



Commonwealth of Massachusetts  
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

|                                 |               |
|---------------------------------|---------------|
| Official Use Only               |               |
| 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: \_\_\_\_\_ 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.

|                            |   |  |              |
|----------------------------|---|--|--------------|
| No. of Recessed Luminaires | No. of Ceil-Susp. (Paddle) Fans   | No. of Transformers  | Total KVA    |
| No. of Luminaire Outlets   | No. of Hot Tubs   | Generators   | KVA          |
| No. of Luminaires          | Swimming Pool Above <input type="checkbox"/> In- <input type="checkbox"/> | No. of Emergency Lighting Battery Units  |              |
| No. of Receptacle Outlets  | No. of Oil Burners  | FIRE ALARMS  | No. of Zones |
| No. of Switches            | No. of Gas Burners  | No. of Detection and Initiating Devices  |              |
| No. of Ranges              | No. of Air Cond. Total Tons   | No. of Alerting Devices  |              |
| No. of Waste Disposers     | Heat Pump Number Tons KW  | No. of Self-Contained Detection/Alerting Devices                                   |              |
| No. of Dishwashers         | Space/Area Heating KW   | Local <input type="checkbox"/> Municipal Connection <input type="checkbox"/> Other |              |
| No. of Dryers              | Heating Appliances KW   | Security Systems: * No. of Devices or Equivalent                                   |              |
| No. of Water Heaters KW    | No. of Signs No. of Ballasts  | Data Wiring: No. of Devices or Equivalent  |              |
| No. Hydromassage Bathtubs  | No. of Motors Total HP  | Telecommunications Wiring: 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.)

Work to Start: \_\_\_\_\_ Inspections to be requested in accordance with MEC Rule 10, and upon completion.

**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.: \_\_\_\_\_

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 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: \$**