

PERMIT NO. _____

E



The Commonwealth of Massachusetts
Department of Fire Service
BOARD OF FIRE PREVENTION REGULATIONS

OFFICE USE
FEE _____
CK # _____
ISSUE DATE: _____

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 _____

TOWN OF BRIDGEWATER (508) 697-0905 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 _____

Owners address _____

Is this permit in conjunction with a building permit? YES NO

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 the Proposed Electrical work _____

Completion of the following table may be waived by the inspector of wires

No. of Recessed Fixtures	No. of Ceil.-Susp. (Paddle) fans	No. of Transformers	Total KVA
No. of Lighting Outlets	No. of Hot Tubs	Generators	KVA
No. of Lighting Fixtures	Swimming Pool Aboveground In ground	No. of Emergency Lighting	Battery Units
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switch	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 Disposals	Heat Pump Number Tons KW Totals	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 System: No. of Devices or Equivalent	
No. of Water Heaters KW	No. of Signs No. of Ballasts	Data Wiring: No. of Devices or Equivalent	
No. of Hydro Massage Tubs	No. of Motors Total HP	Telecommunications wiring: No. of Devices or Equivalent	
OTHER:			

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may be issued 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. INSURANCE BOND OTHER (Specify) _____ (expiration date)

Estimated Value of Electrical Work \$ _____ (When required by municipal policy)

Work to Start _____ *Inspection to be requested in accordance with MEC Rule 10, and upon completion 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.)

Address _____ Bus Tel _____ Alt. Tel. _____

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 (Check one)

(Signature of owner/agent) Telephone No. _____