



The Commonwealth of Massachusetts
Department of Public Safety
BOARD OF FIRE PREVENTION REGULATIONS 527 CMR 12:00
APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

TOWN OF ACTON

OFFICE USE ONLY: Permit #: _____ Occupancy & Fee Checked _____ (leave blank)
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All work to be performed in accordance with the Massachusetts Electrical Code, 527 CMR 12:00
 (PLEASE PRINT IN INK OR TYPE ALL INFORMATION) Date _____
 To the inspector of Wires: The undersigned applies for a permit to perform the electrical work described below.
 Location (Street & Number) _____ Pole No. _____
 Owner or Tenant _____
 Owner's Address _____
 Is this permit in conjunction with a building permit? _____ Yes _____ No
 Purpose of Building _____ Utility Authorization #: _____
 Existing Service _____ Amps _____ / _____ Volts _____ Overhead _____ Underground # of Meters _____
 New Service _____ Amps _____ / _____ Volts _____ Overhead _____ Underground # of Meters _____
 Number of Feeders and Ampacity _____
 Location and Nature of Proposed Electrical Work _____

# of Lighting Outlets	# of Hot Tubs	# of Transformers Total KVA
# of Lighting Fixtures	Swimming Pool above ground. _____ In ground _____	Generators KVA
# of Receptacle Outlets	# of Oil Burners	# of Emergency Lighting Battery Units
# of Switch Outlets	# of Gas Burners	FIRE ALARMS # of Zones
# of Ranges	# of Air Cond. Total tons	# of Detection and Initiating Devices
# of Disposals	# of Heat Pumps Total tons Total KW	# of Sounding Devices
# of Dishwashers	Space/Area Heating KW	# of Self-Contained Detection/Sounding Devices
# of Dryers	Heating Devices KW	Local _____ Municipal _____ Other _____
# of Water Heaters KW	# of Signs # of Ballasts	Low Voltage Wiring
# Hydro Massage Tubs	# of Motors Total HP	
OTHER:		

INSURANCE COVERAGE: Pursuant to the requirements of Massachusetts General Laws
 I have a current Liability Insurance Policy including Completed Operations Coverage or its substantial equivalent. YES NO.
 I have submitted valid proof of same to this office. YES NO. If you have checked YES, please indicate the type of coverage by checking the appropriate box.
INSURANCE BOND OTHER (please specify) _____ (Expiration Date)

Estimated Value of Electrical Work \$ _____
 Work to Start _____ Inspection Date Requested: Rough _____ Final _____
 Signed under the penalties of perjury:
 FIRM NAME _____ LIC # _____
 Licensee _____ Signature _____ LIC # _____
 Address _____ Bus. Tel. # _____
 Alt. Tel. # _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the insurance coverage or its substantial equivalent as required by Massachusetts General Laws, and that my signature on this permit application waives this requirement.
 _____ Owner _____ Agent (Please check one)

FOR INSPECTION CALL BILL MOREHOUSE 978-486-0167
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Town of Acton

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Workers' Compensation Insurance Affidavit

Applicant Information:

Please Print Legibly

Name: _____

Location: _____

City: _____ Phone #: _____

I am a homeowner performing all work myself.

I am a sole proprietor and have no one working in any capacity.

I am an employer providing workers' compensation for my employees working on this job.

Company name: _____

Address: _____

City: _____ Phone #: _____

Insurance Co. _____ Policy #: _____

I am a sole proprietor, general contractor, or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation policies:

Company name: _____

Address: _____

City: _____ Phone #: _____

Insurance Co. _____ Policy #: _____

Company name: _____

Address: _____

City: _____ Phone #: _____

Insurance Co. _____ Policy #: _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25 A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

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

Signature _____ Date _____

Print name _____ Phone # _____

Official use only
permit/license # _____

do not write in this area, to be completed by city or town official

___ Building Department

___ Licensing Board

Check if immediate response is required

___ Selectmen's Office

___ Health Department

Contact person: _____ Phone #: _____ Other _____