



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: **Must Fill In** _____

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) **Must Fill In** _____

Owner or Tenant **Must Fill In** _____

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:			

Must check off per the Electrical Inspector.

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): _____ Company 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 **Required** _____ LIC. NO.: _____ **Required**

(If applicable, enter "exempt" in the license number line.) Address: _____ Bus. Tel. No.: _____ **Required**

*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: \$**

Copy not required. Fill in Name and Policy Exp. Date.

Must Fill In

Must Fill In

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 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

ELECTRIC:	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): _____

Must fill in.

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. I am an 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.]

Check one

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 attach 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: Must list company name. _____

Policy # or Self-ins. Lic. #: Policy # not required _____ Expiration Date: _____ Must list exp. 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.

Must sign, date Signature: _____ Date: _____

list phone. 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