



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-15-3851	4/17/2015	E-15-0116	30	10017	4/17/2015

**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) 19 OCEAN ST

Owner or Tenant NOCERA, MARK & Telephone No. 3394405760

Owner's Address 19 OCEAN ST

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: BATHROOM REMODEL

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		Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>		No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	1	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	KW
No. of Dishwashers		Space/Area Heating KW			Local: <input type="radio"/> Municipal Connection <input type="radio"/> Other
No. of Dryers		Heating Appliances		KW	Security Systems: No. of Devices or its Equivalent
No. of Water Heaters	KW	No. of Signs		No. of Ballasts	
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) \_\_\_\_\_

Estimated Value of Electrical Work: 1000.00 (When required by municipal policy.)

Work to Start: 4/15/2015 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: ALLAIN & SON, INC. LIC. NO. : 5586A

License: JAMES K. KANE, JR. Signature: \_\_\_\_\_ LIC. NO. : 38193E

(If applicable , enter "exempt" in the license number line.) Bus. Tel. No. : 9787774633

Address: 10R RAINBOW TER., DANVERS, MA 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: ALLAIN & SON, INC. Telephone No. 9787774633