

 <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-15-3751	2/27/2015	E-15-0046	30	3945	2/27/2015

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>200 CASTLE RD</u>					
Owner or Tenant <u>MUNNELLY, ROBERT J</u>			Telephone No. <u>9785354439</u>		
Owner's Address <u>200 CASTLE RD</u>					
Is this permit in conjunction with a building permit? Yes <input type="radio"/> No <input type="radio"/> (Select Appropriate Button)					
Purpose of Building <u>res</u> 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>utility room (no basement) furnace change , co detector</u>					
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		1		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: <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	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 <input checked="" type="radio"/> BOND <input type="radio"/> OTHER <input type="radio"/> (Specify:)				(Expiration Date) <u>7/21/2015</u>	
Estimated Value of Electrical Work:		<u>400</u> (When required by municipal policy.)			
Work to Start: <u>2/20/2015</u> 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: <u>aries electrical service and controls llc</u>			LIC. NO. :		<u>15650a</u>
License: <u>normand michaud</u>		Signature: _____		LIC. NO. :	
(If applicable , enter "exempt" in the license number line.)			Bus. Tel. No. :		<u>9786870544</u>
Address: <u>13 simpson rd windham nh 03087</u>			Alt. Tel. No. :		
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>normand michaud</u>		Telephone No. <u>9786870544</u>	