

 <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-13-2760</i>	<i>5/13/2013</i>	<i>E-13-0146</i>	<i>30</i>	<i>3098</i>	<i>5/13/2013</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) 74 WILSON RD	
Owner or Tenant CULLITON, ELLEN	Telephone No. 6173142232
Owner's Address 74 WILSON RD	
Is this permit in conjunction with a building permit? Yes <input type="radio"/> No <input checked="" type="radio"/> (Select Appropriate Button)	
Purpose of Building SFR	Utility Authorization No. 14892492
Existing Service 100 Amps Volts Overhead <input type="radio"/> Undgrd <input checked="" type="radio"/>	No. of Meters 1
New Service Amps Volts Overhead <input type="radio"/> Undgrd <input type="radio"/>	No. of Meters 1
Number of Feeders and Ampacity	
Location and Nature of Proposed Electrical Work: WIRE BATH & REPAIR METER SOCKET	

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

No. of Recessed Fixtures	6	No. of Ceil.-Susp. (Paddle) Fans		No. of Transformers	Total KVA
No. of Lighting Outlets	2	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"/> Muncipal Connection <input type="radio"/> Other
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 <input checked="" type="radio"/> BOND <input type="radio"/> OTHER <input type="radio"/> (Specify:)	(Expiration Date)
Estimated Value of Electrical Work:	2000 (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: J. BARNES ELECTRIC	LIC. NO. :	A13425
License: JOHN A. BARNES	Signature: _____	LIC. NO. : E18284
(If applicable , enter "exempt" in the license number line.)		Bus. Tel. No. : 7815933578
Address:		Alt. Tel. No. : 7818583295

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: J. BARNES ELECTRIC	Telephone No. 7815933578	
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