



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-15-4018	7/17/2015	E-15-0257	30	13151	7/17/2015

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: 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) 18 MAOLIS RD

Owner or Tenant SMITH, NANCY HODGSON TRUSTEE Telephone No. 1111111111

Owner's Address 18 MAOLIS RD

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

Purpose of Building RESIDENTIAL Utility Authorization No. _____

Existing Service 100 Amps 120/240 Volts Overhead Undgrd No.of Meters 1

New Service Amps Volts Overhead Undgrd No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: wire injector pump control

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	Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	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		KW
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) 10/20/2015

Estimated Value of Electrical Work: 500 (When required by municipal policy.)

Work to Start: 7/15/2015 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: HERLIHY ELECTRIC INC. LIC. NO. : A13519

License: CHARLES HERLIHY Signature: _____ LIC. NO. : E33330

(If applicable , enter "exempt" in the license number line.) Bus. Tel. No. : 7816317235

Address: 16 ANDERSON ST., MARBLEHEAD, MA Alt. Tel. No. : 7815898405

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: HERLIHY ELECTRIC INC. Telephone No. 7816317235