

 <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>				
<b>Application Number:</b>	<b>Date Issued:</b>	<b>Permit Number:</b>	<b>FEE: \$</b>	<b>Check No. :</b>	<b>Date Paid :</b>
E-14-3459	8/6/2014	E-14-0302	200	25674	8/6/2014

**APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK**

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

<b>City or Town of:</b> <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.	
<b>Location (Street &amp; Number)</b> <u>6 CARY WY</u>	
<b>Owner or Tenant</b> <u>MOORE, MARIANNE G</u>	<b>Telephone No.</b> <u>7815810723</u>
<b>Owner's Address</b> <u>6 CARY WAY</u>	
Is this permit in conjunction with a building permit? Yes <input checked="" type="radio"/> No <input type="radio"/> (Select Appropriate Button)	
<b>Purpose of Building</b> <u>single family</u>	<b>Utility Authorization No.</b>
<b>Existing Service</b> <u>200 Amps 120/240 Volts Overhead</u> <input checked="" type="radio"/> <u>Undgrd</u> <input type="radio"/> <b>No.of Meters</b> <u>1</u>	
<b>New Service</b> <u>200 Amps 120/240 Volts Overhead</u> <input type="radio"/> <u>Undgrd</u> <input checked="" type="radio"/> <b>No. of Meters</b> <u>1</u>	
<b>Number of Feeders and Ampacity</b>	
<b>Location and Nature of Proposed Electrical Work:</b> <u>wire new in-lae apartment. Change existing service to underground</u>	

*Completion of the following table may be waived by the Inspector of Wires.*

<b>No. of Recessed Fixtures</b>	<u>35</u>	<b>No. of Ceil.-Susp. (Paddle) Fans</b>	<u>1</u>	<b>No. of Transformers Total KVA</b>	
<b>No. of Lighting Outlets</b>		<b>No. of Hot Tubs</b>		<b>Generators KVA</b>	
<b>No. of Lighting Fixtures</b>	<u>20</u>	<b>Swimming Pool</b> Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>		<b>No. of Emergency Lighting Battery Units</b>	
<b>No. of Receptacle Outlets</b>	<u>35</u>	<b>No. of Oil Burners</b>		<b>FIRE ALARMS</b>	<b>No. of Zones</b>
<b>No. of Switches</b>	<u>30</u>	<b>No. of Gas Burners</b>		<b>No. of Detection and Initiating Devices</b>	
<b>No. of Ranges</b>		<b>No. of Air Cond</b>		<b>Total Tons</b>	<b>No. of Alerting Devices</b>
<b>No. of Waste Disposers</b>	<u>1</u>	<b>Heat Pump Totals:</b>	<b>Number</b>	<b>Tons</b>	<b>KW</b>
<b>No. of Dishwashers</b>	<u>1</u>	<b>Space/Area Heating KW</b>			<b>No. of Self-Contained Detection/Alerting Devices</b> <u>11</u>
<b>No. of Dryers</b>		<b>Heating Appliances</b>		<b>KW</b>	<b>Local:</b> <input type="radio"/> <b>Municipal Connection</b> <input type="radio"/> <b>Other</b>
<b>No. of Water Heaters</b>	<b>KW</b>	<b>No. of Signs</b>		<b>No. of Ballasts</b>	<b>Data Wiring: No. of Devices or its Equivalent</b> <u>2</u>
<b>No. Hydromassage Bathtubs</b>		<b>No. of Motors</b>		<b>Total HP</b>	<b>Telecommunications Wiring: No. of Devices or its Equivalent</b>

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) 10/03/2014

**Estimated Value of Electrical Work:** 20000 (When required by municipal policy.)

**Work to Start:** 8/06/2014 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.*

<b>FIRM NAME:</b> <u>Doyle Electric</u>	<b>LIC. NO. :</b>	<u>A15949</u>
<b>License:</b> <u>David Doyle</u>	<b>Signature:</b> _____	<b>LIC. NO. :</b> <u>E34057</u>
<i>(If applicable , enter "exempt" in the license number line.)</i>		<b>Bus. Tel. No. :</b> <u>7815995164</u>
<b>Address:</b> <u>293 Castle Rd Nahant</u>		<b>Alt. Tel. No. :</b> <u>7818447134</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>David Doyle</i>	Telephone No. <i>7818447134</i>