



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: **CARVER**

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 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: | | | |

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: \$**

OVER

WORKERS' COMPENSATION INSURANCE AFFIDAVIT

PRINT

Name _____

- I am homeowner performing all work myself
- I am sole proprietor and have no one working in any capacity
- I am an employer providing workers' compensation for my employees working on this job.

Company Name _____

Address _____

City/Town _____ Phone # _____

Insurance Co. _____ Policy # _____

Phone # _____

(circle one) I am a sole proprietor, general contractor, or homeowner and have hired the contractors listed below who have the following workers' compensation policies:

Company Name _____

Address _____

City/Town _____ Phone # _____

Insurance Co. _____ Policy # _____

Phone # _____

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification. If the HOMEOWNER, certify that I am aware that if I contract with an unregistered contractor that I will NOT have access to the Guaranty Fund (G.L. c. 142A).

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature _____ Date _____

Print Name _____ Phone # _____