



The Commonwealth of Massachusetts
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Office Use Only	
Permit No. _____	
Occupancy & 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 _____

Town of Pepperell, 978-433-0329 To the Inspector of Wires:

By this application the understigned 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 Cell.-Susp. (Paddle) Fans	No. of Transformers	Total K V A						
No. of Luminaire Outlets	No. of Hot Tubs	Generators	K V A						
No. of Luminaires	Swimming Pool Above Grnd. <input type="checkbox"/> In-Grnd. <input type="checkbox"/>	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: <table border="1"><tr><td>Number</td><td>Tons</td><td>KW</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Number	Tons	KW				No. of Self Contained Detection / Alerting Devices	
Number	Tons	KW							
No. of Dishwashers	Space / Area Heating KW	<input type="checkbox"/> Local <input type="checkbox"/> Municipal Connection <input type="checkbox"/> 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. of 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.

Inspection Date Requested: Rough _____ Final _____

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 \$ _____