

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-24-119957</u>	Date Issued:	<u>12/15/15</u>	Permit #:	<u>E-15-0509</u>	Date Paid:	<u>07/21/16</u>
Fee Payable: (\$)	<u>0.00</u>	Fee Paid: (\$)	<u>110.00</u>	Receipt #:	<u>70108</u>		

SECTION 1 - SITE INFORMATION

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

SECTION 2 - OWNER INFORMATION

Owner/Tenant Name	<u>Michael McNeil</u>		
Street Number	<u>0</u>	Street Name	<u>P O Box 62 Hinsdale MA 01235</u>
City	<u></u>	State	<u></u> Zip <u></u>
Telephone	<u></u>	Email	<u>mokemcneil@hotmail.com</u>

SECTION 3 - APPLICANT INFORMATION

Applicant Name	<u>Michael McNeil</u>		
Street Number	<u>0</u>	Street Name	<u>P O Box 62</u>
City	<u>Hinsdale</u>	State	<u>MA</u> Zip <u>1235</u>
Telephone	<u>2399948747</u>	Email	<u>mburton@pittsfieldch.com</u>

SECTION 4 - MAILING ADDRESS

Street Number	<u>0</u>	Street Name	<u>P O Box 62</u>
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No. of Electric Vehicle Supply Equipment _____

- Level 1
 - Level 2
 - Level 3
- Rating _____

No. Wind Generators _____

Generator KW Rating _____

No. of Switches 6

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 RON SMITH and SON ELECTRIC

Firm Name Ron Smith

Type A-1 Or C-1

LIC No. _____ VERIFY NA Expiration Date _____

Master/Systems Licensee: _____ LIC No. _____ Expiration Date _____

Journeyman Licensee: _____ LIC No. _____ Expiration Date _____

Street Number 25 Street Name Ontario Street

City Pittsfield State MA Zip 1201

Telephone No. 4138223213 Alternate Tel. No. 4134428120

Email _____

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

SECTION 7 - ESTIMATED COST

Estimated Value of Electrical Work **\$ 2000.00** (When required by municipal policy.)

Date Work to Start 12/10/15 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

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 mokemcneil@hotmail.com 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 12/02/15