

 <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>				
<b>Application Number:</b>	<b>Date Issued:</b>	<b>Permit Number:</b>	<b>FEE: \$</b>	<b>Check No. :</b>	<b>Date Paid :</b>
E-14-3131	1/14/2014	E-14-0007	60	6826	1/14/2014

**APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK**

All work to be performed in accordance with the Massachusetts Electrical Code (MEC).527 CMR 12.00

<b>City or Town of:</b> <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.	
<b>Location (Street &amp; Number)</b> <u>24 IRVING WY</u>	
<b>Owner or Tenant</b> <u>POULIN, EDWARD L &amp;</u>	<b>Telephone No.</b> <u>7815811186</u>
<b>Owner's Address</b> <u>24 IRVING WAY</u>	
Is this permit in conjunction with a building permit? Yes <input type="radio"/> No <input type="radio"/> (Select Appropriate Button)	
<b>Purpose of Building</b> <u>RESIDENCE</u>	<b>Utility Authorization No.</b>
<b>Existing Service</b> Amps   Volts   Overhead <input type="radio"/> Undgrd <input type="radio"/> No.of Meters	
<b>New Service</b> Amps   Volts   Overhead <input type="radio"/> Undgrd <input type="radio"/> No. of Meters	
<b>Number of Feeders and Ampacity</b>	
<b>Location and Nature of Proposed Electrical Work:</b> <u>STANDBY BY GENERATOR INSTALLATION</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	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	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

**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:** 1/08/2014 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:** POULIN ELECTRIC CO., INC.                      **LIC. NO. :**                      A11221

**License:** EDWARD POULIN                      **Signature:** \_\_\_\_\_                      **LIC. NO. :**                      E24277

*(If applicable , enter "exempt" in the license number line.)*                      **Bus. Tel. No. :**                      7815811186

**Address:** 24 IRVING WAY, NAHANT, MA                      **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: **POULIN ELECTRIC CO., INC.**

Telephone  
No. **7815811186**