



**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.: \_\_\_\_\_

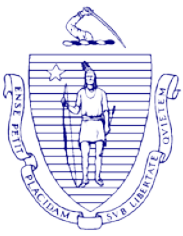
**INSURANCE COVERAGE:** Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force and has exhibited 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: \_\_\_\_\_



**The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 Lafayette City Center  
 2 Avenue de Lafayette, Boston, MA 02111-1750  
 www.mass.gov/dia**

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** **Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- |  |   |
|--|---|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|--|---|

**Type of project (required):**

6.  New construction
7.  Remodeling
8.  Demolition
9.  Building addition
10.  Electrical repairs or additions
11.  Plumbing repairs or additions
12.  Roof repairs
13.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.***

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

***Official use only. Do not write in this area, to be completed by city or town official.***

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (check one):**

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_