



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: 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.

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 <input type="checkbox"/>	
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: \_\_\_\_\_ Attach additional detail if desired, or as required by the Inspector of Wires. (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:) Ins. Co. Name/Exp. Date: \_\_\_\_\_

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

\*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: \$**

**AUGUST 2016**  
Please fill out all highlighted information if applicable, including the Worker's Comp. Affidavit attached. A copy of this permit will be given to you to have at the job site for inspection purposes per the electrical inspector. Copies of insurance are not required, as we ask you to list the information on the permit application.



**OFFICE OF INSPECTIONS**  
9 School St. - Amesbury, MA 01913  
Tel. 978.388.8129 / Fax 978.388.7874  
[www.amesburyma.gov](http://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 2014 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\*\*

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**ADDRESS:** \_\_\_\_\_

**ELEC:** \_\_\_\_\_

**SERVO #** \_\_\_\_\_

**INSPECTIONS:**

**TRENCH:** \_\_\_\_\_

**DATE & TIME:** \_\_\_\_\_

**SERVICE:** \_\_\_\_\_

**DATE & TIME:** \_\_\_\_\_

**ROUGH:** \_\_\_\_\_

**DATE & TIME:** \_\_\_\_\_

**FINAL:** \_\_\_\_\_

**DATE & TIME:** \_\_\_\_\_

<b>ELECTRIC:</b>	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 1<sup>st</sup> \$1K, then \$20. per additional \$1K thereafter

This list below is priced at the **RESIDENTIAL OUTLET PRICE**, which is \$50. for the 1<sup>st</sup> 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 1<sup>st</sup> \$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.

# 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."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate 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.

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## 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). 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.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street  
Boston, MA 02114-2017  
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)



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: General Businesses.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

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

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

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am a 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"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

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

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

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

**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 (circle one):  
 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office  
 6. Other \_\_\_\_\_

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

Job Site Address: \_\_\_\_\_