



Commonwealth of Massachusetts
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only
Permit No.
Occupancy and Fee Checked
[Rev. 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 _____

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 Wires.

Table with columns for various electrical fixtures and equipment: No. of Recessed Fixtures, No. of Lighting Outlets, No. of Lighting Fixtures, No. of Receptacle Outlets, No. of Switches, No. of Ranges, No. of Waste Disposers, No. of Dishwashers, No. of Dryers, No. of Water Heaters, No. of Hydromassage Bathtubs, No. of Ceil.-Susp. (Paddle) Fans, No. of Hot Tubs, Swimming Pool, No. of Oil Burners, No. of Gas Burners, No. of Air Cond., Heat Pump Totals, Space/Area Heating KW, Heating Appliances, No. of Signs, No. of Motors, No. of Transformers, Total KVA, Generators, KVA, No. of Emergency Lighting Battery Units, FIRE ALARMS, No. of Zones, No. of Detection and Initiating Devices, No. of Alerting Devices, No. of Self-Contained Detection/Alerting Devices, Local [] Municipal [] Other [], Security Systems, No. of Devices or Equivalent, Data Wiring, No. of Devices or Equivalent, Telecommunications Wiring, 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.

CHECK ONE: INSURANCE [] BOND [] OTHER [] (Specify: _____) (Expiration Date) _____

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.

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.)

Address: _____ Bus. 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 Signature _____ Telephone No. _____ PERMIT FEE: \$ _____