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 <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>
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Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
15-E-4304	12/17/2015	E-15-0489	30	3362	12/17/2015

**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>258 NAHANT RD</u>	
Owner or Tenant <u>ROMAN CATH ARCHBISHOP BOSTON</u>	Telephone No. <u>9788577185</u>
Owner's Address <u>258 NAHANT ROAD</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>church</u> Utility Authorization No.	
Existing Service <u>200 Amps 240 Volts Overhead</u> <input type="radio"/> Undgrd <input checked="" type="radio"/> No. of Meters <u>1</u>	
New Service <u>Amps Volts Overhead</u> <input type="radio"/> Undgrd <input type="radio"/> No. of Meters	
Number of Feeders and Ampacity <u>2(20 amp)</u>	
Location and Nature of Proposed Electrical Work: <u>bathroom renovation</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 <u>2</u>	Swimming Pool Above grnd. <input type="radio"/> In-grnd. <input type="radio"/>	No. of Emergency Lighting Battery Units <u>1</u>	
No. of Receptacle Outlets <u>2</u>	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches <u>1</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	Heat Pump Totals:	Number	Tons
No. of Dishwashers	Space/Area Heating KW		KW
No. of Dryers	Heating Appliances		KW
No. of Water Heaters	KW	No. of Signs	No. of Ballasts
No. Hydromassage Bathtubs	No. of Motors	Total HP	

OTHER: new exhaust fan

*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) 1/09/2016

Estimated Value of Electrical Work: 1000.00 (When required by municipal policy.)

Work to Start: 12/17/2015 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: <u>Butler&amp;Sons Inc.</u>	LIC. NO. :	<u>17220A</u>
License: <u>Stephen J Butler</u>	Signature: _____	LIC. NO. : <u>27735E</u>
(If applicable , enter "exempt" in the license number line.)		Bus. Tel. No. : <u>9786671606</u>
Address: <u>10 Pinegrove Ave Billerica Ma.</u>		Alt. Tel. No. : <u>6176978267</u>

**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: Butler&Sons Inc. Telephone No. 6176978267