



Commonwealth of Massachusetts
Department of Fire Services
BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only
Application No. _____
CID # _____

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

Is this permit in conjunction with a building permit? Yes No (Check Appropriate Box)

Purpose of Building: **Utility Authorization No.**

Existing Service Amps / Volts **Overhead** **Undgrd** **No. of Meters**

New Service Amps / Volts **Overhead** **Undgrd** **No. of Meters**

Number of Feeders and Ampacity

Location and Nature of Proposed Electrical Work:

Completion of the following table may be waived by the Inspector of Wire

No .of Recessed Luminaries	No. of Cell Susp. (Paddle) Fans	No of Transformers	Total KVA
No .of Luminaries Outlets	No. of Hot Tubs	Generators	KVA
No .of Luminaries	Swimming Pool Above In grnd. grnd.	No. Emergency Lighting Battery Units	
No of Receptacle Outlets	No of Oil Burners	Fire Alarms- No of Zones	
No of Switches	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 Disposal	Heat Pump <u>Number</u> <u>Tons</u> <u>KW</u> Totals:	No. of Self Contained Detection/Alerting Devices	
No of Dishwashers	Space Area Heating KW	Local	Municipal OTHER Connection
No of Dryers	Heating Appliances	Security Systems No. of Devices or Equivalent	
No. of Water Heaters KW	No. of Signs	No. of Ballasts	Data Wiring: No. of Devices or Equivalent
No. of Hydro Massage Bathtubs	No. of Motors	Total HP	Telecommunications Wiring: No. of Devices or Equivalent

Attach additional detail if desired, or as required by the Inspector of Wires.

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

Work to Start: Inspections to be requested in accordance with MEC Rule 10, and upon completion.

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:)

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME:

LIC. NO.

Licensee:

Signature

LIC. NO.

(If applicable, enter "exempt" in the license number line.)

Bus. Tel. No.

Address:

Alt. Tel. No

*Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License: Lic. 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

Signature

Telephone No.

PERMIT FEE: \$
