~				Office	ial Usa () mly:	
a a a	Commonwealth of Massachusetts			Official Use Only			
	Department of Fire Services			Permit No.			
BOARD	BOARD OF FIRE PREVENTION REGULAT			Occupancy and Fee Checked IONS			
	ION FOR PERMIT						
	med in accordance with t		Electrical Co				
(PLEASE PRINT IN INK OR TY)	Date: <i>To the Inspector of Wires:</i> perform the electrical work described below.						
By this application the undersign	ed gives notice of his c	 or her intention t	o perform th	<i>To the Inspe</i> ne electrical y	vork de	scribed below	
Location (Street & Number)	ed gives notice of his c		o periorin u	le chectricar v	von de		
Location (Street & Number) Owner or Tenant		Teleph	none No.				
Owner's Address							
Is this permit in conjunction with Purpose of Building							
Existing Service Amp	os/ Volts	Overhead	Undgr	d 🗌 No.	of Met	ers	
New Service Amp							
Number of Feeders and Ampacit	У						
Location and Nature of Proposed	Electrical Work:						
		Completion	of the followin	o tahle may he y	vaived by	the Inspector of Wires	
		No. of CeilSusp. (Paddle) Fans		of the following table may be v No. of Transformers		Total KVA	
No. of Recessed Fixtures	No. of CeilSusp. (F						
No. of Lighting Outlets	No. of Hot Tubs		Generators		KVA		
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 Dishwashers	Space/Area Heating KW		Local Municipal Connection Other		Other		
No. of Dryers	Heating Appliances KW Security Systems: No. of Devices or Equivalent						
No. of	No. of No.	Data Wiring:					
Water Heaters KW	Signs Ba	No. of Devices or Equivalent					
No. Hydromassage	No. of Motors To	Telecommunications wiring:					
Bathtubs	NO. OI WIOLOIS 10	No. of Devices or Equivalent					
OTHER:							
INSURANCE COVERAGE: Unles licensee provides proof of liability in certifies that such coverage is in force CHECK ONE: INSURANCE	nsurance including "comp ce, and has exhibited proc	o permit for the p pleted operation" of of same to the p	erformance o coverage or i permit issuing	f electrical wo ts substantial e	ork may i equivaler	t. The undersigned	
Estimated Value of Electrical Wo	ork.	(When require	d by munici	(Expiration nal policy)	n Date)		
Work to Start:					and up	on completion.	
<i>I certify, under the pains and pen</i>							
FIRM NAME:			LIC. 1	NO.:			
Licensee:			LIC. 1	NO.:			
(If applicable, enter "exempt" in							
Address: OWNER'S INSURANCE WAIV	FR. I am aware that t	A	II. I el. No.:	he liability in	surance	COVerage	
normally required by law. By my	y signature below, I he	reby waive this			isurance	coverage	
I am the (check one) \Box owned	$r \sqcup$ owner's agen	t					
Owner/Agent Signature	Telepho	one No		PERM	IT FEE:	\$	
SERVICE C	OVER	ROUGH FINAL					

ELECTRICAL INSPECTION FEES

New Single Family	\$140.00
Additions, alternations, each accessory structure	\$70.00
Equipment installations	\$35.00
Limited energy alarm & communications systems	\$35.00
Reinspection	\$40.00
Any required additional inspection	\$35.00
Temporary Service (one meter)	\$40.00
Temporary Service (underground)	\$70.00
Swimming Pools - Inground	\$70.00
Swimming Pools - Above Ground	\$35.00
Energy Alarm and Communication Systems	\$35.00
All other permits requiring one inspection	\$35.00