

 <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-13-2824</i>	<i>6/25/2013</i>	<i>E-13-0204</i>	<i>30</i>	<i>7802</i>	<i>6/25/2013</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><i>Nahant</i></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>33 FORTY STEPS LN</i>	
Owner or Tenant <i>HODGES, WINTROP D & BARBARA E</i>	Telephone No. <i>6175716043</i>
Owner's Address <i>33 FORTY STEPS LN</i>	
Is this permit in conjunction with a building permit? Yes <input type="radio"/> No <input checked="" type="radio"/> (Select Appropriate Button)	
Purpose of Building <i>Single Dwelling</i>	Utility Authorization No.
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>Remodel/re-wire kitchen</i>	

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

No. of Recessed Fixtures	<i>6</i>	No. of Ceil.-Susp. (Paddle) Fans	<i>0</i>	No. of Transformers	<i>n/a</i>	Total KVA	
No. of Lighting Outlets	<i>3</i>	No. of Hot Tubs	<i>0</i>	Generators	<i>n/a</i>	KVA	
No. of Lighting Fixtures	<i>3</i>	Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>		No. of Emergency Lighting Battery Units			<i>n/a</i>
No. of Receptacle Outlets	<i>6</i>	No. of Oil Burners	<i>n/a</i>	FIRE ALARMS	<i>n/a</i>	No. of Zones	<i>n/a</i>
No. of Switches	<i>6</i>	No. of Gas Burners	<i>n/a</i>	No. of Detection and Initiating Devices			<i>n/a</i>
No. of Ranges	<i>1</i>	No. of Air Cond	<i>n/a</i>	Total Tons	<i>n/a</i>	No. of Alerting Devices	<i>n/a</i>
No. of Waste Disposers	<i>1</i>	Heat Pump Totals:	Number <i>n/a</i>	Tons <i>n/a</i>	KW <i>n/a</i>	No. of Self-Contained Detection/Alerting Devices	<i>n/a</i>
No. of Dishwashers	<i>1</i>	Space/Area Heating KW		<i>n/a</i>		Local: <input type="radio"/> Municipal Connection <input type="radio"/> Other	
No. of Dryers	<i>n/a</i>	Heating Appliances		<i>n/a</i>	KW	Security Systems: No. of Devices or its Equivalent	<i>n/a</i>
No. of Water Heaters	<i>n/a</i>	No. of Signs	<i>n/a</i>	No. of Ballasts	<i>n/a</i>	Data Wiring: No. of Devices or its Equivalent	<i>n/a</i>
No. Hydromassage Bathtubs	<i>n/a</i>	No. of Motors	<i>n/a</i>	Total HP	<i>n/a</i>	Telecommunications Wiring: No. of Devices or its Equivalent	<i>n/a</i>

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) *7/01/2013*

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

Work to Start: *6/19/2013* 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: *David Dunn Electric* LIC. NO. : *36295E*

License: *David Dunn* Signature: _____ LIC. NO. : _____

(If applicable , enter "exempt" in the license number line.) Bus. Tel. No. : *6175716043*

Address: *8 Linda Street Hudson, NH 03051* 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: *David Dunn Electric* Telephone No. *6175716043*