



The Commonwealth of Massachusetts
 State Board of Building Regulations and Standards
 Massachusetts State Building Code
 780 CMR



TOWN OF NAHANT
 BUILDING DEPARTMENT, TOWN HALL
 335 Nahant Road, NAHANT, MA 01908

Application Number: E-13-3026	Date Issued: 10/21/2013	Permit Number: E-13-0392	FEE: \$ 35	Check No. : 1988	Date Paid : 10/21/2013
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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) 2 HILLCREST AV

Owner or Tenant CURRAN, MICHAEL E. & Telephone No. 7813072302

Owner's Address 2 HILLCREST AVE

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

Purpose of Building Utility Authorization No.

Existing Service Amps Volts Overhead Undgrd No.of Meters

New Service Amps Volts Overhead Undgrd No. of Meters

Number of Feeders and Ampacity

Location and Nature of Proposed Electrical Work:

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

No. of Recessed Fixtures	<u>5</u>	No. of Ceil.-Susp. (Paddle) Fans	<u>2</u>	No. of Transformers	Total KVA
No. of Lighting Outlets		No. of Hot Tubs		Generators	KVA
No. of Lighting Fixtures	<u>6</u>	Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>		No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	<u>20</u>	No. of Oil Burners		FIRE ALARMS	No. of Zones
No. of Switches	<u>8</u>	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 Dishwashers		Space/Area Heating	KW		No. of Self-Contained Detection/Alerting Devices
No. of Dryers		Heating Appliances	KW		Local: <input type="radio"/> Municipal Connection <input type="radio"/> Other
No. of Water Heaters	KW	No. of Signs		No. of Ballasts	Security Systems: No. of Devices or its Equivalent
No. Hydromassage Bathtubs		No. of Motors		Total HP	Data Wiring: No. of Devices or its Equivalent
OTHER:					
<i>Attach additional detail if desired , or as required by the Inspector of Wires.</i>					

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: 3500 (When required by municipal policy.)

Work to Start: 10/14/2013 Inspections to be requested in accordance with MEC Rule 10, and upon completion.

<i>I certify, under the pains and penalties of perjury, that the information on this application is true and complete.</i>			
FIRM NAME: <i>Labonte Electric</i>		LIC. NO. :	
License: <i>Douglas Dawkins</i>	Signature: _____	LIC. NO. :	<i>21545A</i>
<i>(If applicable , enter "exempt" in the license number line.)</i>		Bus. Tel. No. :	<i>7819538230</i>
Address: <i>1078 Broadway Haverhill MA 01832</i>		Alt. Tel. No. :	<i>9783725787</i>
OWNER'S INSURANCE WAIVER: I am aware that the Licensee <i>does not have</i> the liability insurance coverage normally required by law . By my signature below , I hereby waive this requirement. I am the (check one) <input type="radio"/> owner <input type="radio"/> owner's agent.			
Owner/Agent Signature: _____	Applicant Name: <i>Labonte Electric</i>	Telephone No. <i>7819538230</i>	