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|  <p>The Commonwealth of Massachusetts<br/>State Board of Building Regulations and Standards<br/>Massachusetts State Building Code<br/>780 CMR</p> |  <p>TOWN OF NAHANT<br/>BUILDING DEPARTMENT, TOWN HALL<br/>335 Nahant Road, NAHANT, MA 01908</p> |
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|                     |                  |                  |           |             |                  |
|---------------------|------------------|------------------|-----------|-------------|------------------|
| Application Number: | Date Issued:     | Permit Number:   | FEE: \$   | Check No. : | Date Paid :      |
| <i>E-13-2718</i>    | <i>4/19/2013</i> | <i>E-13-0119</i> | <i>30</i> | <i>3669</i> | <i>4/19/2013</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

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| 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) <i>292 NAHANT RD</i>  |  |
| Owner or Tenant <i>ROOS, NANCY J</i>   | Telephone No. <i>7817893898</i>  |
| Owner's Address <i>292 NAHANT RD</i>   |  |
| Is this permit in conjunction with a building permit? Yes <input type="radio"/> No <input type="radio"/> (Select Appropriate Button)                     |  |
| Purpose of Building <u>Utility Authorization No.</u>   |  |
| 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: <i>bathroom renovation circui for gfi recptacle one shower recessed lite and exhaust fan 2 switches</i> |  |

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

|                           |          |                                  |  |   |  |
|---------------------------|----------|----------------------------------|--|---|--|
| No. of Recessed Fixtures  | <i>1</i> | 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 | <i>1</i> | No. of Oil Burners               |  | FIRE ALARMS                             | No. of Zones   |
| No. of Switches           | <i>2</i> | 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                                    | KW   |
| No. of Dishwashers        |          | Space/Area Heating KW            |  |   | Local: <input type="radio"/> Muncipal Connection <input type="radio"/> Other |
| 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: *700.00* (When required by municipal policy.)

Work to Start: *4/18/2013* 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:   | LIC. NO. :                        |
| License: <i>chester mac pherson</i>                          | Signature: _____                  |
| (If applicable , enter "exempt" in the license number line.) | LIC. NO. : <i>28832</i>           |
| Address: <i>90 walnut st braintree ma. 02184</i>             | Bus. Tel. No. : <i>7817893898</i> |
|  | Alt. Tel. No. : <i>7818434353</i> |

**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: <i>chester mac pherson</i> | Telephone No. <i>7817893898</i> |
|------------------------------|--|---------------------------------|