



Commonwealth of Massachusetts

Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only
Permit No.
Occupancy and Fee Checked
[Rev. 11/99] (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: AMESBURY

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.

Table with columns for various electrical fixtures and equipment: No. of Recessed Fixtures, No. of Ceil.-Susp. (Paddle) Fans, No. of Transformers, Total KVA, No. of Lighting Outlets, No. of Hot Tubs, Generators, KVA, No. of Lighting Fixtures, Swimming Pool Above grnd., In-grnd., 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 Municipal Connection, 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:

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

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)

Estimated Value of Electrical Work: (When required by municipal policy.) (Expiration Date)

Work to Start: Inspections to be requested in accordance with MEC Rule 10, and upon completion.

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.:

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: \$

ADDRESS: _____

ELEC: _____

SERVO # _____

INSPECTIONS:

TRENCH: _____

DATE & TIME: _____

SERVICE: _____

DATE & TIME: _____

ROUGH: _____

DATE & TIME: _____

FINAL: _____

DATE & TIME: _____



OFFICE OF INSPECTIONS

9 School St. - Amesbury, MA 01913
Tel. 978.388.8129 / Fax 978.388.7874
www.amesburyma.gov

Denis A. Nadeau, Bldg. Com. /
Zoning Compliance Officer

Brett Burdick, Plumbing / Gas Inspector
Barry McBride, Electric Inspector
Donna Lickteig, Adm. Asst.

City of Amesbury Electrical Permit Application

This is an application only. Your completed permit is the receipt you receive after payment.

In order to receive an electrical permit, the following applies:

- The application must be filled out completely. Incomplete applications will not be processed.
- Your trade license must be current.
- Insurance information on the Worker's Comp. page must be listed.
- All electrical inspections are based on the 2015 NEC Code and the 2014 Massachusetts Amendments as adopted.

Any questions, please contact Barry McBride, Electrical Inspector, at 978-388-8129.

Office hours are Monday, Wednesday and Thursday.
In office hours 8:00 am – 9:30 pm and 1:00 pm – 2:00 pm.

Adm. Office Hours: Mon., Tues. Wed.: 8:00 am – 4:00 pm
Thurs.: 8:00 am – 7:00 pm
Fri.: 8:00 am – 12:00 Noon

Bldg. Insp.: Mon., Tues., Wed.: 8:00 am – 9:30 am & 3:00 pm – 4:00 pm
Thurs.: 8:00 am – 9:30 am & 4:00 pm – 7:00 pm.
Fri.: 8:00 am – 9:30 am

CLOSED DAILY FROM 12:00 pm – 1:00 pm

Plumbing/Gas & Electric: PART-TIME, Mon./Wed./Thurs. ONLY . . . in office 8:00 am – 9:30 am & 1:00 pm – 2:00 pm

<u>ELECTRIC:</u>	Residential Minimum Permit Fee:	\$50. not to exceed \$300.
	Commercial Minimum Permit Fee:	\$80.
	Re-inspection Fee:	\$30. per

Commercial Fees are based on \$80. for the 1st \$1K, then \$20. per additional \$1K thereafter

This list below is priced at the **RESIDENTIAL OUTLET PRICE**, which is \$50. for the 1st ten outlets, then \$3. per outlet thereafter UNLESS otherwise listed:

- lighting outlets
- lighting fixtures
- ceiling fans
- dishwashers
- GAS dryers
- 110V electric dryers (220V electric dryers are \$50.)
- switches
- 110V pellet stove
- garbage disposal
- recessed lights
- refrigerators
- 110V stoves (220V stoves are \$50.)

This list below is for **COMMERCIAL WORK** priced at \$80. for the 1st \$1k, then \$20. per additional \$1k thereafter UNLESS otherwise listed:

- generator
- data wiring
- emergency lights / batter units
- temp. service
- air conditioner
- heat pump
- carnival - \$100. flat fee
- water heater
- gas burner
- telecom wiring
- signs - \$80. flat fee
- fire alarm
- home security
- carbon monoxide
- solar panels / wind turbines

This list is for **OTHER RESIDENTIAL WORK**

NOT considered an outlet and is priced in addition to any outlets you may have.

- generator \$50.
- temp. service \$50.
- air conditioner \$50.
- hydro-massage tub / hot tub \$50.
- swimming pool \$80.
- oil burner \$50.
- solar panels, wind turbines
\$80. flat fee
- water heaters \$50.
- gas burners \$50.
- heat pump \$50.
- fire alarm \$50.
- home security \$50.
- carbon monoxide \$50.
- wire NEW HOME or complete re-wire of existing home \$300.

Above-ground service is \$50. for the first 100 & 200 amps., then \$50. per additional amp.

Below-ground service is \$80. for the first 100 & 200 amps., then \$50. per additional amp.



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 #: _____

<p>Are you an employer? Check the appropriate box:</p> <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 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.</p> <p>5. <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>6. <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>	<p>Type of project (required):</p> <p>7. <input type="checkbox"/> New construction</p> <p>8. <input type="checkbox"/> Remodeling</p> <p>9. <input type="checkbox"/> Demolition</p> <p>10. <input type="checkbox"/> Building addition</p> <p>11. <input type="checkbox"/> Electrical repairs or additions</p> <p>12. <input type="checkbox"/> Plumbing repairs or additions</p> <p>13. <input type="checkbox"/> Roof repairs</p> <p>14. <input type="checkbox"/> Other _____</p>
--	--

*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 #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia