



The Commonwealth of Massachusetts
State Board of Building Regulations and Standards
Massachusetts State Building Code
780 CMR



TOWN OF NAHANT
BUILDING DEPARTMENT, TOWN HALL
335 Nahant Road, NAHANT, MA 01908

Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
E-14-3544	10/7/2014	E-14-0410	135	1022	10/7/2014

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: Nahant 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) 19 Sea View Ave
Owner or Tenant Anntonella Raffaele Telephone No. 7818333403
Owner's Address 41 sea View Ave
Is this permit in conjunction with a building permit? Yes No (Select Appropriate Button)
Purpose of Building Single family Utility Authorization No. 18008300
Existing Service 100 Amps 120/240 Volts Overhead Undgrd No. of Meters 1
New Service 200 Amps 120/240 Volts Overhead Undgrd No. of Meters 1
Number of Feeders and Ampacity
Location and Nature of Proposed Electrical Work: Wire intirer house.

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	1	No. of Detection and Initiating Devices
No. of Ranges	No. of Air Cond	Total Tons	No. of Alerting Devices
No. of Waste Disposers	1	Heat Pump Totals: Number Tons KW	No. of Self-Contained Detection/Alerting Devices 9
No. of Dishwashers	1	Space/Area Heating KW	Local: <input type="radio"/> Muncipal Connection <input type="radio"/> Other
No. of Dryers	1	Heating Appliances KW	Security Systems: No. of Devices or its Equivalent
No. of Water Heaters	KW	No. of Signs	No. of Ballasts
No. Hydromassage Bathtubs	No. of Motors	Total HP	Data Wiring: No. of Devices or its Equivalent
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)

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

Work to Start: 9/25/2014 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: Gregorio aProcopio LIC. NO. :
License: Gregorio A Procopio Signature: _____ LIC. NO. : 29886 E
(If applicable , enter "exempt" in the license number line.) Bus. Tel. No. : 7815892053
Address: 164 shepard St Lynn, Ma. 01902 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: Gregorio Procopio Telephone No. 7815892053