

# 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-24-35399</u>	Date Issued:	<u>07/14/15</u>	Permit #:	<u>E-15-0009</u>
Fee Payable: (\$)	<u>0.00</u>	Fee Paid: (\$)	<u>35.00</u>	Receipt #:	<u>26722</u>
				Date Paid:	<u>07/14/15</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>HENRIQUES BASILIO JR</u>		
Street Number	<u>86</u>	Street Name	<u>SAMPSON PKWY PITTSFIELD MA 01201</u>
City	<u></u>	State	<u></u>
Telephone	<u></u>	Email	<u></u>

SECTION 3 - APPLICANT INFORMATION			
Applicant Name	<u>COUNTY ELECTRICAL CONTRACTORS INC</u>		
Street Number	<u>86</u>	Street Name	<u>SAMPSON PKWY</u>
City	<u>PITTSFIELD</u>	State	<u>MA</u>
Telephone	<u>4134415135</u>	Email	<u>mburton@pittsfieldch.com</u>

SECTION 4 - MAILING ADDRESS	
Street Number	<u>86</u>
Street Name	<u>SAMPSON PKWY</u>

City PITTSFIELD State MA Zip 1201

**SECTION 5 - WORK DETAILS**

Is this permit in conjunction with a building permit?  Yes  No

Purpose of Building RESIDENTIAL Utility Authorization No. 2543710  Not Applicable

Existing Service \_\_\_\_\_ Amps \_\_\_\_\_ Volts  Overhead  Undgrd No. of Meters \_\_\_\_\_

New Service \_\_\_\_\_ Amps \_\_\_\_\_ Volts  Overhead  Undgrd No. of Meters \_\_\_\_\_

Number of Feeders and Ampacity \_\_\_\_\_

Description of Proposed Electrical Installation SERVICE UPGRADE

Completion of the following table may be waived by the Inspector 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 Equipment KW	_____	Total KVA	_____
No. of Appliances	_____	No. of Water Heaters	_____
KW	_____	KW	_____
No. Oil Burners	_____	No. of Air Conditioners	_____
No. Gas Burners	_____	Total Tons	_____
No. of Energy Storage Systems	_____	KWH Storage Rating	_____
Solar PV KW DC Rating	_____	Solar PV KW AC Rating	_____
No. of Modules	_____	<input type="radio"/> Roof-Mount	
		<input type="radio"/> Ground-Mount	

No. of Electric Vehicle Supply Equipment \_\_\_\_\_

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

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 COUNTY ELECTRICAL CONTRACTORS INC

Firm Name DANA SPRING

Type  A-1 Or  C-1

LIC No. 39769E      **VERIFY**  NA      Expiration Date 07/31/16

Master/Systems Licensee: \_\_\_\_\_      LIC No. \_\_\_\_\_      Expiration Date 07/31/16

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

Street Number 70      Street Name DODGE AVENUE

City PITTSFIELD      State MA      Zip 1201

Telephone No. 4134415135      Alternate Tel. No. 4134426655

Email \_\_\_\_\_

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

**SECTION 7 - ESTIMATED COST**

Estimated Value of Electrical Work      \$ \_\_\_\_\_      (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 07/14/15