



# The Commonwealth of Massachusetts

Department of Public Safety

Office Use Only	
Permit No. _____	
Occupancy & Fee Checked 3/90	(leave blank)

BOARD OF FIRE PREVENTION REGULATIONS 527 CMR 12:00 RULE 8 Effective 1/1/78

## APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code, 527 CMR 12:00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date \_\_\_\_\_

City or Town of WINCHENDON

To the Inspector of Wires: \_\_\_\_\_

The undersigned applies for a permit to perform the electrical work described below.

Location (Street & Number) \_\_\_\_\_

Owner or Tenant \_\_\_\_\_

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 \_\_\_\_\_

No. of Lighting Outlets	No. of Hot Tubs	No. of Transformers	Total KVA	
No. of Lighting Fixtures	Swimming Pool	Above grnd. <input type="checkbox"/> In- grnd. <input type="checkbox"/>	Generators	KVA
No. of Receptacle Outlets	No. of Oil Burners	No. of Emergency Lighting Battery Units		
No. of Switch Outlets	No. of Gas Burners	FIRE ALARMS No. of Zones		
No. of Ranges	No. of Air Cond.	Total tons	No. of Detection and Initiating Devices	
No. of Disposals	No. of Heat Pumps	Total Tons	Total KW	No. of Sounding Devices
No. of Dishwashers	Space Area Heating	KW		No. of Self Contained Detection Sounding Devices
No. of Dryers	Heating Devices	KW		Local <input type="checkbox"/> Municipal Connection <input type="checkbox"/> Other
No. of Water Heaters	No. of Signs	No. of Ballasts	Low Voltage Wiring	
No. Hydro Massage Tubs	No. of Motors	Total HP		

Other: \_\_\_\_\_

INSURANCE COVERAGE: Pursuant to the requirements of Massachusetts General Laws I have a current Liability Insurance Policy including Completed Operations Coverage or its substantial equivalent. YES  NO  I have submitted valid proof of same to this office. YES  NO

If you have checked YES, please indicate the type of coverage by checking the appropriate box.

INSURANCE  BOND  OTHER  (Please Specify) \_\_\_\_\_ (Expiration Date)

Estimated Value of Electrical Work \$ \_\_\_\_\_

Work to Start \_\_\_\_\_ Inspection Date Requested: Rough \_\_\_\_\_ Final \_\_\_\_\_

Signed under the penalties of perjury:

FIRM NAME \_\_\_\_\_ LIC. NO. \_\_\_\_\_

Licensee \_\_\_\_\_ Signature \_\_\_\_\_ LIC. NO. \_\_\_\_\_

Address \_\_\_\_\_

Bus. Tel. No. \_\_\_\_\_ Alt. Tel. No. \_\_\_\_\_

OWNER'S INSURANCE WAIVER: I am aware that the Licensee *does not have* the insurance coverage or its substantial equivalent as required by Massachusetts General Laws, and that my signature on this permit application waives this requirement.

Owner  Agent  (please check one)

\_\_\_\_\_  
(Signature of Owner or Agent) Telephone No. \_\_\_\_\_ PERMIT FEE \$ \_\_\_\_\_

BELOW FOR OFFICE USE ONLY

PROGRESS INSPECTIONS

SKETCHES

FINAL INSPECTIONS

FEE \_\_\_\_\_

NO. \_\_\_\_\_

APPLICATION FOR PERMIT TO DO Electric

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME & TYPE OF BUILDING

\_\_\_\_\_  
\_\_\_\_\_

LOCATION OF BUILDING

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PERMIT GRANTED

DATE \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

electric INSPECTOR

\_\_\_\_\_