



**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF FIRE SERVICES
BOARD OF FIRE PREVENTION
REGULATIONS**

| |
|---------------------------------|
| Official Use Only |
| Permit No. _____ |
| Occupancy and Fee Checked _____ |

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: _____

TOWN OF ACTON *To the Inspector of Wires:* **For Inspection call Bill Morehouse 978-486-0167**

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 _____

No. of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: _____

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

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 issued unless the Licensee provides proof of liability insurance including "completed operation" coverage or it's 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 \$** _____