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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-4240	11/3/2015	E-15-0439	30		11/3/2015

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>16 Castle rd.</u>	
Owner or Tenant	<u>Lenny russo</u> Telephone No. <u>7815951727</u>
Owner's Address	<u>Same</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>Dwelling</u> Utility Authorization No.
Existing Service	<u>100 Amps 120/308 Volts Overhead</u> <input checked="" type="radio"/> Undgrd <input type="radio"/> No.of Meters <u>1</u>
New Service	Amps Volts Overhead <input type="radio"/> Undgrd <input type="radio"/> No. of Meters <u>1</u>
Number of Feeders and Ampacity	
Location and Nature of Proposed Electrical Work: <u>Bath remodel 1st floor.</u>	

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

No. of Recessed Fixtures	5	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	20	Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>		No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	20	No. of Oil Burners		FIRE ALARMS	No. of Zones
No. of Switches	14	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: 2500 (When required by municipal policy.)

Work to Start: 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>Cameron electrical</u>	LIC. NO. :	<u>E186395</u>
License: <u>Ralph cameron</u>	Signature: _____	LIC. NO. : <u>A10749</u>
(If applicable , enter "exempt" in the license number line.)		Bus. Tel. No. : <u>9788154283</u>
Address: <u>525 EASTERN AVE., LYNN, MA 01904</u>		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: <u>Cameron electric</u>	Telephone No. <u>9788154283</u>
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