

 <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 :
E-13-2926	8/30/2013	E-13-0308	95		8/30/2013

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) <u>129 Wilson Rd (rear house)</u>	
Owner or Tenant <u>Perkins Properties</u>	Telephone No. <u>7815981808</u>
Owner's Address <u>179 Lewis Street, Lynn, MA</u>	
Is this permit in conjunction with a building permit? Yes <input type="radio"/> No <input checked="" type="radio"/> (Select Appropriate Button)	
Purpose of Building <u>Dwelling</u>	Utility Authorization No.
Existing Service Amps Volts Overhead <input type="radio"/> Undgrd <input type="radio"/> No.of Meters	
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: <u>Wire kitchen and baths. Wire phone and cable. Wire interior and exterior lights.</u>	

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

No. of Recessed Fixtures	1	No. of Ceil.-Susp. (Paddle) Fans	1	No. of Transformers Total KVA
No. of Lighting Outlets	2	No. of Hot Tubs		Generators KVA
No. of Lighting Fixtures	1	Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>		No. of Emergency Lighting Battery Units
No. of Receptacle Outlets	12	No. of Oil Burners		FIRE ALARMS
No. of Switches	10	No. of Gas Burners		No. of Zones
No. of Ranges	1	No. of Air Cond	Total Tons	No. of Detection and Initiating Devices
No. of Waste Disposers	1	Heat Pump Totals:	Number Tons KW	No. of Alerting Devices
No. of Dishwashers	1	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) 6/29/2014

Estimated Value of Electrical Work: \$9500 (When required by municipal policy.)

Work to Start: 8/23/2013 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:	LIC. NO. :
License: <u>Stephen Duffy</u>	LIC. NO. : <u>35827E</u>
(If applicable , enter "exempt" in the license number line.)	Signature: _____
Address: <u>136R Walnut St., Lynn, MA</u>	Bus. Tel. No. : <u>7815921098</u>
	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>Stephen Duffy</i>	Telephone No. 7815921098	
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