

 <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-14-3423	7/25/2014	E-14-0276	208	1467	7/25/2014

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: Nahant To the Inspector of Wires:

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By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) 52 WHARF ST

Owner or Tenant WACHTEL, MARY E, TRUSTEE TASMA **Telephone No.** 7815810033

Owner's Address 52 WHARF ST

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

Purpose of Building single family home **Utility Authorization No.**

Existing Service 200 Amps 120/240 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: installtion of roof mounted photovoltaic solar system

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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 KW	No. of Self-Contained Detection/Alerting Devices
No. of Dishwashers	Space/Area Heating KW	Local: <input type="radio"/> Muncipal Connection <input type="radio"/> Other
No. of Dryers	Heating Appliances 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.

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CHECK ONE: INSURANCE BOND OTHER (Specify:) (Expiration Date)

Estimated Value of Electrical Work: 20808.00 (When required by municipal policy.)

Work to Start: 8/17/2014 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: vivint solar **LIC. NO. :** a13141

License: philp zampitella **Signature:** _____ **LIC. NO. :** a13141

<i>(If applicable , enter "exempt" in the license number line.)</i>		Bus. Tel. No. :	7813053065
Address: 24 normac rd wobrun ma 01801		Alt. Tel. No. :	6177718160
OWNER'S INSURANCE WAIVER: I am aware that the Licensee <i>does not have</i> the liability insurance coverage normally required by law . By my signature below , I hereby waive this requirement. I am the (check one) <input type="radio"/> owner <input type="radio"/> owner's agent.			
Owner/Agent Signature: _____	Applicant Name: james sherman	Telephone No. 7813053065	

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