



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

Official Use Only	
Permit No. _____	_____
Occupancy and Fee Checked _____	_____
[Rev. 9/05]	(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 grnd. <input type="checkbox"/>	In-grnd. <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 Totals:	Number	Tons	KW	No. of Self-Contained Detection/Alerting Devices
No. of Dishwashers	Space/Area Heating KW			Local <input type="checkbox"/>	Municipal <input type="checkbox"/>
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	
<b>OTHER:</b>					

Estimated Value of Electrical Work: \_\_\_\_\_ Attach additional detail if desired, or as required by the Inspector of Wires. (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.: \_\_\_\_\_

\*Security System Contractor License required for this work; if applicable, enter the license number here: \_\_\_\_\_

**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: \$**