

 <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-13-2859	7/16/2013	E-13-0233	30	2511	7/16/2013

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>6 LAFAYETTE TR</u>	
Owner or Tenant <u>MAKSIMOVIC ,STOJAN & MIRJANA T</u>	Telephone No. <u>6172818608</u>
Owner's Address <u>6 LAFAYETTE TERR</u>	
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>Residential</u>	Utility Authorization No.
Existing Service <u>200 Amps 120 Volts Overhead</u> <input checked="" type="radio"/> Undgrd <input type="radio"/> No.of Meters <u>1</u>	
New Service <u> </u> 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: <u>Emergency Repair - Replace Meter Socket on Left Side of House that burnt up.</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	Total Tons	No. of Alerting Devices
No. of Waste Disposers	Heat Pump Totals:	Number	Tons
No. of Dishwashers	Space/Area Heating KW		KW
No. of Dryers	Heating Appliances		KW
No. of Water Heaters	KW	No. of Signs	No. of Ballasts
No. Hydromassage Bathtubs	No. of Motors		Total HP

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) 9/01/2013

Estimated Value of Electrical Work: 475.00 (When required by municipal policy.)

Work to Start: 7/14/2013 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: The Electricians & Co., Inc. LIC. NO. : A10737

License: Michael J. Parizel Signature: _____ LIC. NO. : E20269

(If applicable , enter "exempt" in the license number line.) Bus. Tel. No. : 7813229344

Address: 50 Branch Street Malden, MA 02148 Alt. Tel. No. : 7813229346

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: <i>The Electricians & Co., Inc.</i>	Telephone No. 7813229344	
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