



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-14-3581	10/14/2014	E-14-0415	150	2376	10/14/2014

**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 AV

Owner or Tenant RAFFAELE, GERRY Telephone No. 7816209705

Owner's Address 19 SEA VIEW AVE

Is this permit in conjunction with a building permit? Yes  No  (Select Appropriate Button)

Purpose of Building RESIDENTIAL Utility Authorization No. 118145322

Existing Service Amps Volts Overhead  Undgrd  No.of Meters

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 single family dwelling for Light, Power & HVAC

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

No. of Recessed Fixtures		No. of Ceil.-Susp. (Paddle) Fans	<u>1</u>	No. of Transformers	Total KVA
No. of Lighting Outlets		No. of Hot Tubs		Generators	KVA
No. of Lighting Fixtures	<u>14</u>	Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>		No. of Emergency Lighting	Battery Units
No. of Receptacle Outlets	<u>38</u>	No. of Oil Burners		FIRE ALARMS	No. of Zones
No. of Switches	<u>20</u>	No. of Gas Burners		No. of Detection and Initiating Devices	
No. of Ranges	<u>1</u>	No. of Air Cond		Total Tons	No. of Alerting Devices
No. of Waste Disposers	<u>1</u>	Heat Pump Totals:	Number	Tons	KW
No. of Dishwashers	<u>1</u>	Space/Area Heating	KW		Local: <input type="radio"/> Municipal Connection <input type="radio"/> Other
No. of Dryers		Heating Appliances	KW		Security Systems: No. of Devices or its Equivalent
No. of Water Heaters	<u>5 KW</u>	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)

Estimated Value of Electrical Work: 15000.00 (When required by municipal policy.)

Work to Start: 10/14/2014 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: PAGLIARO ELECTRIC, INC. LIC. NO. : A20515

License: LEONARD PAGLIARO Signature: \_\_\_\_\_ LIC. NO. : A20515

(If applicable , enter "exempt" in the license number line.) Bus. Tel. No. : 7812849286

Address: 93 SQUIRE RD., REVERE, MA Alt. Tel. No. : 7818443071

**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: PAGLIARO ELECTRIC, INC. Telephone No. 7812849286