

|   |              |  |         |             |             |
|---|--------------|--|---------|-------------|-------------|
|  <p>The Commonwealth of Massachusetts<br/>State Board of Building Regulations and Standards<br/>Massachusetts State Building Code<br/>780 CMR</p> |              |  <p>TOWN OF NAHANT<br/>BUILDING DEPARTMENT, TOWN HALL<br/>335 Nahant Road, NAHANT, MA 01908</p> |         |             |             |
| Application Number:   | Date Issued: | Permit Number:   | FEE: \$ | Check No. : | Date Paid : |
| E-14-3392   | 6/30/2014    | E-14-0239  | 30      | 1422        | 6/30/2014   |

## 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>109 little nahant road</u>  |          |  |            |  |   |
| Owner or Tenant   |          | Telephone No.  |            |  |   |
| <u>berteaux</u>   |          | <u>6176454433</u>  |            |  |   |
| Owner's Address   |          |  |            |  |   |
| Is this permit in conjunction with a building permit? Yes <input checked="" type="radio"/> No <input type="radio"/> (Select Appropriate Button) |          |  |            |  |   |
| Purpose of Building <u>Utility Authorization No.</u>  |          |  |            |  |   |
| Existing Service <u>400 Amps 120/240 Volts Overhead <input type="radio"/> Undgrd <input checked="" type="radio"/> No.of Meters 1</u>            |          |  |            |  |   |
| New Service <u>Amps Volts Overhead <input type="radio"/> Undgrd <input type="radio"/> No. of Meters</u>   |          |  |            |  |   |
| Number of Feeders and Ampacity  |          |  |            |  |   |
| Location and Nature of Proposed Electrical Work: <u>wire new garage</u>   |          |  |            |  |   |
| <i>Completion of the following table may be waived by the Inspector of Wires.</i>   |          |  |            |  |   |
| No. of Recessed Fixtures  | <u>6</u> | No. of Ceil.-Susp. (Paddle) Fans   |            | No. of Transformers Total KVA  |   |
| No. of Lighting Outlets   | <u>8</u> | 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   | <u>6</u> | 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   | 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.

|   |  |  |  |                                    |                   |
|---|--|--|--|------------------------------------|-------------------|
| <b>Insurance Coverage:</b> 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) <u>2/10/2015</u> |                   |
| Estimated Value of Electrical Work:   |  | <u>2000</u> (When required by municipal policy.) |  |                                    |                   |
| Work to Start: <u>6/26/2014</u> Inspections to be requested in accordance with MEC Rule 10, and upon completion.  |  |  |  |                                    |                   |
| <i>I certify, under the pains and penalties of perjury, that the information on this application is true and complete.</i>  |  |  |  |                                    |                   |
| FIRM NAME: <u>lampasona &amp; bloomer electrical service inc.</u>   |  |  |  | LIC. NO. :                         | <u>A14854</u>     |
| License: <u>anthony lampasona</u>   |  | Signature: _____                                 |  | LIC. NO. :                         | <u>E33799</u>     |
| (If applicable , enter "exempt" in the license number line.)  |  |  |  | Bus. Tel. No. :                    | <u>6179248866</u> |
| Address: <u>1 summer street watertown ma.</u>   |  |  |  | Alt. Tel. No. :                    | <u>6175713928</u> |

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.

|                                     |   |   |
|-------------------------------------|---|---|
| <b>Owner/Agent Signature:</b> _____ | <b>Applicant Name:</b> <i>anthony lampasona</i> | <b>Telephone</b><br><b>No. 6179248866</b> |
|                                     |   |   |