

 <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-13-2693	3/28/2013	E-13-0095	40	4482	3/28/2013

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: 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) 18 CENTRAL ST

Owner or Tenant ALIMENTI, MARION F & ALIMENTI, Telephone No. 7815810443

Owner's Address 18 CENTRAL ST

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

Purpose of Building SFR Utility Authorization No. 14603889

Existing Service 60 Amps 110/220 Volts Overhead Undgrd No. of Meters 1

New Service 100 Amps 110/220 Volts Overhead Undgrd No. of Meters 1

Number of Feeders and Ampacity

Location and Nature of Proposed Electrical Work: CHANGE OF SERVICE

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	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) 4/11/2014

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

Work to Start: 3/25/2013 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: ROBERT KERN LIC. NO. :

License: ROBERT KERN Signature: _____ LIC. NO. : E18541

(If applicable , enter "exempt" in the license number line.) Bus. Tel. No. : 7815922799

Address: 355 EASTERN AVE., LYNN, 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:** ROBERT KERN **Telephone No.** 7815922799