



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 counts, including Recessed Fixtures, Lighting Outlets, Receptacle Outlets, Switches, Ranges, Waste Disposers, Dishwashers, Dryers, Water Heaters, Hydromassage Bathtubs, Ceiling Fans, Hot Tubs, Swimming Pools, Oil Burners, Gas Burners, Air Conditioning, Heat Pumps, Space/Area Heating, Heating Appliances, Signs, Ballasts, Motors, Transformers, Generators, Emergency Lighting, FIRE ALARMS, Detection and Initiating Devices, Alerting Devices, Self-Contained Detection/Alerting Devices, Security Systems, Data Wiring, and Telecommunications Wiring.

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:)

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.) Bus. Tel. No.:

Address: 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 Signature Telephone No. PERMIT FEE: \$