



The Commonwealth of Massachusetts
State Board of Building Regulations and Standards
Massachusetts State Building Code
780 CMR



TOWN OF NAHANT
BUILDING DEPARTMENT, TOWN HALL
335 Nahant Road, NAHANT, MA 01908

Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
E-15-3978	6/18/2015	E-15-0224	25	453	6/18/2015

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:
By this application the undersigned gives notice of his or her intention to perform the electrical work described below.
Location (Street & Number) 2 SUMMER STREET CT
Owner or Tenant SAVAGE, ROBERT J Telephone No. 7815844306
Owner's Address 2 SUMMER ST CT
Is this permit in conjunction with a building permit? Yes No (Select Appropriate Button)
Purpose of Building RESIDENTIAL Utility Authorization No.
Existing Service 200 Amps Volts Overhead Undgrd No.of Meters
New Service 100 Amps Volts Overhead Undgrd No. of Meters
Number of Feeders and Ampacity
Location and Nature of Proposed Electrical Work: Finish wiring 2nd floor.

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

No. of Recessed Fixtures	12	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	7	Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>		No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	45	No. of Oil Burners		FIRE ALARMS	No. of Zones
No. of Switches	15	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	1	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.

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

Estimated Value of Electrical Work: 2500 (When required by municipal policy.)

Work to Start: 6/16/2015 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: _____ LIC. NO. : _____
License: JAMES SULLIVAN Signature: _____ LIC. NO. : 22309E
(If applicable , enter "exempt" in the license number line.) Bus. Tel. No. : 7815844306
Address: 55 CLEVELAND AVE., SAUGUS, 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: SULLIVAN, JAMES Telephone No. 7815844306