
 <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>				
<p><b>APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, OR DEMOLISH A ONE OR TWO FAMILY DWELLING</b></p>					
<p><b>This Section For Official Use Only</b></p>					
Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
R-10-1232	5/14/2010	10-R-0158	23	9457	5/14/2010
SECTION 1 - SITE INFORMATION					
1.1 Property Address:		36 PEARL RD		1.2 Assessors Map & Parcel Number:	
		Map Number	21A	Parcel Number	21A 0 75
1.3 Zoning Information			1.4 Property Dimensions:		
Zoning District		Proposed Use		Lot Area (sf)	0.2309
				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="radio"/> Outside Flood	Zone : <input checked="" type="checkbox"/>	Municipal : <input checked="" type="radio"/>	On site disposal system : <input type="radio"/>
SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT					
2.1 Owner of Record:					
Name <i>DECAMP, JOHN H &amp; CARLSON, ELIZABETH J JT/TEN RT</i>			Address <i>36 PEARL RD</i>		
Signature		Telephone No. <i>6175104520</i>		Alternate Telephone No.	
City <i>NAHANT</i>		State <i>MA</i>		Zip <i>01908</i>	
2.2 Authorized Agent:					
Name <i>John DeCamp</i>			Address		
Signature		Telephone No. <i>6175104520</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       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 checked="" 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:**

*Extend out on existing wrap-around porch an area of 7' x 16' on side portion of house extending into existing grass yard. Ammended-5/17/10---8'x18'*

**SECTION 6 - ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building	2300.00	Story	
2. Electrical	0	Number of Dwelling units	
3. Plumbing	0		
4. Mechanical (HVAC)	0	Comments	
5. Fire Protection	0		
Total = (1+2+3+4+5)	2300		
Building Permit Fee Multiplier			
Total Building Permit Fee			

<b>SECTION 7(a) OWNER AUTHORIZATION-TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTORS APPLIES FOR BUILDING PERMIT</b>	
I, <b>DECAMP, JOHN H &amp; CARLSON, ELIZABETH J JT/TEN RT</b> , as Owner of the subject property hereby authorize <b>John DeCamp</b> to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date <b>5/6/2010</b>
<b>SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION</b>	
I, <b>John DeCamp</b> , 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 <b>5/6/2010</b>
<b>SECTION 8 - THIS SECTION FOR OFFICIAL USE ONLY</b>	
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:	