

 <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 :
<b>E-13-2785</b>	<b>5/28/2013</b>	<b>E-13-0174</b>	<b>100</b>	<b>1955</b>	<b>5/28/2013</b>

**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)** 3 SWALLOW CAVE RD

**Owner or Tenant** BAUTA, CHRISTIAN H & TESS M; **Telephone No.** 1111111111

**Owner's Address** P.O.BOX 189

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

**Purpose of Building** SFR **Utility Authorization No.**

**Existing Service** 400 Amps 120/240 Volts Overhead  Undgrd  **No. of Meters** 1

**New Service** Amps Volts Overhead  Undgrd  **No. of Meters**

**Number of Feeders and Ampacity**

**Location and Nature of Proposed Electrical Work:** INSTALL LOW VOLTAGE LANDSCAPE LIGHTING

*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	<u>40</u>	Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>		No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	<u>6</u>	No. of Oil Burners		FIRE ALARMS	No. of Zones
No. of Switches	<u>6</u>	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:** 10000 (When required by municipal policy.)

**Work to Start:** 5/27/2013 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:** BOND ELECTRIC **LIC. NO. :** 13661A

**License:** BRIAN J. BOND **Signature:** \_\_\_\_\_ **LIC. NO. :** 13661A

(If applicable , enter "exempt" in the license number line.) **Bus. Tel. No. :** 9782652537

**Address:** 161 SURREY LANE, DRACUGT **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:** BOND ELECTRIC **Telephone No.** 9782652537