



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-14-3625	11/6/2014	E-14-0460	35		11/6/2014

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: 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) 305 NAHANT RD

Owner or Tenant ROSSERT, JEROME Telephone No. 1111111111

Owner's Address 305 NAHANT RD

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

Purpose of Building RESIDENCE Utility Authorization No. _____

Existing Service Amps Volts Overhead Undgrd No.of Meters _____

New Service Amps Volts Overhead Undgrd No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: WIRE NEW KITCHEN

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

No. of Recessed Fixtures	9	No. of Ceil.-Susp. (Paddle) Fans		No. of Transformers	Total KVA
No. of Lighting Outlets	2	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	10	No. of Oil Burners		FIRE ALARMS	No. of Zones
No. of Switches	6	No. of Gas Burners		No. of Detection and Initiating Devices	
No. of Ranges	1	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	
No. of Dishwashers	1	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: 3,500.00 (When required by municipal policy.)

Work to Start: 11/03/2014 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: KEITH KINNEY ELECTRICIAN LIC. NO. : 34387E

License: KEITH KINNEY Signature: _____ LIC. NO. : _____

(If applicable , enter "exempt" in the license number line.) Bus. Tel. No. : 6174382472

Address: 10 RANLETT LN., BILLERICA, 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: KEITH KINNEY Telephone No. 6174382472