

 <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-12-2442	9/17/2012	E-12-0339	30	426	9/17/2012

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) 53 POND ST

Owner or Tenant SMITH TIMOTHY E **Telephone No.** 7815989299

Owner's Address 53 POND ST

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

Purpose of Building SFR **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: KITCHEN REMODEL

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

No. of Recessed Fixtures	5	No. of Ceil.-Susp. (Paddle) Fans		No. of Transformers	Total KVA
No. of Lighting Outlets	3	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 Zones
No. of Switches	1	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	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: 1500 (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: STEPHEN MCCARRON **LIC. NO. :** E30225

License: STEPHEN MCCARRON **Signature:** _____ **LIC. NO. :** _____

(If applicable , enter "exempt" in the license number line.) **Bus. Tel. No. :** 6179054565

Address: 135 WASHINGTON ST., BRIGHTON, MA **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:** MCCARRON, STEPHEN **Telephone No.** 6179054565