

 <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>
--	---

Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
<i>E-12-2542</i>	<i>12/3/2012</i>	<i>E-12-0418</i>	<i>30</i>	<i>1398</i>	<i>12/3/2012</i>

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: <u>Nahant</u> 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) <i>40 MAPLE AV</i>	
Owner or Tenant <i>DALPE, GERARD</i>	Telephone No. <i>7745713614</i>
Owner's Address <i>40 MAPLE AVENUE</i>	
Is this permit in conjunction with a building permit? Yes <input type="radio"/> No <input checked="" type="radio"/> (Select Appropriate Button)	
Purpose of Building <i>SFR</i>	Utility Authorization No.
Existing Service <i>100 Amps</i> Volts <i>Overhead</i> <input checked="" type="radio"/> <i>Undgrd</i> <input type="radio"/> No. of Meters	
New Service <i>Amps</i> Volts <i>Overhead</i> <input type="radio"/> <i>Undgrd</i> <input type="radio"/> No. of Meters	
Number of Feeders and Ampacity	
Location and Nature of Proposed Electrical Work: <i>RE-WIRE WHOLE HOUSE RENOVATION</i>	

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	Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>			No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners		FIRE ALARMS		
No. of Switches	No. of Gas Burners		No. of Zones		
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	Security Systems: No. of Devices or its Equivalent	
No. of Water Heaters	KW	No. of Signs	No. of Ballasts	Data Wiring: No. of Devices or its Equivalent	
No. Hydromassage Bathtubs	No. of Motors	Total HP	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) _____

Estimated Value of Electrical Work: *2500* (When required by municipal policy.)

Work to Start: 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: <i>Matthew F Sullivan</i>	LIC. NO. :	<i>10649 B</i>
License: <i>Matthew F Sullivan</i>	Signature: _____	LIC. NO. :
(If applicable , enter "exempt" in the license number line.)	Bus. Tel. No. :	<i>7742875224</i>
Address: _____	Alt. Tel. No. :	

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: <i>matthew sullivan</i>	Telephone No. <i>7742785224</i>
------------------------------	---	---------------------------------