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-15-4158 | 9/22/2015 | E-15-0371 | 30 | 2798 | 9/22/2015 |

## 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)** *53 MILLS TR*

**Owner or Tenant** *WHITE, JEANNETTE L TRUSTEE* **Telephone No.** *7815810156*

**Owner's Address** *53 MILLS TERR*

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

**Purpose of Building** *RESIDENTIAL* **Utility Authorization No.** *20360502*

**Existing Service** *200* Amps Volts Overhead ○ Undgrd ◉ No.of Meters *1*

**New Service** Amps Volts Overhead ○ Undgrd ○ No. of Meters *1*

**Number of Feeders and Ampacity**

**Location and Nature of Proposed Electrical Work:** *REPLACE METER SOCKET*

*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. ○ In-grnd. ○ | | | | 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 | KW | No. of Self-Contained Detection/Alerting Devices | |
| No. of Dishwashers | | Space/Area Heating KW | | | | Local: ○ Muncipal Connection ○ Other | |
| No. of Dryers | | Heating Applinances | | | KW | Security Systems: No. of Devices or its Equivalent | |
| No. of Water Heaters | KW | No. of Signs | | No. of Ballasts | | Data Wiring: No. of Devices or its Equivalent | |
| No. Hydromassage Bathtubs | | No. of Motors | | Total HP | | 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:** 3000 **(When required by municipal policy.)**

**Work to Start:** *9/23/2015* **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:** *JOSEPH LERMOND* | **Signature:** _____ | **LIC. NO. :** | *E16651* |
| ***(If applicable , enter "exempt" in the license number line.)*** | | **Bus. Tel. No. :** | |
| **Address:** *377 EASTERN AVE., LYNN, MA 01902* | | **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:** *JOSEPH LERMOND* | **Telephone No.** *7815990109* | |