

 <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 :
<i>E-13-2672</i>	<i>3/13/2013</i>	<i>E-13-0082</i>	<i>30</i>		<i>3/13/2013</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) <i>96 NAHANT RD</i>					
Owner or Tenant <i>NAHANT PRESERVATION TRUST, INC</i>			Telephone No. <i>1111111111</i>		
Owner's Address <i>C/O PO BOX 30</i>					
Is this permit in conjunction with a building permit? Yes <input type="radio"/> No <input type="radio"/> (Select Appropriate Button)					
Purpose of Building <u>Utility Authorization No.</u>					
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: <i>Install separate curcuits at garage panel.</i>					
<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	<i>4</i>	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** **BOND** **OTHER** (Specify:) (Expiration Date)

Estimated Value of Electrical Work: *275.00* (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: <i>POULIN ELECTRIC</i>		LIC. NO. :	<i>A11221</i>
License: <i>EDWARD L. POULIN</i>	Signature: _____	LIC. NO. :	<i>E24277</i>
(If applicable , enter "exempt" in the license number line.)		Bus. Tel. No. :	<i>7819538577</i>
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: <i>POULIN ELECTRIC</i>	Telephone No. <i>7819538577</i>
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