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-14-3321	5/27/2014	E-14-0171	60	1237	5/27/2014

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) *31 MAOLIS RD*

Owner or Tenant *SIMON, THEODORE R &* **Telephone No.** *2147294010*

Owner's Address *3209 DREXEL DRIVE*

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

Purpose of Building *RESIDENTIAL* **Utility Authorization No.** *17053776*

Existing Service *100* Amps *120/240* Volts Overhead ○ Undgrd ◉ No.of Meters *1*

New Service *300* Amps *120/240* Volts Overhead ◉ Undgrd ○ No. of Meters *1*

Number of Feeders and Ampacity

Location and Nature of Proposed Electrical Work: *Upgrade service, additional circuits to bedroom & media rm.*

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. ○ In-grnd. ○				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: ○ Muncipal Connection ○ Other	
No. of Dryers		Heating Applinances			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: 6000 **(When required by municipal policy.)**

Work to Start: *5/25/2014* **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: *MICHAEL J CULLEN ELECTRICAL & HEATING*		**LIC. NO. :**	
License: *MICHAEL J CULLEN*	**Signature:** _____	**LIC. NO. :**	*16581A*
(If applicable , enter "exempt" in the license number line.)		**Bus. Tel. No. :**	
Address: *5 BLACKSTONE ST., PEABODY, MA*		**Alt. Tel. No. :**	*6177970441*

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 w aive this requirement. I am the (check one) ○ ow ner ○ ow ner's agent.

Ow ner/Agent Signature: _____	**Applicant Name:** ***MICHAEL J CULLEN ELECTRICAL***	**Telephone No.** ***6177970441***