

 <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>				
<b>Application Number:</b>	<b>Date Issued:</b>	<b>Permit Number:</b>	<b>FEE: \$</b>	<b>Check No. :</b>	<b>Date Paid :</b>
E-13-3000	10/1/2013	E-13-0366	30	9106	10/1/2013

**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: 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) **34 BAY VIEW AV**

Owner or Tenant **KELLEY III, WILLIAM L &** Telephone No. **7815811097**

Owner's Address **34 BAY VIEW AVE**

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

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

Existing Service **100 Amps 120/240 Volts Overhead  Undgrd  No.of Meters 2**

New Service Amps Volts Overhead  Undgrd  No. of Meters **2**

Number of Feeders and Ampacity

Location and Nature of Proposed Electrical Work: **Update 2 kitchens to code. Additional meter and panel.**

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

No. of Recessed Fixtures	<b>8</b>	No. of Ceil.-Susp. (Paddle) Fans		No. of Transformers	Total KVA
No. of Lighting Outlets	<b>12</b>	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	<b>20</b>	No. of Oil Burners		FIRE ALARMS	No. of Zones
No. of Switches	<b>12</b>	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	<b>1</b>	Heat Pump Totals:	Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	<b>1</b>	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: **1000** (When required by municipal policy.)

Work to Start: **9/30/2013** 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: <b>ROBERT ALLARD</b>	LIC. NO. :	<b>27048E</b>
License: <b>ROBERT ALLARD</b>	Signature: _____	LIC. NO. :
(If applicable , enter "exempt" in the license number line.)	Bus. Tel. No. :	<b>7814170907</b>
Address: <b>271 CASTLE RD., NAHANT, MA</b>	Alt. Tel. No. :	<b>7815920816</b>

**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: <b>ROBERT ALLARD</b>	Telephone No. <b>7814170907</b>
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