

 <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 :
E-13-2778	5/22/2013	E-13-0165	80	54741	5/22/2013

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) 430 NAHANT RD	
Owner or Tenant	NORTH EASTERN UNIVERSITY Telephone No. 1111111111
Owner's Address	360 HUNTINGTON AVENUE
Is this permit in conjunction with a building permit? Yes <input type="radio"/> No <input checked="" type="radio"/> (Select Appropriate Button)	
Purpose of Building	EDUCATIONAL 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: Low voltage HVAC/DDC /Auto temp. controls.	

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	Total Tons	No. of Alerting Devices
No. of Waste Disposers	Heat Pump Totals:	Number	Tons
No. of Dishwashers	Space/Area Heating	KW	No. of Self-Contained Detection/Alerting Devices
No. of Dryers	Heating Appliances	KW	Local: <input type="radio"/> Municipal Connection <input type="radio"/> Other
No. of Water Heaters	KW	No. of Signs	No. of Ballasts
No. Hydromassage Bathtubs	No. of Motors	Total HP	Security Systems: No. of Devices or its Equivalent
			Data Wiring: No. of Devices or its Equivalent
			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: **7800** (When required by municipal policy.)

Work to Start: 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: AUTOMATED BLDG. SYSTEMS, INC.	LIC. NO. :	20810A
License: JEREMIAH AUCLAIR	Signature: _____	LIC. NO. : 20810A
(If applicable , enter "exempt" in the license number line.)		Bus. Tel. No. : 5086654227
Address: 150 CORDAVILLE RD., SOUTHBOROUGH150 CORDAVILLE RD, SOUTHBORO		Alt. Tel. No. : 9788888554

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: AUTOMATED BUILDING SYSTEMS, INC.	Telephone No. 5086554227
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