



Commonwealth of Massachusetts
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only
Permit No.
Fee
Check No.

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: Nantucket

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

Purpose of Building

Existing Service Amps Volts Overhead Undgrd No. of Meters

New Service Amps Volts Overhead Undgrd No. of Meters

Wire Size and Ampacity Check one 10 30

Location and Nature of Purposed Electrical Work:

SRE No. (TEMP) (HOUSE)

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, Ceil.-Susp. Fans, Hot Tubs, Oil Burners, Gas Burners, Air Cond., Heat Pump, Space/Area Heating, Heating Appliances, Signs, Ballasts, Motors, Transformers, Generators, Emergency Lighting, Battery Units, FIRE ALARMS, Detection and Initiating 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 license provides proof of liability insurance including "completed operation" coverage or its substantial equivalent.

CHECK ONE: INSURANCE BOND OTHER (Specify):

Work to Start: Estimated Value of Electrical Work: (Expiration Date)

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.:

* 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 Licenses 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.:

INSPECTIONS

Called

Called

Temporary

Rough

Service

Final

Permit EXPIRES ONE YEAR after date of issue

Issue Date

Inspector of Wires

Parcel

Map

Bldg. Permit #

