



The Commonwealth of Massachusetts

Department of Public Safety

BOARD OF FIRE PREVENTION REGULATIONS 527 CMR 1200

Issue Use Only
Permit No.
Occupancy & Fee Checked
3/90
(Leave blank)

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code, 527 CMR 12-00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

City or Town of

Date

To the Inspector of Wires:

The undersigned applies for a permit to perform the electrical work described below.

Location (Street & Number)

Owner or Tenant

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 Capacity

Location and Nature of Proposed Electrical Work

Table with columns for No. of Lighting Outlets, No. of Hot Tubs, No. of Transformers, Total KVA, No. of Lighting Fixtures, Swimming Pool, Above grnd., In-grnd., Generators, KVA, No. of Receptacle Outlets, No. of Oil Burners, No. of Emergency Lighting Battery Units, No. of Switch Outlets, No. of Gas Burners, FIRE ALARMS, No. of Zones, No. of Ranges, No. of Air Cond., Total tons, No. of Detection and Initiating Devices, No. of Disposals, No. of Heat Pumps, Total Tons, Total KW, No. of Sounding Devices, No. of Dishwashers, Space/Area Heating, KW, No. of Self Contained Detection/Sounding Devices, No. of Dryers, Heating Devices, KW, Local, Municipal, Other Connection, No. of Water Heaters, KW, No. of Signs, No. of Ballasts, Low Voltage Wiring, No. Hydro Massage Tubs, No. of Motors, Total HP

OTHER:

INSURANCE COVERAGE: Pursuant to the requirements of Massachusetts General Laws I have a current Liability Insurance Policy including Completed Operations Coverage or its substantial equivalent. YES NO I have submitted valid proof of same to this office. YES NO

INSURANCE BOND OTHER (Please Specify)

Estimated Value of Electrical Work \$ (Expiration Date)

Work to Start Inspection Date Requested: Rough Final

Signed under the penalties of perjury:

FIRM NAME LIC. NO.

Licensee Signature LIC. NO.

Address Bus. Tel. No. Alt. Tel. No.

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the insurance coverage or its substantial equivalent as required by Massachusetts General Laws, and that my signature on this permit application waives this requirement. Owner Agent (Please check one)

(Signature of Owner or Agent) Telephone No. PERMIT FEE \$