



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	
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:			

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.)

Address: \_\_\_\_\_ Bus. 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 TRURO

### The Building Department

Town Hall  
24 Town Hall  
Road  
Truro, MA 02666

Electrical Inspector  
John Browne

## REQUEST FOR ELECTRICAL INSPECTION

DATE: \_\_\_\_\_

DATE IF INSPECTION REQUESTED: \_\_\_\_\_

OWNER: \_\_\_\_\_

JOB LOCATION: \_\_\_\_\_

ELECTRICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERMIT NUMBER & ISSUE DATE: \_\_\_\_\_

### TYPE OF INSPECTION REQUESTED

- ☐ TRENCH (Time trench will be open) \_\_\_\_\_
- ☐ SERVICE
- ☐ ROUGH WIRE
- ☐ FINAL
- ☐ OTHER \_\_\_\_\_
  
- ☐ SOMEONE WILL BE PRESENT
- ☐ NO ONE HOME BUT OK TO ENTER
- ☐ IF LOCKED, LOCATION OF KEY \_\_\_\_\_

\_\_\_\_\_  
Signature of Electrician

**PLEASE NOTE:** Failure to complete this form may result in delayed inspection. It is the responsibility of the electrician to arrange for the inspection. WE DO NOT CONTACT THE HOMEOWNER.

Email Form to: [lbudnick@truro-ma.gov](mailto:lbudnick@truro-ma.gov) to schedule an inspection!