



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 :
15-E-4297	12/15/2015	E-15-0482	35	1964	12/15/2015

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) 39 CASTLE RD

Owner or Tenant D'ARGENIS, KATHRYN M & Telephone No. 5085233071

Owner's Address 39 CASTLE RD

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: Install post lights and exterior outlets

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	7	Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>		No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	4	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
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) 12/31/2015

Estimated Value of Electrical Work: 3500 (When required by municipal policy.)

Work to Start: 12/14/2015 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: Gallagher Electric Co., Inc

LIC. NO. : A15612

License: John Gallagher

Signature: _____

LIC. NO. : E25722

(If applicable, enter "exempt" in the license number line.)

Bus. Tel. No. : 9787508899

Address: 16 Arrow St Middleton, MA 01949

Alt. Tel. No. : 9788822147

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: John Gallagher

Telephone No. 9787508899