

 <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-13-3075	11/19/2013	E-13-0438	50	1141	11/19/2013

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>14 FOX HILL RD</u>	
Owner or Tenant <u>WEST, KIP ALAN &</u>	Telephone No. <u>111111111</u>
Owner's Address <u>14 FOX HILL RD</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 <u>200 Amps 120/240 Volts</u> Overhead <input type="radio"/> Undgrd <input type="radio"/> No. of Meters <u>1</u>	
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>2 beds, 1 bath, smokes</u>	

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

No. of Recessed Fixtures	11	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	5	Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>		No. of Emergency Lighting Battery Units
No. of Receptacle Outlets	25	No. of Oil Burners		FIRE ALARMS
No. of Switches	10	No. of Gas Burners		No. of Zones
No. of Ranges		No. of Air Cond	1	Total Tons
No. of Waste Disposers		Heat Pump Totals:	Number	Tons
No. of Dishwashers		Space/Area Heating	KW	
No. of Dryers		Heating Appliances	KW	
No. of Water Heaters	KW	No. of Signs	No. of Ballasts	
No. Hydromassage Bathtubs		No. of Motors	Total HP	

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: 5000 (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: ALL POWER ELECTRICAL **LIC. NO. :** E38861

License: RICK BETTENCOURT **Signature:** _____ **LIC. NO. :**

(If applicable , enter "exempt" in the license number line.) **Bus. Tel. No. :** 9785906313

Address: 2C DEWEY DR., SALEM, 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: **ALL POWER ELECTRICAL**

Telephone
No. **9785906313**