



The Commonwealth of Massachusetts

Department of Public Safety

BOARD OF FIRE PREVENTION REGULATIONS 527 CMR 12:00

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

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

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

Table with 3 columns: No. of Lighting Outlets, No. of Hot Tubs, No. of Transformers, etc. Includes rows for fixtures, receptacles, switches, ranges, disposals, dishwashers, dryers, water heaters, and hydro massage tubs.

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.

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.

Telephone No. PERMIT FEE \$

(Signature of Owner or Agent)