



Commonwealth of Massachusetts
Department of Fire Services
BOARD OF FIRE PREVENTION REGULATIONS
(Please add zip codes & electrician's cell #;
contract # & bld permit # if applicable.)

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 Totals:	Number	Tons
No. of Dishwashers	Space/Area Heating KW	KW	No. of Self-Contained Detection/Alerting Devices
No. of Dryers	Heating Appliances	KW	Local <input type="checkbox"/> Municipal Connection <input type="checkbox"/> Other <input type="checkbox"/>
No. of Water Heaters	No. of Signs	No. of Ballasts	Security Systems:*
No. Hydromassage Bathtubs	No. of Motors	Total HP	No. of Devices or Equivalent
OTHER:			

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.)

Address: _____ **Bus. Tel. No.:** _____

_____ **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: \$** _____