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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>
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Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
15-E-4307	12/17/2015	E-15-0492	30	4183	12/17/2015

**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: <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>4 NAUTICAL LN</u>	
Owner or Tenant <u>GERGERSEN, HAL B &amp;</u>	Telephone No. <u>8013753070</u>
Owner's Address <u>4 NAUTICAL LN</u>	

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

Purpose of Building RESIDENTIAL Utility Authorization No. \_\_\_\_\_

Existing Service Amps 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: Relocate wiring for new foyer and entrance

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

No. of Recessed Fixtures	1	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	4	Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>		No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	2	No. of Oil Burners		FIRE ALARMS	No. of Zones
No. of Switches	4	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
No. of Water Heaters	KW	No. of Signs		No. of Ballasts	
No. Hydromassage Bathtubs		No. of Motors		Total HP	

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: 800.00 (When required by municipal policy.)

Work to Start: 12/17/2015 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: ATKINS ELECTRICAL SERVICE LIC. NO. : 15462A

License: JEFF ATKINS Signature: \_\_\_\_\_ LIC. NO. : 31231E

(If applicable, enter "exempt" in the license number line.) Bus. Tel. No. : 7812589861

Address: 11 JONES DR., SAUGUS, MA 01906 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: JEFF ATKINS Telephone No. 7812589861