

 <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-13-3063	11/14/2013	E-13-0431	40	040836	11/14/2013

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>40 High St.</u>					
Owner or Tenant		<u>Costa, James</u>		Telephone No. <u>6178031532</u>	
Owner's Address					
Is this permit in conjunction with a building permit? Yes <input type="radio"/> No <input checked="" type="radio"/> (Select Appropriate Button)					
Purpose of Building <u>Utility Authorization No.</u>					
Existing Service		Amps		Volts	
		<input type="radio"/> Overhead <input type="radio"/> Undgrd <input type="radio"/>		No.of Meters	
New Service		Amps		Volts	
		<input type="radio"/> Overhead <input type="radio"/> Undgrd <input type="radio"/>		No. of Meters	
Number of Feeders and Ampacity					
Location and Nature of Proposed Electrical Work: <u>Installation of security system</u>					
<i>Completion of the following table may be waived by the Inspector of Wires.</i>					
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	Total Tons	No. of Alerting Devices	
No. of Waste Disposers		Heat Pump Totals:	Number	Tons	KW
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 37
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:) Self insured (Expiration Date)

Estimated Value of Electrical Work: 2965.00 (When required by municipal policy.)

Work to Start: 11/13/2013 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: ADT Lic **LIC. NO. :** C-172

License: Thomas J Lee **Signature:** _____ **LIC. NO. :** C-172

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

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: *ADT Lic*

Telephone
No. *6035945900*