



The Commonwealth of Massachusetts

Department of Public Safety

BOARD OF FIRE PREVENTION REGULATIONS 527 CMR 12:00

Office Use Only	
Permit No. _____	
Occupancy & Fee Checked _____	
3/90	(leave blank)

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code, 527 CMR 12:00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date \_\_\_\_\_

Town of Natick, Mass.

To the Inspector of Wires:

The undersigned applies for a permit to perform the electrical work described below.

Location (Street & Number) \_\_\_\_\_

Owner or Tenant \_\_\_\_\_

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 \_\_\_\_\_

No. of Lighting Outlets	No. of Hot Tubs	No. of Transformers	Total KVA
No. of Lighting Fixtures	Swimming Pool Above grnd. <input type="checkbox"/> In-grnd. <input type="checkbox"/>	Generators	KVA
No. of Receptacle Outlets	No. of Oil Burners	No. of Emergency Lighting Battery Units	
No. of Switch Outlets	No. of Gas Burners	FIRE ALARMS	No. of Zones
No. of Ranges	No. of Air Cond. Total tons	No. of Detection and Initiating Devices	
No. of Disposals	No. of Heat Pumps Total Tons	No. of Sounding Devices	
No. of Dishwashers	Space/Area Heating KW	No. of Self Contained Detection/Sounding Devices	
No. of Dryers	Heating Devices KW	Local <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/>	
No. of Water Heaters KW	No. of Signs	No. of Ballasts	Low Voltage Wiring
No. Hydro Massage Tubs	No. of Motors	Total HP	

OTHER:

INSURANCE COVERAGE: Pursuant to the requirements of Massachusetts General Laws I have a current Liability Insurance Policy including Completed Operations Coverage or its substantial equivalent. YES  NO  I have submitted valid proof of same to this office. YES  NO  If you have checked YES, please indicate the type of coverage by checking the appropriate box.

INSURANCE  BOND  OTHER  (Please Specify) \_\_\_\_\_ (Expiration Date) \_\_\_\_\_

Estimated Value of Electrical Work \$ \_\_\_\_\_

Work to Start \_\_\_\_\_ Inspection Date Required: Rough \_\_\_\_\_ Final \_\_\_\_\_

Signed under the penalties of perjury:

FIRM NAME \_\_\_\_\_ LIC. NO. \_\_\_\_\_

Licensee \_\_\_\_\_ Signature \_\_\_\_\_ LIC. NO. \_\_\_\_\_

Address \_\_\_\_\_ Bus. Tel. No. \_\_\_\_\_

Alt. Tel. No. \_\_\_\_\_

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the insurance coverage or its substantial equivalent as required by Massachusetts General Laws, and that my signature on this permit application waives this requirement. Owner Agent (Please check one)

Telephone No. \_\_\_\_\_ PERMIT FEE \$ \_\_\_\_\_

(Signature of Owner or Agent)