

 <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-14-3311	5/20/2014	E-14-0162	180	200	5/20/2014

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>47 GARDNER RD</u>
Owner or Tenant <u>THAM, CALIN</u> Telephone No. <u>7818583768</u>
Owner's Address <u>47 GARDNER 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 <u>RESIDENTIAL</u> Utility Authorization No.
Existing Service <u>200 Amps 120/240 Volts</u> Overhead <input checked="" type="radio"/> Undgrd <input type="radio"/> No.of Meters <u>3</u>
New Service <u>Amps Volts</u> Overhead <input type="radio"/> Undgrd <input type="radio"/> No. of Meters <u>3</u>
Number of Feeders and Ampacity
Location and Nature of Proposed Electrical Work: <u>Rewire Apt. 2,3,4. New smokes in halls & bedrooms.</u>

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

No. of Recessed Fixtures	18	No. of Ceil.-Susp. (Paddle) Fans		No. of Transformers Total KVA
No. of Lighting Outlets	30	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	90	No. of Oil Burners		FIRE ALARMS
No. of Switches	30	No. of Gas Burners		No. of Zones
No. of Ranges	1	No. of Air Cond	Total Tons	No. of Detection and Initiating Devices
No. of Waste Disposers	3	Heat Pump Totals:	Number Tons KW	No. of Alerting Devices
No. of Dishwashers	3	Space/Area Heating KW		No. of Self-Contained Detection/Alerting Devices
No. of Dryers	3	Heating Appliances	KW	Local: <input type="radio"/> Municipal Connection <input type="radio"/> Other
No. of Water Heaters	KW	No. of Signs	No. of Ballasts	Security Systems: No. of Devices or its Equivalent
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)

Estimated Value of Electrical Work: 18000 (When required by municipal policy.)

Work to Start: 5/15/2014 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: DRUID LIGHT AND POWER LIC. NO. : 21254A

License: KIERAN MAHER Signature: _____ LIC. NO. : 36829E

(If applicable , enter "exempt" in the license number line.) Bus. Tel. No. : 6174623573

Address: 153 THATCHER ST., WESTWOOD, 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: <i>DRUID LIGHT AND POWER</i>	Telephone No. <i>6174623573</i>