15/08/2024, 09:48 Application Form

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.

ADDUIGATION	DETAILS						
APPLICATION I Application #:	E-24-143398	Date lssued:			Permit #: —		Date Paid: ————
Fee Payable: (\$)	0.00	Fee Paid: (\$)	0.00		Receipt #: —		
SECTION 1 - SIT	TE INFORMATION						
Street Name	SAMPSON PKWY				Map Block Lot	J070005026	
Street Number	86				Zone	R12	
Unit Number							
SECTION 2 - OV	WNER INFORMATION						
Owner/Tenant Name	LE HIEU T						
Street Number	86		Street Name	SAMPSON	I PKWY PITTSFIL	ELD MA 01201	
City			State			Zip	
Telephone			Email				
SECTION 3 - AP	PLICANT INFORMATION	ON					
Applicant Name	Scott LeDuc						
Street Number	86		Street Name	SAMPSON	I PKWY		
City	PITTSFIELD		State	MA		Zip	1201
Telephone	4134355356		Email	auburnpe	rmitting@brigh	tplanetsolar.com	
SECTION 4 - MA	AILING ADDRESS						
Street Number	86		Street Name	SAMPSON	I PKWY		

City PITTSFIELD State MA Zip 1201

Application Form

SECTION 5 - WORK D	PETAILS						
Is this permit in conjubuilding permit?	nction with a	Yes (No				
Purpose of Building	RESIDENTIAL	Util _ No	Not Applicable				
Existing Service	Amps	Volts	Overhead Un	No. of Meters			
New Service	Amps	Volts	Overhead O Un	No. of Meters			
Number of Feeders a	nd Ampacity						
Description of Proposed Electrical Installation		roof mounted solar array with 20 panels @ 7.11kw DC					
Completion of the fol	lowing table may be	waived by the Inspect	or of Wires.				
No. of Receptacle Outlets			No. of Motors				
No. of Luminaires			Total HP				
No. of Recessed Luminaires			Total KW				
Space Heating KW			No. of Transformers				
Heating Equipmer KW	it		Total KVA				
No. of Appliances			No. of Water Heaters				
KW							
No. Oil Burners			No. of Air Conditioners				
No. Gas Burners			Total Tons				
No. of Energy Stor Systems	age		KWH Storage Rating				
Solar PV KW DC Rating 7.11			Solar PV KW AC Rating	6			
No. of Modules	20		Roof- Mount Ground- Mount				

No. of Electric Vehicle Supply Equipment		Level Rating	
		Level	
		2 Level 3	
No. Wind Generators		Generator KW Rating	
No. of Switches		Туре	
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 Wires.	[:] desired, or as required b	by the Inspector of	
SECTION 6 - CONTRACTOR	₹		
Name Bright Pl	anet Solar		

SECTION 6 - CO				
Name	Bright Planet Solar			
Firm Name	Scott Leduc	Туре	A- Or C- 1	

15/08/2024, 09:48 Application Form LIC No. Expiration 1141 07/31/25 **VERIFY** NA Date Expiratio 07/31/25 LIC Master/Systems 1141 Licensee: No. Date LIC Expiratio Journeyman Licensee: No. Date Street Street 1451 Grafton Street Number Name City State Zip Worcester MA1604 Telephone Alternate Tel. 4134355356 No. No. Email Security System Business requires a Division of Occupational Licensure "S" LIC S-Lic. No. **SECTION 7 - ESTIMATED COST** (When required by Estimated Value of 21623.00 **Electrical Work** municipal policy.) Date Work Inspections to be requested in accordance with MEC Rule 10, and upon completion. to Start **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 Date above is true and correct. **DECLARATION** 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.

15/08/2024, 09:48 Application Form

1

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

Date _{12/12/23}