



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-14-3582	10/14/2014	E-14-0419	60	239	10/14/2014

**APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK**

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

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) 332 NAHANT RD

Owner or Tenant Muhammad L. Rahanan Telephone No. 1111111111

Owner's Address P.O. BOX 209

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

Purpose of Building RETAIL 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:

*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
No. of Dishwashers	Space/Area Heating KW		KW
No. of Dryers	Heating Appliances		KW
No. of Water Heaters	KW	No. of Signs	No. of Ballasts
No. Hydromassage Bathtubs	No. of Motors		Total HP

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) 10/01/2014

Estimated Value of Electrical Work: 6000 (When required by municipal policy.)

Work to Start: 8/12/2014 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: NATIONAL RESOURCE MGMT. LIC. NO. : 17314A

License: ROGER A [;AMTE Signature: \_\_\_\_\_ LIC. NO. :

(If applicable , enter "exempt" in the license number line.) Bus. Tel. No. : 7818288877

Address: 480 NEPONSET ST., CANTON, 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: NATIONAL RESOURCE MGMT. Telephone No. 7818288877