



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

<b>Application Number:</b>	<b>Date Issued:</b>	<b>Permit Number:</b>	<b>FEE: \$</b>	<b>Check No. :</b>	<b>Date Paid :</b>
<i>E-13-3051</i>	<i>11/4/2013</i>	<i>E-13-0416</i>	<i>81</i>	<i>3329</i>	<i>11/4/2013</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: 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 SWALLOW CAVE RD**

Owner or Tenant **BUTLER, AMANTHA T & SOMMER, MELODY** Telephone No. **6178238775**

Owner's Address **C/O CROSBY ADVISORS - BOX 5515**

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

Purpose of Building **200 amp service** Utility Authorization No. **15882893**

Existing Service **200 Amps 120/240 Volts Overhead  Undgrd**  No. of Meters **1**

New Service **200 Amps 120/240 Volts Overhead  Undgrd**  No. of Meters **1**

Number of Feeders and Ampacity **3 - #2 Copper**

Location and Nature of Proposed Electrical Work: **Install new underground conduits for main service, and tele/cable, gate power and lighting, temporary wiring for basement demo and make safe basement wiring.**

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"/> Municipal Connection <input type="radio"/> Other
No. of Water Heaters	KW	No. of Signs	No. of Ballasts
No. Hydromassage Bathtubs	No. of Motors	Total HP	Security Systems: No. of Devices or its Equivalent
			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) \_\_\_\_\_

Estimated Value of Electrical Work: **\$8,100.00** (When required by municipal policy.)

<b>Work to Start: 11/04/2013</b> 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>			
<b>FIRM NAME:</b> <i>M. DeRubeis Electric, Inc</i>		<b>LIC. NO. :</b>	<i>A16902</i>
<b>License:</b> <i>Michael DeRubeis</i>	<b>Signature:</b> _____	<b>LIC. NO. :</b>	
<i>(If applicable , enter "exempt" in the license number line.)</i>		<b>Bus. Tel. No. :</b>	
<b>Address:</b> <i>P.O Box 600529, Newton Ma 02460</i>		<b>Alt. Tel. No. :</b>	
<b>OWNER'S INSURANCE WAIVER:</b> 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.			
<b>Owner/Agent Signature:</b> _____	<b>Applicant Name:</b> <i>M. DeRubeis Electric, Inc</i>	<b>Telephone No.</b> <i>6178238775</i>	