

 <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 335 Nahant Road, NAHANT, MA 01908</p>
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Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
E-12-2382	8/3/2012	E-12-0275	30	24609	8/3/2012

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC).527 CMR 12.00

City or Town of: Nahant To the Inspector of Wires:	
By this application the undersigned gives notice of his or her intention to perform the electrical work described below.	
Location (Street & Number) 18 EMERALD RD	
Owner or Tenant KRAFT AMY &	Telephone No. 7815810116
Owner's Address 18 EMERALD RD	
Is this permit in conjunction with a building permit? Yes <input type="radio"/> No <input checked="" type="radio"/> (Select Appropriate Button)	
Purpose of Building Single Family Dwelling	Utility Authorization No.
Existing Service 200 Amps 240/120 Volts Overhead <input checked="" type="radio"/> Undgrd <input type="radio"/> No. of Meters 1	
New Service Amps Volts Overhead <input type="radio"/> Undgrd <input type="radio"/> No. of Meters	
Number of Feeders and Ampacity	
Location and Nature of Proposed Electrical Work: Wire room in basement	

Completion of the following table may be waived by the Inspector of Wires.

No. of Recessed Fixtures		No. of Ceil.-Susp. (Paddle) Fans		No. of Transformers	Total KVA
No. of Lighting Outlets		No. of Hot Tubs		Generators	KVA
No. of Lighting Fixtures	4	Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>		No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	8	No. of Oil Burners		FIRE ALARMS	No. of Zones
No. of Switches	2	No. of Gas Burners		No. of Detection and Initiating Devices	
No. of Ranges		No. of Air Cond	Total Tons	No. of Alerting Devices	
No. of Waste Disposers		Heat Pump Totals:	Number Tons	KW	No. of Self-Contained Detection/Alerting Devices
No. of Dishwashers		Space/Area Heating KW			Local: <input type="radio"/> Municipal Connection <input type="radio"/> Other
No. of Dryers		Heating Appliances			KW
No. of Water Heaters	KW	No. of Signs	No. of Ballasts	Security Systems: No. of Devices or its Equivalent	
No. Hydromassage Bathtubs		No. of Motors	Total HP	Data Wiring: No. of Devices or its Equivalent	
Telecommunications Wiring: No. of Devices or its Equivalent					

OTHER: _____
Attach additional detail if desired, or as required by the Inspector of Wires.

Insurance Coverage: Unless waived by the owner, no permit for the performance of electrical work may issue unless the license provides proof of liability insurance including; "completed operation" coverage or its substantial equivalent. The undersigned or its equivalent certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: **INSURANCE** **BOND** **OTHER** (Specify:) _____ (Expiration Date) **10/03/2012**

Estimated Value of Electrical Work: **600** (When required by municipal policy.)

Work to Start: **8/02/2012** Inspections to be requested in accordance with MEC Rule 10, and upon completion.

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: Doyle Electric	LIC. NO. :	A51949
License: Michael DAmico	Signature: _____	LIC. NO. :
(If applicable, enter "exempt" in the license number line.)	Bus. Tel. No. :	7815995164
Address: 293 Castle Rd Nahant MA 01908	Alt. Tel. No. :	7818447136

OWNER'S INSURANCE WAIVER: I am aware that the Licensee *does not have* the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) owner owner's agent.

Owner/Agent Signature: _____	Applicant Name: Doyle Electric	Telephone No. 7818447136
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