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: FOXBOROUGH *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 grnd.** ☐ **In-grnd.** ☐	**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** ☐ **Municipal Connection** ☐ **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:		

Attach additional detail if desired, or as required by the Inspector of Wires.

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: $