

 <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-15-3716	3/6/2015	E-15-0053	65	25908	3/6/2015

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>207 CASTLE RD</u>					
Owner or Tenant <u>SHANAHAN, JUDITH A</u>			Telephone No. <u>000000000</u>		
Owner's Address <u>207 CASTLE 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 <u>Single family dwelling</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>Kitchen remodel</u>					
<i>Completion of the following table may be waived by the Inspector of Wires.</i>					
No. of Recessed Fixtures	<u>10</u>	No. of Ceil.-Susp. (Paddle) Fans		No. of Transformers Total KVA	
No. of Lighting Outlets	<u>6</u>	No. of Hot Tubs		Generators KVA	
No. of Lighting Fixtures	<u>6</u>	Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>		No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	<u>15</u>	No. of Oil Burners		FIRE ALARMS No. of Zones	
No. of Switches	<u>14</u>	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	<u>1</u>	Heat Pump Totals:	Number	Tons	KW
No. of Dishwashers	<u>1</u>	Space/Area Heating KW			Local: <input type="radio"/> Municipal Connection <input type="radio"/> Other
No. of Dryers		Heating Appliances			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:					
<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) <u>7/01/2015</u>	
Estimated Value of Electrical Work:		<u>\$6,500.00</u> (When required by municipal policy.)			
Work to Start: <u>1/06/2015</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>Groom Energy Solutions</u>				LIC. NO. :	<u>A15949</u>
License: <u>David Doyle</u>			Signature: _____		LIC. NO. :
(If applicable , enter "exempt" in the license number line.)				Bus. Tel. No. :	
Address: <u>96 Swampscott Road Salem</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.				Telephone No. <u>7818447134</u>	
Owner/Agent Signature: _____		Applicant Name: <u>David Doyle</u>		Telephone No. <u>7818447134</u>	