

 <p>The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR</p>		 <p>TOWN OF NAHANT BUILDING DEPARTMENT, TOWN HALL 335 Nahant Road, NAHANT, MA 01908</p>			
Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
E-15-3822	4/7/2015	E-15-0093	100	1286	4/7/2015

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: <u>Nahant</u> 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) <u>102 LITTLE NAHANT RD</u>					
Owner or Tenant		<u>MACLONE, STEPHEN P &</u>		Telephone No. <u>7816325888</u>	
Owner's Address		<u>102 LITTLE NAHANT RD</u>			
Is this permit in conjunction with a building permit? Yes <input type="radio"/> No <input checked="" type="radio"/> (Select Appropriate Button)					
Purpose of Building		Utility Authorization No.			
Existing Service		Amps Volts Overhead <input type="radio"/> Undgrd <input type="radio"/>		No. of Meters	
New Service		Amps Volts Overhead <input type="radio"/> Undgrd <input type="radio"/>		No. of Meters	
Number of Feeders and Ampacity					
Location and Nature of Proposed Electrical Work: <u>Complete house remodel.</u>					
<i>Completion of the following table may be waived by the Inspector of Wires.</i>					
No. of Recessed Fixtures	<u>53</u>	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	<u>20</u>	Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>		No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	<u>30</u>	No. of Oil Burners		FIRE ALARMS	
No. of Switches	<u>20</u>	No. of Gas Burners		No. of Zones	
No. of Ranges	<u>1</u>	No. of Air Cond	Total Tons	No. of Detection and Initiating Devices	
No. of Waste Disposers	<u>1</u>	Heat Pump Totals:	Number	Tons	KW
No. of Dishwashers	<u>1</u>	Space/Area Heating KW		No. of Alerting Devices	
No. of Dryers	<u>1</u> <i>gas</i>	Heating Appliances		KW	
No. of Water Heaters	KW	No. of Signs	No. of Ballasts	No. of Self-Contained Detection/Alerting Devices	
No. Hydromassage Bathtubs		No. of Motors	Total HP	Local: <input type="radio"/> Municipal Connection <input type="radio"/> Other	
Data Wiring: No. of Devices or its Equivalent					
Telecommunications Wiring: No. of Devices or its Equivalent <u>5</u>					
OTHER:					
<i>Attach additional detail if desired , or as required by the Inspector of Wires.</i>					
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 <input checked="" type="radio"/> BOND <input type="radio"/> OTHER <input type="radio"/> (Specify:)				(Expiration Date)	
Estimated Value of Electrical Work:		<u>10000</u> (When required by municipal policy.)			
Work to Start: <u>4/06/2015</u> Inspections to be requested in accordance with MEC Rule 10, and upon completion.					
<i>I certify, under the pains and penalties of perjury, that the information on this application is true and complete.</i>					
FIRM NAME: <u>Kuhlman Electrical Services Inc.</u>			LIC. NO. :		<u>A-21804</u>
License: <u>Gary Kuhlman</u>		Signature: _____		LIC. NO. :	
(If applicable , enter "exempt" in the license number line.)				Bus. Tel. No. :	
Address: <u>2 Kittredge Street Peabody MA, 01960</u>				Alt. Tel. No. :	
				<u>7814846321</u>	
				<u>7818380064</u>	
OWNER'S INSURANCE WAIVER: I am aware that the Licensee <i>does not have</i> the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) <input type="radio"/> owner <input type="radio"/> owner's agent.					
Owner/Agent Signature: _____		Applicant Name: <u>Kuhlman Electrical Services</u>		Telephone No. <u>7818380064</u>	