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 _____

City or Town of Uxbridge

To the Inspector of Wires:

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

Location (Street & Number) _____

Owner or Tenant _____ PHONE #

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. ☐ In-grnd. ☐ | 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 Total KW | 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 ☐ Municipal Connection ☐ Other |
| 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 Requested: 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)

_____ (Signature of Owner or Agent) Telephone No. _____ PERMIT FEE $ _____