



Commonwealth of Massachusetts
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only	
Permit No. _____	
Occupancy and Fee Checked _____	
[Rev. 11/99] (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)

City or Town of: Wareham

Date: _____

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 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 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: Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	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	Data Wiring: No. of Devices or Equivalent	
No. of Hydromassage Bathtubs	No. of Motors	Telecommunications Wiring: No. of Devices or Equivalent	
OTHER: _____			

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

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:)

(Expiration Date)

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.

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.: _____

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: \$

