

 <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 :
<i>E-13-3046</i>	<i>10/31/2013</i>	<i>E-13-0409</i>	<i>40</i>	<i>2655</i>	<i>10/31/2013</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) *211 WILLOW RD*

Owner or Tenant *DWAN, KEVIN M & WOO, REBECCA-T* Telephone No. *1111111111*

Owner's Address *211 WILLOW RD*

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

Purpose of Building *RESIDENTIAL* 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: *LOW VOLTAGE ALARM SYSTEM, TELEPHONE - DATA*

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 Waste Disposers	Heat Pump Totals:	Number	Tons
No. of Dishwashers	Space/Area Heating	KW	
No. of Dryers	Heating Appliances	KW	
No. of Water Heaters	KW No. of Signs	No. of Ballasts	
No. Hydromassage Bathtubs	No. of Motors	Total HP	

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: *2581.33* (When required by municipal policy.)

Work to Start: *10/30/2013* 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: WAYNE ALARM SYSTEM		LIC. NO. :	000160
License: RALPH W SEVINOR	Signature: _____	LIC. NO. :	
<i>(If applicable , enter "exempt" in the license number line.)</i>		Bus. Tel. No. :	7815950000
Address: 424 ESSEX ST., LYNN, MA		Alt. Tel. No. :	
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: WAYNE ALARM SYSTEMS	Telephone No. 7815950000	