



Commonwealth of Massachusetts  
 Department of Fire Services  
 BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only
Permit No.: _____
Occupancy and Fee Checked: _____
[Rev. 1/2023]

**APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK**

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

City or Town of: \_\_\_\_\_ Date: \_\_\_\_\_

*To the Inspector of Wires:* By this application, the undersigned gives notices of his or her intention to perform the electrical work described below.

Location (Street & Number): \_\_\_\_\_ Unit No.: \_\_\_\_\_

Owner or Tenant: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Is this permit in conjunction with a building permit? (Check appropriate box) Yes  No  Permit No.: \_\_\_\_\_

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

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

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

Description of Proposed Electrical Installation: \_\_\_\_\_

*Completion of the following table may be waived by the Inspector of Wires.*

No. of Receptable Outlets: _____	No. of Switches: _____	Generator KW Rating: _____	Type: _____
No. Luminaires: _____	No. of Recessed Luminaires: _____	No. Wind Generators: _____	Wind KW Rating: _____
No. Appliances: KW: _____	No. Water Heaters: KW: _____	No. Transformers: _____	Total KVA: _____
Space Heating KW: _____	Heating Equipment KW: _____	No. Motors: _____	Total HP: _____ Total KW: _____
No. Heat Pumps: _____	Total KW: _____ Total Tons: _____	Fire Alarm System <input type="checkbox"/>	No. of Devices: _____
Swimming Pool: In-Grnd. <input type="checkbox"/>	Above-Grnd. <input type="checkbox"/> Hot-Tub <input type="checkbox"/>	No. of Self-Contained Detection/Alerting Devices: _____	
No. Oil Burners: _____	No. Gas Burners: _____	Video System <input type="checkbox"/>	No. of Devices: _____
No. Air Conditioners: _____	Total Tons: _____	Telecom System <input type="checkbox"/>	No. of Outlets: _____
No. Energy Storage Systems: _____	KWH Storage Rating: _____	Security System <input type="checkbox"/>	No. of Devices: _____
Solar PV KW DC Rating: _____	Solar PV KW AC Rating: _____	No. of Electric Vehicle Supply Equipment: _____	
No. of Modules: _____	Roof-Mount <input type="checkbox"/> Ground-Mount <input type="checkbox"/>	Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/>	Rating: _____

**OTHER:**

*Attach additional detail if desired, or as required by the Inspector of Wires.*

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.

FIRM NAME: \_\_\_\_\_ A-1  or C-1  LIC. No.: \_\_\_\_\_

Master/Systems Licensee: \_\_\_\_\_ LIC. No.: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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

Licensee: \_\_\_\_\_ Print Name: \_\_\_\_\_ Cell. No.: \_\_\_\_\_

**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.

CHECK ONE: INSURANCE  BOND  OTHER  Specify: \_\_\_\_\_

**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: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_