



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.: _____

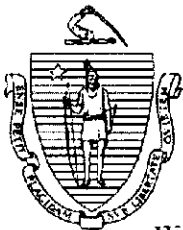
INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force and has exhibited 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
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ 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. ‡
6. ☐ 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.]

Type of project (required):

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ 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 MGL c. 152, §25A is a criminal violation punishable by 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. 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 (circle one):

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

Contact Person: _____ Phone #: _____