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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-4226	11/9/2015	E-15-0446	70	21074	11/9/2015

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>10 HARBOR VIEW RD</u>	
Owner or Tenant <u>FANTASIA, PETER P &</u> ,	Telephone No. <u>000000000</u>
Owner's Address <u>10 HARBOR VIEW 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>Single family</u> Utility Authorization No.	
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>Kitchen, dining rm and sitting room renovations</u>	

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

No. of Recessed Fixtures	6	No. of Ceil.-Susp. (Paddle) Fans	2	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	15	No. of Oil Burners		FIRE ALARMS	No. of Zones
No. of Switches	12	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	1	Heat Pump Totals:	Number	Tons	KW
No. of Dishwashers	1	Space/Area Heating	KW		No. of Self-Contained Detection/Alerting Devices
No. of Dryers		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) 7/01/2016

Estimated Value of Electrical Work: \$7,000.00 (When required by municipal policy.)

Work to Start: 10/21/2015 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: <u>Groom Energy Solutions</u>	LIC. NO. :	<u>A15949</u>
License: <u>David Doyle</u>	Signature: _____	LIC. NO. : <u>E34057</u>
(If applicable , enter "exempt" in the license number line.)		Bus. Tel. No. : <u>7818447134</u>
Address: <u>200 Cummings Center Beverly</u>		Alt. Tel. No. : <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: David Doyle Telephone No. 7818447134