

## Commonwealth of Massachusetts

## **Department of Fire Services**

## **BOARD OF FIRE PREVENTION REGULATIONS**

Official Use Only		
Permit No.		
Occupancy and Fee CheckedRev. 11/99] (leave blank)		

## APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00 (PLEASE PRINT IN INK OR TYPE ALL INFORMATION) Date: City or Town of: *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) Owner or Tenant Telephone No. Owner's Address Yes Is this permit in conjunction with a building permit? No (Check Appropriate Box) Utility Authorization No. **Purpose of Building** Existing Service \_\_\_\_\_ Amps \_\_\_\_/\_\_\_Volts Overhead Undgrd No. of Meters / Volts Amps Overhead Undgrd No. of Meters **New Service Number of Feeders and Ampacity Location and Nature of Proposed Electrical Work:** Completion of the following table may be waived by the Inspector of Wires. No. of No. of Recessed Fixtures No. of Ceil.-Susp. (Paddle) Fans **Transformers** KVA **No. of Lighting Outlets** No. of Hot Tubs Generators No. of Emergency Lighting Swimming Pool Above grnd. No. of Lighting Fixtures grnd. **Battery Units No. of Receptacle Outlets** No. of Oil Burners FIRE ALARMS | No. of Zones No. of Detection and No. of Switches No. of Gas Burners **Initiating Devices** Total No. of Ranges No. of Air Cond. No. of Alerting Devices Tons KW No. of Self-Contained Heat Pump | Number | Tons No. of Waste Disposers **Totals: Detection/Alerting Devices** Municipal Local  $\square$  Municipal  $\square$  Other No. of Dishwashers Space/Area Heating KW Security Systems:
No. of Devices or Equivalent **Heating Appliances** No. of Dryers KWNo. of Water No. of No. of Data Wiring: No. of Devices or Equivalent  $\mathbf{K}\mathbf{W}$ Heaters **Ballasts** Signs Telecommunications Wiring: No. Hydromassage Bathtubs No. of Motors **Total HP** No. of Devices or 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 licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned 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: (When required by municipal policy.) 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: LIC. NO.: \_\_\_ LIC. NO.: Licensee: Signature (If applicable, enter "exempt" in the license number line.) Bus. Tel. No.: 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 PERMIT FEE: \$ Telephone No. Signature