



Commonwealth of Massachusetts
Department of Fire Services
BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only
Permit No.: _____
Occupancy and Fee Checked: _____
[Rev. 1/2023]

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

City or Town of: _____ **Date:** _____

To the Inspector of Wires: By this application, the undersigned gives notices of his or her intention to perform the electrical work described below.

Location (Street & Number): _____ Unit No.: _____

Owner or Tenant: _____ Email: _____

Owner's Address: _____ Phone No.: _____

Is this permit in conjunction with a building permit? (Check appropriate box) Yes No Permit No.: _____

Purpose of Building: _____ Utility Authorization No.: _____

Existing Service: _____ Amps ____ / ____ Volts Overhead Underground No. of Meters: _____

New Service: _____ Amps ____ / ____ Volts Overhead Underground No. of Meters: _____

Description of Proposed Electrical Installation: _____

Completion of the following table may be waived by the Inspector of Wires.

No. of Receptable Outlets: _____		No. of Switches: _____		Generator KW Rating: _____		Type: _____	
No. Luminaires: _____		No. of Recessed Luminaires: _____		No. Wind Generators: _____		Wind KW Rating: _____	
No. Appliances: _____ KW: _____		No. Water Heaters: _____ KW: _____		No. Transformers: _____		Total KVA: _____	
Space Heating KW: _____		Heating Equipment KW: _____		No. Motors: _____		Total HP: _____ Total KW: _____	
No. Heat Pumps: _____		Total KW: _____		Total Tons: _____		Fire Alarm System <input type="checkbox"/> No. of Devices: _____	
Swimming Pool: In-Grnd. <input type="checkbox"/> Above-Grnd. <input type="checkbox"/> Hot-Tub <input type="checkbox"/>		No. of Self-Contained Detection/Alerting Devices: _____					
No. Oil Burners: _____		No. Gas Burners: _____		Video System <input type="checkbox"/>		No. of Devices: _____	
No. Air Conditioners: _____		Total Tons: _____		Telecom System <input type="checkbox"/>		No. of Outlets: _____	
No. Energy Storage Systems: _____		KWH Storage Rating: _____		Security System <input type="checkbox"/>		No. of Devices: _____	
Solar PV KW DC Rating: _____		Solar PV KW AC Rating: _____		No. of Electric Vehicle Supply Equipment: _____			
No. of Modules: _____		Roof-Mount <input type="checkbox"/> Ground-Mount <input type="checkbox"/>		Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/>		Rating: _____	

OTHER:

Attach additional detail if desired, or as required by the Inspector of Wires.

Estimated Value of Electrical Work: _____ (When required by municipal policy)

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

FIRM NAME: _____ A-1 or C-1 LIC. No.: _____

Master/Systems Licensee: _____ LIC. No.: _____

Journeyman Licensee: _____ LIC. No.: _____

Security System Business requires a Division of Occupational Licensure "S" LIC. S-LIC. No.: _____

Address: _____

Email: _____ Telephone No.: _____

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

Licensee: _____ Print Name: _____ Cell. No.: _____

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability 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: _____

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: _____ Tel. No.: _____

Signature: _____ Email: _____