



**Commonwealth of Massachusetts
Department of Fire Services**

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only

Permit No. _____

Date Issued: _____

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: **LEXINGTON**

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"/>
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.

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.: A: _____

Licensee: _____ Signature _____ LIC. NO.: E: _____

(If applicable, enter "exempt" in the license number line.)

Address: _____ Zip: _____ Bus. Tel. No.: _____

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 _____ Phone: _____

Insurance on File: _____ Will Fax: _____ Permit Fee: _____ Receipt #: _____ Date: _____