Commonwealth of Massachusetts

Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only Permit No.:

Occupancy and Fee Checked:

[Rev. 1/2023]

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00 City or Town of: Date:

To the Inspector of Wires	By this application, t	he unders	signed gives no	otices of his or her intention to perform the electronic electroni	rical work described below.
Location (Street & Number):				Unit No.:	
Owner or Tenant:		Email:			
Owner's Address:			Phone No.:		
Is this permit in conjunction	on with a building	permit	? (Check ap	propriate box) Yes 🗌 No 🗌 Permit	No.:
Purpose of Building:			Utility Authorization No.	.:	
Existing Service:	Amps	/	Volts	Overhead Underground	No. of Meters:
New Service:	Amps	/	Volts	Overhead 🗌 Underground 🗌	No. of Meters:
Description of Proposed E	Electrical Installation	on:			

Completion of the following table may be waived by the Inspector of Wires.

No. of Receptable Outlets: No. of Switches:	Generator KW Rating: Type:
No. Luminaires: No. of Recessed Luminaires:	No. Wind Generators: Wind KW Rating:
No. Appliances: KW: No. Water Heaters: KW:	No. Transformers: Total KVA:
Space Heating KW: Heating Equipment KW:	No. Motors: Total HP: Total KW:
No. Heat Pumps: Total KW: Total Tons:	Fire Alarm System 🗌 No. of Devices:
Swimming Pool: In-Grnd. 🗌 Above-Grnd. 🗌 Hot-Tub 🗌	No. of Self-Contained Detection/Alerting Devices:
No. Oil Burners: No. Gas Burners:	Video System No. of Devices:
No. Air Conditioners: Total Tons:	Telecom System No. of Outlets:
No. Energy Storage Systems: KWH Storage Rating:	Security System No. of Devices:
Solar PV KW DC Rating: Solar PV KW AC Rating:	No. of Electric Vehicle Supply Equipment:
No. of Modules: Roof-Mount Ground-Mount	Level 1 Level 2 Level 3 Rating:

OTHER:

Attach additional detail if desired, or		<i>ires.</i> (When required by municipal policy)
		accordance with MEC Rule 10, and upon completion.
FIRM NAME:		
Master/Systems Licensee:		
Journeyman Licensee:		
Security System Business requires a Divi		
Address:		
Email:		Telephone No.:
I certify, under the pains and penalt	ies of perjury, that the information	on this application is true and complete.
Licensee:	Print Name:	Cell. No.:
provides proof of liability including "com is in force and has exhibited proof of sam	pleted operation" coverage or its substa e to the permit issuing office.	Cell. No.:
		bes not have the liability insurance coverage normally
	•	t. I am the: (Check one) Owner 🗌 Owner's agent 🗌
Owner / Agent:		Tel. No.:

Signature: Email.: