
 <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-10-1485</i>	<i>10/20/2010</i>	<i>10-R-0343</i>	<i>350</i>	<i>1597</i>	<i>10/20/2010</i>
SECTION 1 - SITE INFORMATION					
1.1 Property Address:		<i>8 SUMMER ST</i>		1.2 Assessors Map & Parcel Number:	
		Map Number	<i>7</i>	Parcel Number	<i>7 0 26</i>
1.3 Zoning Information			1.4 Property Dimensions:		
Zoning District	<i>R2</i>	Proposed Use	<i>Residential</i>	Lot Area (sf)	<i>108052</i>
				Frontage (ft.)	<i>135</i>
1.5 Building Setbacks (ft.)					
	Front (ft.)	Side (ft.)	Rear (ft.)	Distance from wetland	
Required	<i>25</i>	<i>L. 10 R. 10</i>	<i>20</i>	<i>3 ft.</i>	
Provided	<i>19</i>	<i>L. 70 R. 15</i>	<i>12</i>		
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 checked="" type="checkbox"/> <i>V2</i> Outside Flood Zone : <input 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>POMPEO, MAUREEN C +</i>		Address <i>8 SUMMER ST</i>			
Signature		Telephone No. <i>7815813003</i>	Alternate Telephone No. <i>7816327337</i>		
City <i>NAHANT</i>		State <i>MA</i>	Zip <i>01908</i>		
2.2 Authorized Agent:					
Name <i>SAME AS ABOVE</i>		Address			
Signature		Telephone No. <i>7815813003</i>	Alternate Telephone No. <i>7816327337</i>		

<b>SECTION 3 - CONSTRUCTION SERVICES</b>				
<b>3.1 Licensed Construction Supervisor:</b>				
Licensed Construction Supervisor				
Address		License Number		
Town/City		State		
Zip		Telephone		
Signature		Expiration Date		
<b>3.2 Home Improvement Supervisor:</b>				
Company Name		Address		
Telephone		Registration Number		
Signature		Expiration Date		
City		State		
Zip				
<b>SECTION 4- WORKER'S COMPENSATION INSURANCE(M.G.L.c.152* 25C(6))</b>				
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"/>				
<b>SECTION 5- DESCRIPTION OF PROPOSED WORK (check all applicable)</b> <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 checked="" 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 checked="" type="checkbox"/> Roof	<input checked="" type="checkbox"/> Siding	<input type="checkbox"/> Other    Specify:
<b>Brief Description of Proposed Work:</b>				
<i>Extend existing room at rear of house by 16' \ Add additional room to left with bathroom at 14'6" x 16' Replace existing roof Finish works includes new tile floors in new space, stucco siding to new space Gas fireplace in new space</i>				
<b>SECTION 6 - ESTIMATED CONSTRUCTION COSTS</b>				
<b>Item</b>	<b>Estimated Cost (Dollars) to be completed by permit applicant</b>		<b>Official Use Only</b>	
1. Building	<i>35000</i>		Story	
2. Electrical			Number of Dwelling units	
3. Plumbing				
4. Mechanical (HVAC)			Comments	
5. Fire Protection				
<b>Total = (1+2+3+4+5)</b>	35000			
<b>Building Permit Fee Multiplier</b>				
<b>Total Building Permit Fee</b>				

<b>SECTION 7(a) OWNER AUTHORIZATION-TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTORS APPLIES FOR BUILDING PERMIT</b>	
I, <b>POMPEO, MAUREEN C +</b> , as Owner of the subject property hereby authorize <b>SAME AS ABOVE</b> to act on my behalf, in all matters relative to work authorized by this building permit application	
Signature of Owner	Date <b>10/14/2010</b>
<b>SECTION 7(b) OWNER AUTHORIZED AGENT DECLARATION</b>	
I, <b>SAME AS ABOVE</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>10/14/2010</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:	