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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-14-3464 | 8/6/2014 | E-14-0304 | 30 | 1317 | 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

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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>73 CASTLE RD</u> | | | | | |
| Owner or Tenant | | <u>MICHALOUSKI, JEN</u> | | Telephone No. <u>1111111111</u> | |
| Owner's Address <u>73 CASTLE RD</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 | |
| 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: <u>BATH REMODEL,</u> | | | | | |
| <i>Completion of the following table may be waived by the Inspector of Wires.</i> | | | | | |
| No. of Recessed Fixtures | <u>5</u> | 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 | <u>1</u> | Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/> | | No. of Emergency Lighting Battery Units | |
| No. of Receptacle Outlets | <u>3</u> | No. of Oil Burners | | FIRE ALARMS | No. of Zones |
| No. of Switches | <u>3</u> | 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 Dishwashers | | Space/Area Heating KW | | Local: <input type="radio"/> Municipal 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: | | | | | |
| <i>Attach additional detail if desired , or as required by the Inspector of Wires.</i> | | | | | |
| 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 <input checked="" type="radio"/> BOND <input type="radio"/> OTHER <input type="radio"/> (Specify:) | | | | (Expiration Date) | |
| Estimated Value of Electrical Work: | | <u>1300</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>ADVANCED ELECTRICAL SVCS., INC.</u> | | | | LIC. NO. : | <u>A16808</u> |
| License: <u>BRAD PATRICK</u> | | Signature: _____ | | LIC. NO. : | |
| (If applicable , enter "exempt" in the license number line.) | | | | Bus. Tel. No. : | <u>7819535727</u> |
| Address: <u>4 CUTTING AVE., WOBURN, MA</u> | | | | Alt. Tel. No. : | |
| 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) owner owner's agent.

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| Owner/Agent Signature: _____ | Applicant Name: <i>ADVANCED ELECTRICAL SVCS., INC.</i> | Telephone No. 7819535727 |
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