



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: ORLEANS

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 <input type="checkbox"/> In- <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 Number Tons KW Totals:	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	Local <input type="checkbox"/> Municipal Connection <input type="checkbox"/> 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.

Estimated Value of Electrical Work: \_\_\_\_\_ (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:)

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: \$ \_\_\_\_\_



OFFICE OF  
BUILDING DEPARTMENT  
ORLEANS, MASS.

**REQUEST FOR ELECTRICAL INSPECTION**

DATE: \_\_\_\_\_

DATE OF INSPECTION REQUESTED: \_\_\_\_\_

OWNER: \_\_\_\_\_

JOB LOCATION: \_\_\_\_\_



OFFICE HOURS:  
TUE, WED, & FRI, 8:30 AM - 10:00 AM

**DAVE MESSIER**  
ELECTRICAL INSPECTOR  
TOWN OF ORLEANS

OFFICE: 508-240-3700 x 2343  
FAX: 508-240-3745  
DMESSIER@TOWN.ORLEANS.MA.US

ORLEANS TOWN HALL  
19 SCHOOL ROAD  
ORLEANS, MA 02653

ELECTRICIAN & PHONE#: \_\_\_\_\_

PERMIT # AND DATE OF ISSUANCE: \_\_\_\_\_

**TYPE OF INSPECTION:**

\_\_\_ TRENCH (Time trench will be open) \_\_\_\_\_

\_\_\_ SERVICE

\_\_\_ ROUGH WIRE

\_\_\_ FINAL

\_\_\_ OTHER \_\_\_\_\_

\_\_\_ SOMEONE WILL BE PRESENT \_\_\_ NO ONE HOME, OK TO ENTER

\_\_\_ SPECIAL INSTRUCTIONS: \_\_\_\_\_

**\* FAILURE TO COMPLETE FORM MAY RESULT IN A DELAYED INSPECTION!!!**

**\*\* THIS REQUEST IS NOT CONSIDERED RECEIVED UNTIL IT IS DATE STAMPED AND PRESENTED TO THE ELECTRICAL INSPECTOR AT HIS NEXT SCHEDULED OFFICE HOUR. FAX#: 508-240-3745**

**24 HOUR WRITTEN NOTICE IS REQUIRED TO CANCEL A SCHEDULED INSPECTION! JOBS THAT ARE NOT COMPLETE OR OTHERWISE NOT READY FOR INSPECTION OR WHERE THERE IS INSUFFICIENT ACCESS TO THE JOB SITE TO CONDUCT AN INSPECTION WILL BE CHARGED A REINSPECTION FEE!!!**