

 <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-14-3192	3/18/2014	E-14-0068	40	053020	3/18/2014

**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>3 CLIFF ST</u>					
<b>Owner or Tenant</b> <u>ERLICH, JACOB N &amp;</u>			<b>Telephone No.</b> <u>7818422903</u>		
<b>Owner's Address</b> <u>3 CLIFF STREET</u>					
Is this permit in conjunction with a building permit? Yes <input type="radio"/> No <input checked="" type="radio"/> (Select Appropriate Button)					
<b>Purpose of Building</b> <u>Utility Authorization No.</u>					
<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>Install security system</u>					
<i>Completion of the following table may be waived by the Inspector of Wires.</i>					
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: ) Self-insured (Expiration Date) 10/01/2014

**Estimated Value of Electrical Work:** \$560.00 (When required by municipal policy.)

**Work to Start:** 3/24/2014 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:** ADT Security Services **LIC. NO. :** C-172

**License:** Thomas J. Lee **Signature:** \_\_\_\_\_ **LIC. NO. :** C-172

*(If applicable , enter "exempt" in the license number line.)* **Bus. Tel. No. :** 6035945926

**Address:** 18 Clinton Dr. Hollis, NH 03049 **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:

Telephone  
No. **6035945926**