

# APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

This document is not the "official" B.F.P.R. application. This on-line application is identical to the B.F.P.R. application minus the state seal. An applicant may apply for a permit with either the "on-line" application or the state application.

## APPLICATION DETAILS

Application #:	<u>E-24-143398</u>	Date Issued:	<u>                    </u>	Permit #:	<u>                    </u>	Date Paid:	<u>                    </u>
Fee Payable: (\$)	<u>0.00</u>	Fee Paid: (\$)	<u>0.00</u>	Receipt #:	<u>                    </u>		

## SECTION 1 - SITE INFORMATION

Street Name	<u>SAMPSON PKWY</u>	Map Block Lot	<u>J070005026</u>
Street Number	<u>86</u>	Zone	<u>R12</u>
Unit Number	<u>                    </u>		

## SECTION 2 - OWNER INFORMATION

Owner/Tenant Name	<u>LE HIEU T</u>		
Street Number	<u>86</u>	Street Name	<u>SAMPSON PKWY PITTSFIELD MA 01201</u>
City	<u>                    </u>	State	<u>                    </u> Zip <u>                    </u>
Telephone	<u>                    </u>	Email	<u>                    </u>

## SECTION 3 - APPLICANT INFORMATION

Applicant Name	<u>Scott LeDuc</u>		
Street Number	<u>86</u>	Street Name	<u>SAMPSON PKWY</u>
City	<u>PITTSFIELD</u>	State	<u>MA</u> Zip <u>1201</u>
Telephone	<u>4134355356</u>	Email	<u>auburnpermitting@brightplanetsolar.com</u>

## SECTION 4 - MAILING ADDRESS

Street Number	<u>86</u>	Street Name	<u>SAMPSON PKWY</u>
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No. of Electric Vehicle Supply Equipment \_\_\_\_\_

- Level 1 Rating \_\_\_\_\_
- Level 2 \_\_\_\_\_
- Level 3 \_\_\_\_\_

No. Wind Generators \_\_\_\_\_

Generator KW Rating \_\_\_\_\_

No. of Switches \_\_\_\_\_

Type \_\_\_\_\_

Fire Alarm System

No. of Devices \_\_\_\_\_

No. of Self-Contained Detection/Alerting Devices \_\_\_\_\_

Wind KW Rating \_\_\_\_\_

Video System

No. of Devices \_\_\_\_\_

Telecom System

Total No. of Outlets \_\_\_\_\_

Security Systems

No. of Devices or its Equivalent \_\_\_\_\_

Swimming Pool:

Heat Pump Totals:

Above Ground  Yes  No

Number \_\_\_\_\_

In-Ground  Yes  No

Tons \_\_\_\_\_

Hot-Tub  Yes  No

KW \_\_\_\_\_

OTHER: \_\_\_\_\_

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

**SECTION 6 - CONTRACTOR INFORMATION**

Name Bright Planet Solar

Firm Name Scott Leduc

Type  A-1 Or  C-1

LIC No. 1141      **VERIFY**  NA      Expiration Date 07/31/25

Master/Systems Licensee: \_\_\_\_\_      LIC No. 1141      Expiration Date 07/31/25

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

Street Number 1451      Street Name Grafton Street

City Worcester      State MA      Zip 1604

Telephone No. 4134355356      Alternate Tel. No. \_\_\_\_\_

Email \_\_\_\_\_

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

**SECTION 7 - ESTIMATED COST**

Estimated Value of Electrical Work      \$ 21623.00      (When required by municipal policy.)

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

**SECTION 8 - OWNER'S INSURANCE/AUTHORIZATION**

**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.

Yes       No

Please indicate the type coverage by checking the appropriate box.

INSURANCE       Bond  
 OTHER

**OWNER'S INSURANCE WAIVER :**

I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement.

Owner       Agent

Owner Email \_\_\_\_\_      OR       Copy of Signed Contract to be attached after submitting application

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

**DECLARATION**

I, \_\_\_\_\_ as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.



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

Date 12/12/23