

**From:** [Bigley, Maureen](#)  
**To:** [Board of Selectmen](#)  
**Subject:** Refund Request  
**Date:** Friday, October 17, 2014 9:35:38 AM  
**Attachments:** [image001.png](#)  
[201410170923.pdf](#)

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On October 3<sup>rd</sup> we dropped off the attached check in payment of a permit. The permit was for \$140 however we paid \$148. Please refund the Haartz Corporation \$8.00.

Thank you.

Regards,  
Maureen Bigley  
Accounting Dept.  
(978) 264-2677





COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF FIRE SERVICES  
BOARD OF FIRE PREVENTION  
REGULATIONS

Official Use Only

Permit No. 5261-E

Occupancy and Fee Checked \_\_\_\_\_

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: 10/3/14

TOWN OF ACTON To the Inspector of Wires:

By this application the undersigned gives notice of his or her intention to perform the electrical work described below. For inspection call Bill Morehouse 978-486-0167

Location (Street & Number) 81 HAYWARD RD

Owner or Tenant HAARTZ CORP.

Owner's Address \_\_\_\_\_ Telephone No. 964-2600

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

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

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

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

No. of Feeders and Ampacity \_\_\_\_\_

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

No. of Recessed Luminaries	No. of Ceil.-Susp. (Paddle Fans)	No. of Transformers	TOTAL KVA
No. of Luminaire Outlets	No. of Hot Tubs	Generators	KVA
No. of Luminaire <u>8</u>	Swimming Pool Above <input type="checkbox"/> In <input type="checkbox"/> grnd.	No. of Emergency Battery Units	
No. of Receptacle Outlets <u>2</u>	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches <u>2</u>	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	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space Area/Heating	Municipal	
No. of Dryers	Heating Appliances	Local <input type="checkbox"/> Connection Other	
No. of Water Heaters <u>KW</u>	No. of Signs	Security System:*	
No. of Hydro-massage Bathtubs	No. of Motors	No. of Devices or Equivalent	
Other	No. of Ballasts	Data Wiring:	
	Total HP	No. of Devices or Equivalent	
		Telecommunications Wiring:	

Estimated Value of Electrical Work: \_\_\_\_\_ (When required by municipal policy.)

Work to Start: 10/3/14 Inspections to be requested in accordance with MEC Rule 10, and upon completion.

**INSURANCE COVERAGE:** Unless waived by the owner, no permit for the performance of electrical work may be issued 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:)

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: MARK ENDYLL

Licensee: Mark Endyly Signature \_\_\_\_\_ (If applicable, enter "exempt" in the license number line.)

LIC. NO.: 16879A

LIC. NO.:

Bus. Tel. No.:

Alt. Tel. No.:

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

PERMIT FEE \$ 140.00

P  
A  
I  
D

				150380
87 HAYWARD ROAD ACTON, MA 01720 (978) 264-2500		5-7017-2110		
ONE HUNDRED FORTY-EIGHT DOLLARS AND ZERO CENTS				
		DATE	AMOUNT	
		10/03/2014	\$ 148.00	
PAY TO THE ORDER OF	TOWN OF ACTON 472 MAIN STREET ACTON, MA 01720			
	TWO SIGNATURES REQUIRED \$10,000 AND OVER  AUTHORIZED SIGNATURE			



Seq: 204 Batch: 778029 Date: 10/08/14	ENDORSE HERE
FOR DEPOSIT ONLY TOWN OF ACTON 120058-037-2	
Geo: 00270e-10r00r13 BAT: 778029 CC: 4934927117 WT: 01- LTPS: Atlanta ET GC: Acton. GC. MA 01720	

5061-E M

Posting Date 2014 Oct 08  
 CPCS Seq No 7200152664  
 DIN/BOFD Seq No 3042788859  
 Account No 1303108272  
 Check No 150380  
 Amount \$148.00