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: NORTH ADAMS **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 ☐ No. of Devices:
Swimming Pool: In-Grnd. ☐ Above-Grnd. ☐ Hot-Tub ☐	No. of Self-Contained Detection/Alerting Devices:
No. Oil Burners: No. Gas Burners:	Video System ☐ No. of Devices:
No. Air Conditioners: Total Tons:	Telecom System ☐ No. of Outlets:
No. Energy Storage Systems: KWH Storage Rating:	Security System ☐ No. of Devices:
Solar PV KW DC Rating: Solar PV KW AC Rating: No. of Modules: Roof-Mount ☐ Ground-Mount ☐	No. of Electric Vehicle Supply Equipment: Level 1 ☐ Level 2 ☐ Level 3 ☐ 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.: _____