

 <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-13-2875</i>	<i>7/26/2013</i>	<i>E-13-0255</i>	<i>30</i>	<i>1221</i>	<i>7/26/2013</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) <u>215 Nahant Road</u>	
Owner or Tenant <u>David Kraueter</u>	Telephone No. <u>7815936525</u>
Owner's Address <u>215 Nahant Road</u>	
Is this permit in conjunction with a building permit? Yes <input checked="" type="radio"/> No <input type="radio"/> (Select Appropriate Button)	
Purpose of Building <u>Residence</u> Utility Authorization No. _____	
Existing Service <u>200 Amps 120/240 Volts Overhead</u> <input type="radio"/> Undgrd <input type="radio"/> No. of Meters <u>1</u>	
New Service <u>Amps Volts Overhead</u> <input type="radio"/> Undgrd <input type="radio"/> No. of Meters <u>1</u>	
Number of Feeders and Ampacity _____	
Location and Nature of Proposed Electrical Work: <u>Bathroom remodel</u>	

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) _____

Estimated Value of Electrical Work: 950.00 (When required by municipal policy.)

Work to Start: 7/24/2013 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: <u>Dan Barthel</u>	LIC. NO. :	<u>B11650</u>
License: <u>Dan Barthel</u>	Signature: _____	LIC. NO. :
(If applicable , enter "exempt" in the license number line.)	Bus. Tel. No. :	<u>7815936525</u>
Address: <u>8 Chandler Road Salem, Ma. 01970</u>	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: <u>Dan Barthel</u>	Telephone No. <u>7815936525</u>
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