

| | | | | | |
|---|--|-----------------------|----------------|--------------------|--------------------|
|  <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-14-3202 | 3/27/2014 | E-14-0078 | 30 | 3663 | 3/26/2014 |

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>37 1/2 castle rd</u> | |
| Owner or Tenant <u>timothy Flaherty</u> | Telephone No. <u>9789792123</u> |
| Owner's Address | |
| 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>single family</u> | Utility Authorization No. |
| Existing Service Amps Volts Overhead <input type="radio"/> Undgrd <input type="radio"/> No.of Meters | |
| New Service <u>200</u> Amps Volts Overhead <input type="radio"/> Undgrd <input checked="" type="radio"/> No. of Meters <u>1</u> | |
| Number of Feeders and Ampacity <u>3 x 40</u> | |
| Location and Nature of Proposed Electrical Work: <u>grounding for foundation</u> | |

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 | No. of Self-Contained Detection/Alerting Devices |
| No. of Dryers | Heating Appliances | KW | Local: <input type="radio"/> Municipal Connection <input type="radio"/> Other |
| No. of Water Heaters | KW | No. of Signs | No. of Ballasts |
| No. Hydromassage Bathtubs | No. of Motors | Total HP | Data Wiring: No. of Devices or its Equivalent |
| 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) 2/11/2015

Estimated Value of Electrical Work: 200.00 (When required by municipal policy.)

Work to Start: 3/25/2014 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: <u>Fred Govaert</u> | LIC. NO. : | <u>e36308</u> |
| License: <u>Fred Govaert</u> | Signature: _____ | LIC. NO. : <u>e36308</u> |
| <i>(If applicable , enter "exempt" in the license number line.)</i> | | Bus. Tel. No. : <u>9789792123</u> |
| Address: <u>1 greene rd peabody ma</u> | | Alt. Tel. No. : <u>9789792123</u> |

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: <i>Fred Govaert</i> | Telephone No. <i>9789792123</i> |
|------------------------------|-------------------------------------|------------------------------------|

| |
|--|
| |
|--|