

 <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-12-2452	9/14/2012	E-12-0327	750	7752	9/14/2012

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) **430 NAHANT RD**

Owner or Tenant **NORTH EASTERN UNIVERSITY** Telephone No. **6174362758**

Owner's Address **360 HUNTINGTON AVENUE**

Is this permit in conjunction with a building permit? Yes No (Select Appropriate Button)

Purpose of Building **Utility Authorization No.**

Existing Service Amps Volts Overhead Undgrd No. of Meters

New Service Amps Volts Overhead Undgrd No. of Meters

Number of Feeders and Ampacity

Location and Nature of Proposed Electrical Work: **RENOVATION OF FACULTY CENTER**

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

No. of Recessed Fixtures	20	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	59	Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>			No. of Emergency Lighting Battery Units
No. of Receptacle Outlets	58	No. of Oil Burners			FIRE ALARMS
No. of Switches		No. of Gas Burners			No. of Zones
No. of Ranges		No. of Air Cond	1	Total Tons	No. of Detection and Initiating Devices
No. of Waste Disposers		Heat Pump Totals:	Number	Tons	KW
No. of Dishwashers		Space/Area Heating KW			No. of Alerting Devices
No. of Dryers		Heating Appliances		KW	No. of Self-Contained Detection/Alerting Devices
No. of Water Heaters	KW	No. of Signs		No. of Ballasts	Local: <input type="radio"/> Municipal <input type="radio"/> Other
No. Hydromassage Bathtubs		No. of Motors		Total HP	Security Systems: No. of Devices or its Equivalent
					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) **6/12/2013**

Estimated Value of Electrical Work: **75000** (When required by municipal policy.)

Work to Start: **9/10/2012** 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: **ATLANTIC POWER AND LIGHT CORP** LIC. NO. : **18053A**

License: **RYAN TOLAND** Signature: _____ LIC. NO. : **18053A**

(If applicable, enter "exempt" in the license number line.) Bus. Tel. No. : **6174362758**

Address: **17 DICKENS ST** Alt. Tel. No. : **6174385390**

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: **ATLANTIC POWER AND LIGHT CORP** Telephone No. **6174362758**