



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-15-4143	9/16/2015	E-15-0366	30	298	9/16/2015

**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) 76 LITTLE NAHANT RD  
Owner or Tenant DANTONA, JOSEPH Telephone No. 6172401096  
Owner's Address 76 LITTLE NAHANT RD  
Is this permit in conjunction with a building permit? Yes  No  (Select Appropriate Button)  
Purpose of Building dwelling 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: one receptacle outlet afci protected in fireplace for gas fireplace insert metal clad cable

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	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: 400 (When required by municipal policy.)  
Work to Start: 9/14/2015 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: lance macinnis electric LIC. NO. : 21217a  
License: lance macinnis Signature: \_\_\_\_\_ LIC. NO. : \_\_\_\_\_  
(If applicable , enter "exempt" in the license number line.) Bus. Tel. No. : 5087260802  
Address: 12 locust street middleton ma 01949 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: lance macinnis Telephone No. 5087260802