



Commonwealth of Massachusetts
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

| | |
|---------------------------------|---------------|
| Official Use Only | |
| Permit No. _____ | |
| Occupancy and Fee Checked _____ | |
| [Rev. 1/07] | (leave blank) |

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: _____ 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) _____

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 Luminaires | No. of Ceil.-Susp. (Paddle) Fans | | No. of Transformers | Total KVA |
| No. of Luminaire Outlets | No. of Hot Tubs | | Generators | KVA |
| No. of Luminaires | 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 Self-Contained Detection/Alerting Devices | |
| No. of Dishwashers | Space/Area Heating KW | | Local <input type="checkbox"/> Municipal Connection <input type="checkbox"/> Other <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.

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.

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:)

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

FIRM NAME: _____ LIC. NO.: _____

Licensee: _____ Signature _____ LIC. NO.: _____

(If applicable, enter "exempt" in the license number line.) Bus. Tel. No.: _____

Address: _____ 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: \$**

Town of Boylston, MA

221 Main St

Electrical Wiring Permit Fees

For permit information call

Ph# 508-869- 2234 or 508-869-6064

Fax# 508-869-6210

Residential:

| | |
|--|----------------|
| New Single Family Home or Unit (3 inspections/200 Amp)..... | \$250.00 |
| Additions & Renovations, In-ground Pools (2 inspections)..... | \$75.00 |
| Above Ground Pools, Spas, Hot Tubs, Appliances, Hot Water Tanks, Etc. (1 Inspection)..... | \$50.00 |
| Panel or Meter change (1 inspection/200 Amp)..... | \$50.00 |
| Service Change (Meter & Panel, 1 inspection/200 Amp)..... | \$75.00 |
| Service or Panel install over 200Amp (plus base fee)..... | \$1.00 per Amp |
| Accessory Service & panel (1 inspection/200 Amp)..... | \$100.00 |
| Temporary Service (1 inspection/ 200Amp)..... | \$75.00 |
| Security, Fire, Vacuum, Cable, Low Voltage, Etc. (2 Inspections).... | \$75.00 |
| (This fee is not included in any other fee) | |
| Additional Inspections and re-Inspections..... | \$50.00 |

Failure to pull permit within the Required Time..... Double Permit Fee

If a new Contractor is to take over project a new permit must be filed and all fees paid,
A letter of release from the property owner is required before a new permit will be issued.

Non-Residential: Commercial, Industrial, Business, Multi-Family, Etc.

| | |
|---|---------------|
| Permit Fee Minimum (all types of wiring)..... | \$100.00 |
| \$50.00 per Thousand Dollars Cost of Work for the first \$10,000 | |
| \$5.00 per Thousand there after (cost to include all Labor & Material) | |
| Additional or Special Inspections and Re-Inspections..... | \$75.00 (per) |
| Security, Fire, Vacuum, Cable, Low Voltage, Data, Etc., must file for separate permits | |

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Permits are available at Town Hall or on the web www@boylston-ma.gov

Permits should be dropped off at the Town Clerk's Office between:

8am-2pm Mon-Thurs & 6-8pm Monday evening

Proof of Liability & Workers Compensation Insurance is required

Workers Compensation Affidavit must be submitted