

## Commonwealth of Massachusetts Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS				
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	Official Use On	ly			
Permit No.					
Occupancy and Fee Checked					
Rev. 1/07]	(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: \_\_Topsfield, MA *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 No 🔲 Is this permit in conjunction with a building permit? (Check Appropriate Box) Purpose of Building Utility Authorization No. Existing Service \_\_\_\_\_ Amps \_\_\_\_/ Volts Overhead Undgrd \_\_\_ No. of Meters New Service Volts Overhead Undgrd Amps 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 Wires. No. of Total No. of Recessed Luminaires No. of Ceil.-Susp. (Paddle) Fans Transformers **KVA** No. of Luminaire Outlets No. of Hot Tubs Generators No. of Emergency Lighting Swimming Pool Above grnd. No. of Luminaires grnd. **Battery Units** No. of Oil Burners FIRE ALARMS No. of Zones No. of Receptacle Outlets No. of Detection and No. of Switches No. of Gas Burners **Initiating Devices** Total No. of Alerting Devices No. of Ranges No. of Air Cond. Tons Heat Pump | Number No. of Self-Contained No. of Waste Disposers Totals: **Detection/Alerting Devices** Local Description Municipal Connection No. of Dishwashers Space/Area Heating KW ☐ Other Security Systems:\*
No. of Devices or Equivalent **Heating Appliances** No. of Dryers **KW** No. of Water No. of No. of Data Wiring: No. of Devices or Equivalent KWHeaters **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. Estimated Value of Electrical Work: \_\_\_\_\_ (When required by municipal policy.) Inspections to be requested in accordance with MEC Rule 10, and upon completion. Work to Start: **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.: Signature LIC. NO.: Licensee: (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 **PERMIT FEE: \$** Telephone No. Signature