

 <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-13-2860	7/17/2013	E-13-0241	45	25121	7/17/2013

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>157 NAHANT RD</u>	
Owner or Tenant <u>NAHANT RD REALTY LLC</u>	Telephone No. <u>000000000</u>
Owner's Address <u>809 POLO PLACE</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>Commercial/residential</u>	Utility Authorization No. <u>15066025</u>
Existing Service <u>200 Amps 120/240 Volts Overhead <input checked="" type="radio"/> Undgrd <input type="radio"/></u>	No. of Meters <u>4</u>
New Service <u>250 Amps 120/240 Volts Overhead <input checked="" type="radio"/> Undgrd <input type="radio"/></u>	No. of Meters <u>6</u>
Number of Feeders and Ampacity	
Location and Nature of Proposed Electrical Work: <u>Replace service equipment and ad house meter and meter for 2nd floor apartment. No new load.</u>	

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 Zones
No. of Switches	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
No. of Dishwashers	Space/Area Heating KW	KW	No. of Self-Contained Detection/Alerting Devices
No. of Dryers	Heating Appliances	KW	Local: <input type="radio"/> Muncipal Connection <input type="radio"/> Other
No. of Water Heaters	KW	No. of Signs	No. of Ballasts
No. Hydromassage Bathtubs	No. of Motors	Total HP	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) 10/03/2013

Estimated Value of Electrical Work: (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: <u>Doyle Electric</u>	LIC. NO. :	<u>A15949</u>
License: <u>David Doyle</u>	Signature: _____	LIC. NO. : <u>E34057</u>
<i>(If applicable , enter "exempt" in the license number line.)</i>		Bus. Tel. No. : <u>7815995164</u>
Address: <u>293 Castle Rd Nahant</u>		Alt. Tel. No. : <u>7818447134</u>

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>David Doyle</i>	Telephone No. <i>7818447134</i>	
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