

 <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 :
<i>E-13-2910</i>	<i>8/19/2013</i>	<i>E-13-0283</i>	<i>30</i>	<i>1417</i>	<i>8/19/2013</i>

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) 2 SEA VIEW AV	
Owner or Tenant PATON, LISA	Telephone No. 9783029931
Owner's Address 2 SEA VIEW AVE	
Is this permit in conjunction with a building permit? Yes <input type="radio"/> No <input type="radio"/> (Select Appropriate Button)	
Purpose of Building RESIDENCE/CONDO	Utility Authorization No.
Existing Service Amps Volts Overhead <input type="radio"/> Undgrd <input type="radio"/> No.of Meters	
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: WIRE KITCHEN/BATH. REPAIR AS NECESSARY OTHER ITEM S	

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

No. of Recessed Fixtures	2	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	9	No. of Oil Burners		FIRE ALARMS No. of Zones
No. of Switches	4	No. of Gas Burners		No. of Detection and Initiating Devices
No. of Ranges	1	No. of Air Cond	Total Tons	No. of Alerting Devices
No. of Waste Disposers	1	Heat Pump Totals:	Number Tons KW	No. of Self-Contained Detection/Alerting Devices 3
No. of Dishwashers	1	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) *4/30/2014*

Estimated Value of Electrical Work: **3000.00** (When required by municipal policy.)

Work to Start: *8/15/2013* 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: **C L FORBES ELECTRIC** LIC. NO. : **A16744**

License: **CURT FORBES** Signature: _____ LIC. NO. : **E37854**

(If applicable , enter "exempt" in the license number line.) Bus. Tel. No. : **9785975035**

Address: **10 NORTH END ROAD, TOWNSEND ma** Alt. Tel. No. : **9783029931**

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: *C L FORBES ELECTRIC*

Telephone
No. *9783029931*