

 <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>				
Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
E-13-2898	8/7/2013	E-13-0274	30	2476	8/7/2013

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>328 NAHANT RD</u>
Owner or Tenant <u>MANTZOUKAS CYNTHIA</u> Telephone No. <u>7815954613</u>
Owner's Address <u>328 NAHANT RD</u>
Is this permit in conjunction with a building permit? Yes <input 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</u> Overhead <input type="radio"/> Undgrd <input type="radio"/> No.of Meters
New Service <u>Amps Volts</u> Overhead <input type="radio"/> Undgrd <input type="radio"/> No. of Meters
Number of Feeders and Ampacity
Location and Nature of Proposed Electrical Work: <u>Wiring of 2 central a/c systems.</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 <u>2</u> 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: subpanel

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: 1500 (When required by municipal policy.)

Work to Start: 7/29/2013 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: Swampscott Refrigeration Inc. **LIC. NO. :**

License: James Crowley **Signature:** _____ **LIC. NO. :** 51531

(If applicable , enter "exempt" in the license number line.) **Bus. Tel. No. :** 7815921519

Address: **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: **JAMES CROWLEY**

Telephone
No. **9789182022**