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|  <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> | | | | |
| Application Number: | Date Issued: | Permit Number: | FEE: \$ | Check No. : | Date Paid : |
| E-14-3388 | 7/2/2014 | E-14-0245 | 40 | 772145 | 7/2/2014 |

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

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

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| City or Town of: <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. | |
| Location (Street & Number) <u>35 CARY ST</u> | |
| Owner or Tenant <u>TARLOV, EDWARD & SUZANNE TRUST</u> | Telephone No. <u>6173476440</u> |
| Owner's Address <u>35 CARY ST</u> | |
| Is this permit in conjunction with a building permit? Yes <input type="radio"/> No <input checked="" type="radio"/> (Select Appropriate Button) | |
| Purpose of Building <u>Solar/PV</u> | Utility Authorization No. |
| Existing Service Amps Volts Overhead <input type="radio"/> Undgrd <input type="radio"/> No. of Meters | |
| New Service Amps Volts Overhead <input type="radio"/> Undgrd <input type="radio"/> 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.

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| 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.

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| CHECK ONE: INSURANCE <input checked="" type="radio"/> BOND <input type="radio"/> OTHER <input type="radio"/> (Specify:) | | (Expiration Date) <u>9/01/2014</u> |
| Estimated Value of Electrical Work: <u>4000.00</u> (When required by municipal policy.) | | |
| Work to Start: Inspections to be requested in accordance with MEC Rule 10, and upon completion. | | |
| <i>I certify, under the pains and penalties of perjury, that the information on this application is true and complete.</i> | | |
| FIRM NAME: <u>SolarCity Corp.</u> | LIC. NO. : | |
| License: <u>Matthew Markham</u> | Signature: _____ | LIC. NO. : <u>1136MR</u> |
| (If applicable , enter "exempt" in the license number line.) | | Bus. Tel. No. : |
| Address: <u>24 St. Martin Dr. Bldg.2 Unit 11 Marlborough, MA, 01752</u> | | 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.

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| Owner/Agent Signature: _____ | Applicant Name: <i>David Millar</i> | Telephone No. <i>9782152360</i> |
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