

 <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>				
<b>Application Number:</b>	<b>Date Issued:</b>	<b>Permit Number:</b>	<b>FEE: \$</b>	<b>Check No. :</b>	<b>Date Paid :</b>
E-13-3069	11/14/2013	E-13-0432	40	1176	11/14/2013

**APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK**

All work to be performed in accordance with the Massachusetts Electrical Code (MEC).527 CMR 12.00

<b>City or Town of:</b> <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.					
<b>Location (Street &amp; Number)</b> <u>162 WILLOW RD 9</u>					
<b>Owner or Tenant</b>		<u>SANPHY, LORRAINE M</u>		<b>Telephone No.</b> <u>7815950945</u>	
<b>Owner's Address</b> <u>162 WILLOW RD, UNIT #9</u>					
Is this permit in conjunction with a building permit? Yes <input type="radio"/> No <input checked="" type="radio"/> (Select Appropriate Button)					
<b>Purpose of Building</b>		<b>Utility Authorization No.</b>			
<u>RESIDENTIAL</u>					
<b>Existing Service</b>		<b>Amps Volts Overhead <input type="radio"/> Undgrd <input type="radio"/> No.of Meters</b>			
<u></u>					
<b>New Service</b>		<b>Amps Volts Overhead <input type="radio"/> Undgrd <input type="radio"/> No. of Meters</b>			
<u></u>					
<b>Number of Feeders and Ampacity</b>					
<u></u>					
<b>Location and Nature of Proposed Electrical Work:</b> <u>WIRING OF GAS FURNACE</u>					
<i>Completion of the following table may be waived by the Inspector of Wires.</i>					
<b>No. of Recessed Fixtures</b>		<b>No. of Ceil.-Susp. (Paddle) Fans</b>		<b>No. of Transformers Total KVA</b>	
<u></u>		<u></u>		<u></u>	
<b>No. of Lighting Outlets</b>		<b>No. of Hot Tubs</b>		<b>Generators KVA</b>	
<u></u>		<u></u>		<u></u>	
<b>No. of Lighting Fixtures</b>		<b>Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/></b>		<b>No. of Emergency Lighting Battery Units</b>	
<u></u>		<u></u>		<u></u>	
<b>No. of Receptacle Outlets</b>		<b>No. of Oil Burners</b>		<b>FIRE ALARMS</b>	<b>No. of Zones</b>
<u></u>		<u></u>		<u></u>	<u></u>
<b>No. of Switches</b>		<b>No. of Gas Burners</b>		<b>No. of Detection and Initiating Devices</b>	
<u></u>		<u>1</u>		<u></u>	
<b>No. of Ranges</b>		<b>No. of Air Cond</b>	<b>Total Tons</b>	<b>No. of Alerting Devices</b>	
<u></u>		<u></u>	<u></u>	<u></u>	
<b>No. of Waste Disposers</b>		<b>Heat Pump Totals:</b>	<b>Number</b>	<b>Tons</b>	<b>KW</b>
<u></u>		<u></u>	<u></u>	<u></u>	<u></u>
<b>No. of Dishwashers</b>		<b>Space/Area Heating KW</b>			<b>Local: <input type="radio"/> Municipal Connection <input type="radio"/> Other</b>
<u></u>		<u></u>			<u></u>
<b>No. of Dryers</b>		<b>Heating Appliances</b>			<b>Security Systems: No. of Devices or its Equivalent</b>
<u></u>		<u></u>			<u></u>
<b>No. of Water Heaters</b>	<b>KW</b>	<b>No. of Signs</b>		<b>No. of Ballasts</b>	<b>Data Wiring: No. of Devices or its Equivalent</b>
<u></u>	<u></u>	<u></u>		<u></u>	<u></u>
<b>No. Hydromassage Bathtubs</b>		<b>No. of Motors</b>		<b>Total HP</b>	<b>Telecommunications Wiring: No. of Devices or its Equivalent</b>
<u></u>		<u></u>		<u></u>	<u></u>

**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:** 450 (When required by municipal policy.)

**Work to Start:** 11/12/2013 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.*

<b>FIRM NAME:</b>	<b>LIC. NO. :</b>
License: <u>JOHN NOVELLO</u>	<b>LIC. NO. :</b> <u>152791B</u>
(If applicable , enter "exempt" in the license number line.)	<b>Signature:</b> _____
<b>Address:</b> <u>4 PILGRIM RD., WOBURN, MA</u>	<b>Bus. Tel. No. :</b> <u>9782837348</u>
	<b>Alt. Tel. No. :</b>

**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: **JOHN NOVELLO**

Telephone  
No. **9782837348**