



Commonwealth of Massachusetts

Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only	
Permit No.	<u>E-7500</u>
Occupancy and Fee Checked	<u>75.00</u>
Rev. 11/99	(leave blank) <u>OK #1184</u>

OK

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: 12-31-07

City or Town of: Southbridge

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) 12 BUCKLEY ST. CELL # 508-523-5701

Owner or Tenant Todd CARLSON Telephone No. 508-765-7168

Owner's Address 287 Charlton St. Southbridge MA 01550

Is this permit in conjunction with a building permit? Yes No (Check Appropriate Box)

Purpose of Building Residential Utility Authorization No. #

Existing Service 100 Amps 120/240 Volts Overhead Undgrd No. of Meters 1

New Service ~~100~~ Amps ~~120/240~~ Volts Overhead Undgrd No. of Meters ~~1~~

Number of Feeders and Ampacity change panel to larger capacity

Location and Nature of Proposed Electrical Work: upgrade wiring in house to code

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 <input type="checkbox"/> In-grd. <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"/> Other	
No. of Dryers	Heating Appliances KW	Security Systems: No. of Devices or Equivalent	
No. of Water Heaters KW	No. of Signs	Data Wiring: No. of Devices or Equivalent	
No. of Hydromassage Bathtubs	No. of Motors	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: Liability 6-19-08 (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.: _____

Licensee: DAVID PLIVERNOIS Signature David Plivernois LIC. NO.: E28507

(If applicable, enter "exempt" in the license number line.) Address: 50 Row 30 Southbridge MA 01550 Bus. Tel. No.: _____

Alt. Tel. No.: 508-5206128

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 _____ Telephone No. _____ PERMIT FEE: \$ 75.00

5223 ZLS 208

TEL: 508 764-5412
FAX: 508 764-5425



INSPECTION SERVICES
TOWN HALL
41 ELM STREET

TOWN OF SOUTHBRIDGE
SOUTHBRIDGE, MASSACHUSETTS 01550

FEE SCHEDULE FOR WIRING PERMITS

MINIMUM PERMIT FEE _____ \$20.00

<u>DWELLINGS (NEW)</u>	<u>SERVICE</u>	<u>FEE</u>
One family _____	60 200A _____	40.00
Multiple dwelling _____	per unit _____	40.00
Underground service add _____		10.00
Equipment installations, replacements (per fixture), dryers, stoves, dishwashers, hot tubs, etc. first unit _____		10.00
	each add'l _____	5.00

SERVICE CHANGES

One family _____		40.00
Multiple dwelling _____	per each additional meter _____	10.00
Temporary service _____		20.00
Transformer pads _____		30.00

INDUSTRIAL, COMMERCIAL

Buildings up to 1,000 square feet _____		40.00
Each additional 1,000 square feet _____		20.00
Major elect. units (air conditioners, compressors etc.) _____		20.00
Main switch or new sub panel _____	per amp _____	.40
Outlets, switches, and fixture _____	first five _____	5.00
	each add'l _____	.40

MISCELLANEOUS

Renovations, additions, alterations.. first unit _____		30.00
	each add'l _____	10.00
Central heating systems _____		20.00
Signs, swimming pools & traffic lights _____		20.00
Gas pumps _____	per pump _____	10.00
Electrician's maintenance permit* _____		40.00
Alarm systems _____		20.00

* Licensed electrician's annual permit to cover ordinary maintenance, experimental set-ups, or re-location of minor devices & equipment.

If the items are not specific or itemized, the fee will be determined by the Inspector of Wires.

INSPECTOR OF WIRES, WILLIAM GIBSON (508) 764-5412

INSPECTIONS OFFICE HOURS 8:00 AM - 4:00 PM FAX (508) 765-0863



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

508-764-5425

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): David P Lemerand

Address: 90 Bar 930

City/State/Zip: Southbridge Ma 01550 Phone #: 508-380-6128

Are you an employer? Check the appropriate box:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).* | 4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.† |
| 2. <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] | 5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.] |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] † | |

Type of project (required):

- 6. New construction
- 7. Remodeling
- 8. Demolition
- 9. Building addition
- 10. Electrical repairs or additions
- 11. Plumbing repairs or additions
- 12. Roof repairs
- 13. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: David P Lemerand Date: _____

Phone #: 508-380-6128

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Electrical Inspector
- 5. Plumbing Inspector
- 6. Other _____

Contact Person: _____ Phone #: _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/19/2007

PRODUCER (508)764-4321 FAX (508)764-8553
E. D. Desrosier & Co., Inc.
27 Hamilton Street
Southbridge, MA 01550
Bruce Desrosier

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Commerce Insurance Co

34754

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURED David P Livernois
Po Box 930
Southbridge, MA 01550

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NSR ADD'L LTR INSRP	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY	555287	06/19/2007	06/19/2008	EACH OCCURRENCE \$ 500,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000			
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000			
					PERSONAL & ADV INJURY \$ 500,000			
					GENERAL AGGREGATE \$ 1,000,000			
					PRODUCTS - COM/OP AGG \$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JEST <input type="checkbox"/> LOC							
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$				
<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$				
<input type="checkbox"/> HIRED AUTOS								
<input type="checkbox"/> NON-OWNED AUTOS								
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$				
<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$				
				AUTO ONLY: EA ACC \$				
				AGG \$				
EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$				
<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$				
<input type="checkbox"/> DEDUCTIBLE				\$				
<input type="checkbox"/> RETENTION \$				\$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- TORY LIMITS				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTI- ER				
If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$				
OTHER				E.L. DISEASE - EA EMPLOYEE \$				
				E.L. DISEASE - POLICY LIMIT \$				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Electrical Wiring

CERTIFICATE HOLDER

Town of Southbridge
Inspection Department
41 Elm St
Southbridge, MA 01550

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE