

 <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 :
E-14-3463	8/6/2014	E-14-0303	120	1256	8/6/2014

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>20 SWALLOW CAVE RD</u>
Owner or Tenant <u>PRATT, JOHN W + JOY W; TRUSTEES</u> Telephone No. <u>111111111</u>
Owner's Address <u>2 GRAY GARDENS E</u>
Is this permit in conjunction with a building permit? Yes <input type="radio"/> No <input type="radio"/> (Select Appropriate Button)
Purpose of Building <u>RESIDENTIAL</u> Utility Authorization No.
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: <u>Rewire 2 baths, add outlets, LTS old work 1st, 2nd, basement, bill knob & tube</u>

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	4	No. of Hot Tubs		Generators KVA
No. of Lighting Fixtures	20	Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>		No. of Emergency Lighting Battery Units
No. of Receptacle Outlets	25	No. of Oil Burners		FIRE ALARMS No. of Zones
No. of Switches	18	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 Self-Contained Detection/Alerting Devices
No. of Dishwashers		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	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

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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: 12000 (When required by municipal policy.)

Work to Start: 8/04/2014 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: BRIAN L. DOHERTY ELECTRICIAN **LIC. NO. :** E31892

License: BRIAN L. DOHERTY **Signature:** _____ **LIC. NO. :**

(If applicable , enter "exempt" in the license number line.) **Bus. Tel. No. :** 7819320808

Address: 55 BEDFORD RD, WOBURN, MA **Alt. Tel. No. :** 7819537801

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>BRIAN L. DOHERTY</i> <i>ELECTRICIAN</i>	Telephone No. 7819320808
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