



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, the undersigned gives notices of his or her intention to perform the electrical work described below.

Location (Street & Number): \_\_\_\_\_ Unit No.: \_\_\_\_\_

Owner or Tenant: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Is this permit in conjunction with a building permit? (Check appropriate 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 Electrical Installation: \_\_\_\_\_

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 <input type="checkbox"/>   | No. of Devices:     |
| Swimming Pool: In-Grnd. <input type="checkbox"/> Above-Grnd. <input type="checkbox"/> Hot-Tub <input type="checkbox"/> |   | No. of Self-Contained Detection/Alerting Devices:  |                     |
| No. Oil Burners:   | No. Gas Burners:  | Video System <input type="checkbox"/>  | No. of Devices:     |
| No. Air Conditioners:  | Total Tons:   | Telecom System <input type="checkbox"/>  | No. of Outlets:     |
| No. Energy Storage Systems:  | KWH Storage Rating:   | Security System <input type="checkbox"/>   | No. of Devices:     |
| Solar PV KW DC Rating:   | Solar PV KW AC Rating:  | No. of Electric Vehicle Supply Equipment:  |                     |
| No. of Modules:  | Roof-Mount <input type="checkbox"/> Ground-Mount <input type="checkbox"/> | Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Rating: |                     |

**OTHER:**

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

Estimated Value of Electrical Work: \_\_\_\_\_ (When required by municipal policy)

Date Work to Start: \_\_\_\_\_ Inspections to be requested in accordance with MEC Rule 10, and upon completion.

FIRM NAME: \_\_\_\_\_ A-1  or C-1  LIC. No.: \_\_\_\_\_

Master/Systems Licensee: \_\_\_\_\_ LIC. No.: \_\_\_\_\_

Journeyman Licensee: \_\_\_\_\_ LIC. No.: \_\_\_\_\_

Security System Business requires a Division of Occupational Licensure "S" LIC. S-LIC. No.: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

Licensee: \_\_\_\_\_ Print Name: \_\_\_\_\_ Cell. No.: \_\_\_\_\_

**INSURANCE COVERAGE:** Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability 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: \_\_\_\_\_

**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: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Email.: \_\_\_\_\_

\*MUST PROVIDE CERTIFICATE OF INSURANCE & WORKER'S COMP. AFFIDAVIT (EVEN IF SOLE PROPRIETOR)\*

CALL FOR INSPECTION: WIRING INSEPECTOR - DON MANSEAU 413-436-0051