

 <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 :
<i>E-13-2854</i>	<i>7/22/2013</i>	<i>E-13-0248</i>	<i>30</i>	<i>5883</i>	<i>7/22/2013</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>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) 62 LENNOX RD	
Owner or Tenant GAYNOR, ROBERT E & GAYNOR, BRE	Telephone No. 7815810345
Owner's Address 62 LENNOX RD	
Is this permit in conjunction with a building permit? Yes <input checked="" type="radio"/> No <input type="radio"/> (Select Appropriate Button)	
Purpose of Building dwelling	Utility Authorization No.
Existing Service yes Amps 100 Volts Overhead <input checked="" type="radio"/> Undgrd <input type="radio"/> No.of Meters 1	
New Service no 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: enclosed front porch , & wire for new living room	

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

No. of Recessed Fixtures	No. of Ceil.-Susp. (Paddle) Fans	1	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 Self-Contained Detection/Alerting Devices
No. of Dishwashers	Space/Area Heating KW		Local: <input type="radio"/> Muncipal 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) **10/02/2013**

Estimated Value of Electrical Work: **1500.** (When required by municipal policy.)

Work to Start: **7/12/2013** 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: Daniel Amoroso	LIC. NO. :	14852b
License: daniel amoros	Signature: _____	LIC. NO. : 14852b
<i>(If applicable , enter "exempt" in the license number line.)</i>		Bus. Tel. No. : 7813675626
Address: 28 charge st Revere ma 02151		Alt. Tel. No. : 7813675626

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: *Daniel*

Telephone
No. *7813675626*