

 <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-14-3177	2/25/2014	E-14-0052	100		2/25/2014

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: <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 MARGINAL RD</u>					
Owner or Tenant		<u>PESSIN, KATHERINE</u>		Telephone No. <u>1111111111</u>	
Owner's Address <u>11 ROK MAPLE AVE., S. HAMILTON, MA</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		Utility Authorization No.			
<u>RESIDENTIAL</u>					
Existing Service		Amps Volts Overhead <input type="radio"/> Undgrd <input type="radio"/> No.of Meters			
<u></u>					
New Service		Amps Volts Overhead <input type="radio"/> Undgrd <input type="radio"/> No. of Meters			
<u></u>					
Number of Feeders and Ampacity					
<u></u>					
Location and Nature of Proposed Electrical Work: <u>REMOVE & DEACTIVATE EXISTING KNOB & TUBE</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		
<u></u>	<u></u>		<u></u>		
No. of Lighting Outlets	No. of Hot Tubs		Generators KVA		
<u></u>	<u></u>		<u></u>		
No. of Lighting Fixtures	Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>		No. of Emergency Lighting Battery Units		
<u></u>	<u></u>		<u></u>		
No. of Receptacle Outlets	No. of Oil Burners		FIRE ALARMS		No. of Zones
<u></u>	<u></u>		<u></u>		<u></u>
No. of Switches	No. of Gas Burners		No. of Detection and Initiating Devices		
<u></u>	<u></u>		<u></u>		
No. of Ranges	No. of Air Cond	Total Tons	No. of Alerting Devices		
<u></u>	<u></u>	<u></u>	<u></u>		
No. of Waste Disposers	Heat Pump Totals:	Number	Tons	KW	No. of Self-Contained Detection/Alerting Devices
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
No. of Dishwashers	Space/Area Heating KW		Local: <input type="radio"/> Municipal Connection <input type="radio"/> Other		
<u></u>	<u></u>		<u></u>		
No. of Dryers	Heating Appliances		KW	Security Systems: No. of Devices or its Equivalent	
<u></u>	<u></u>		<u></u>	<u></u>	
No. of Water Heaters	KW	No. of Signs	No. of Ballasts	Data Wiring: No. of Devices or its Equivalent	
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	
No. Hydromassage Bathtubs	No. of Motors	Total HP		Telecommunications Wiring: No. of Devices or its Equivalent	
<u></u>	<u></u>	<u></u>		<u></u>	

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: 10000 (When required by municipal policy.)

Work to Start: 1/23/2014 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: STEPHEN DUFFY ELECTRIC **LIC. NO. :** 21790

License: STEPHEN DUFFY **Signature:** _____ **LIC. NO. :** _____

(If applicable , enter "exempt" in the license number line.) **Bus. Tel. No. :** 7815921098

Address: 136R WALNUT ST., LYNN, 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: **STEPHEN DUFFY**

Telephone
No. **7815921098**