insulation and sheetrock, paint. 2 new kitchen cabinets and a piece of countertop to be replaced. No new wiring needed.</i>				
SECTION 6 - ESTIMATED CONSTRUCTION COSTS				
Item	Estimated Cost (Dollars) to be completed by permit applicant		Official Use Only	
1. Building	<i>1500</i>		Story	
2. Electrical			Number of Dwelling units	
3. Plumbing				
4. Mechanical (HVAC)			Comments	
5. Fire Protection				
Total = (1+2+3+4+5)	1500			
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, SIRIANI, SALLY A & SIRIANI, KENNETH T/E , as Owner of the subject property hereby authorize Siriani, Kenneeth and Sally to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date 4/22/2010
SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION	
I, Siriani, Kenneeth and Sally , 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 4/22/2010
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:	