Commonwealth of Massachusetts

Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only
Permit No. _____
Occupancy and 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:** _____

City or Town of: _____ *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 Luminaires	**No. of Ceil.-Susp. (Paddle) Fans**	**No. of Transformers** **Total KVA**
No. of Luminaire Outlets	**No. of Hot Tubs**	**Generators** **KVA**
No. of Luminaires	**Swimming Pool** **Above grnd.** ☐ **In-grnd.** ☐	**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** ☐ **Municipal Connection** ☐ **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. 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.

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: $

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual):_____

Address:_____

City/State/Zip:_____ Phone #:_____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
6. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ Other_____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
‡Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name:_____

Policy # or Self-ins. Lic. #:_____ Expiration Date:_____

Job Site Address:_____ City/State/Zip:_____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature:_____ Date:_____

Phone #:_____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License #_____

Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person:_____ Phone #:_____