

 <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 :
<b>E-15-3765</b>	<b>4/6/2015</b>	<b>E-15-0090</b>	<b>20</b>	<b>1176</b>	<b>4/6/2015</b>

**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: <b>Nahant</b> 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) <b>15 PROSPECT ST</b>
Owner or Tenant <b>PARISI ANGELO &amp;</b> Telephone No. <b>7815950273</b>
Owner's Address <b>15 PROSPECT ST</b>
Is this permit in conjunction with a building permit? Yes <input type="radio"/> No <input checked="" type="radio"/> (Select Appropriate Button)
Purpose of Building <b>Dwelling</b> 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: <b>Replace fuse panel with breaker panel , wire for and install new bathroom receptacle and vanity light fixture for common bathroom off of hallway .</b>

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

No. of Recessed Fixtures	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 <b>1</b>	Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets <b>1</b>	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches <b>2</b>	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
No. of Dishwashers	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	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
OTHER:			Telecommunications Wiring: No. of Devices or its Equivalent

*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) **10/14/2015**

Estimated Value of Electrical Work: **1900** (When required by municipal policy.)

Work to Start: **3/05/2015** 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: <b>Mark J. Pesce</b> Signature: _____	LIC. NO. : <b>E50155</b>
(If applicable , enter "exempt" in the license number line.)	Bus. Tel. No. : <b>7812670308</b>
Address: <b>26 Crescent Ave . Melrose</b>	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: **Mark J. Pesce** Telephone No. **7812670308**