



**Commonwealth of Massachusetts  
Department of Fire Services**

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only	
Permit No. _____	_____
Date Issued: _____	_____

## 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: \_\_\_\_\_

City or Town of: **LEXINGTON**

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) \_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Owner or Tenant \_\_\_\_\_ Telephone No. \_\_\_\_\_

Owner's Address \_\_\_\_\_

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

Purpose of Building \_\_\_\_\_ Utility Authorization No. \_\_\_\_\_

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

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

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

Location and Nature of Proposed Electrical Work: \_\_\_\_\_

*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 grnd. <input type="checkbox"/>	In-grnd. <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 Dishwashers	Space/Area Heating KW			Local <input type="checkbox"/>	Municipal Connection <input type="checkbox"/>	
No. of Dryers	Heating Appliances KW			Security Systems: No. of Devices or Equivalent		
No. of Water Heaters	KW	No. of Signs	No. of Ballasts	Data Wiring: No. of Devices or Equivalent		
No. Hydromassage Bathtubs	No. of Motors	Total HP			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:)

(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.: A: \_\_\_\_\_

Licensee: \_\_\_\_\_ Signature \_\_\_\_\_ LIC. NO.: E: \_\_\_\_\_

\*Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License: LIC.NO.: S: \_\_\_\_\_

(If applicable, enter "exempt" in the license number line.)

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Bus. Tel. No.: \_\_\_\_\_

Alt. Tel. No.: \_\_\_\_\_

**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 \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance on File: _____	Will Fax: _____	Permit Fee: _____	Receipt #: _____	Date: _____
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