



**Commonwealth of Massachusetts  
Department of Fire Services**

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only	
Permit Number _____	
Occupancy and Fee Checked _____	
[Rev.9/05]	(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:** 1/4/2010

**City or Town of:** LEOMINSTER

*To the inspector of Wires*

By this application the undersigned gives notice of their intention to perform the electrical work described below.

**Location** (Street & number) \_\_\_\_\_

**Owner or Tenant** \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Owners 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**  **Underground**  **No. of meters** \_\_\_\_\_

**New service** \_\_\_\_\_ **Amps** \_\_\_\_\_ **Volts Overhead**  **Underground**  **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 Luminaires Outlets		No. of Hot Tubs		Generators		KVA	
No. of Luminaires		Swimming Pool Above <input type="checkbox"/> Below <input type="checkbox"/>		No. of Emergency Lighting Battery units			
No. of Receptacle Outlets		No. of Oil Burners		Fire Alarms		Number 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	No. of Self Contained Detection/Alerting
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. Hydro massage Bathtubs		No. of Motors		Total HP			Telecommunications Wiring: No. of devices or Equivalent
Other:							

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) City of Leominster contractor No. \_\_\_\_\_ Bus. Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_ Alt. Tel. No.: \_\_\_\_\_

\* Security System Contractor License required for this work: If applicable, enter license number here \_\_\_\_\_ Lic. No.: \_\_\_\_\_

**Owner's Insurance waiver:** I am aware that the licensee *does not have* the liability 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 Number** \_\_\_\_\_ **Permit Fee: \$**

## INSTRUCTIONS FOR FILLING IN APPLICATION

This document contains pre-formatted text boxes and drop down lists.

***Do not type directly in any text box or list box while the document is unprotected.***

### **To enter “Default” data in a text box field**

With the form “**Unprotected**”

Right click the text box for the field that you want to change

Choose “Properties”

Enter your data into the “Default Text” field of the Properties dialog box

**Do not change any data in the other fields**

Click “OK” to save

### **To enter data in a list box field**

With the form “**Unprotected**”

Right click the list box that you want to change

Choose “Properties”

Enter your data into the “Drop-down item” field

Click “ADD”

You may change the order that the items will appear by selecting “Change up/Change down”

**Do not change any data in the other fields**

Click “OK” to save

Save the file to your computer as “Blank Electrical Permit”

Open the “Blank Electrical Permit” in “DESIGN MODE” and enter **YOUR** “Default” information in the bottom section.

- ❖ Following the instructions above,
  - Enter the name of your insurance carrier and expiration date in the appropriate fields
  - Enter the name of your firm and Master license # in the appropriate fields
  - Enter the your name and journey mans license # in the appropriate fields

- Enter your business address and telephone number(s) in the appropriate fields
- Enter your City of Leominster Contractor # in the appropriate field
  - *This number can be obtained by contacting the Leominster Wire Department @ 978-534-7555 M-F between 8:00-9:30 AM*

Save the form as “***Your Company name*** blank electrical permit”  
“**Protect**” the form, allowing for “filling in forms”

**You are now ready to start entering data.**

You may navigate between fields with the “TAB” or arrow keys as well as using the mouse

There are several drop-down list fields available. Use your mouse or press and hold the ALT key and arrow down to your choice. Press ENTER to make your selection

To check or un-check a check box use your mouse or press the spacebar

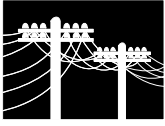
The DATE field is set to automatic

When you have completed filling in the form you will need to print it out  
❖ You will get a message box indicating that “the margins of section 1 are set outside the printable area of the page. Do you want to continue?”

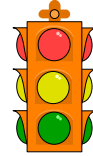
Choose “YES”

Save the completed permit form as something unique to the particular permit  
**Be sure that you do not just save the changes as this will affect the blank permit form**

# City of Leominster



**Joseph P. Poirier, Sr.**  
**Wire Inspector**  
**Supt. Fire Alarm-Traffic Signals**



24 Church Street, Leominster, MA 01453  
Office Hours: 8:00-9:30 A..M. Monday – Friday

Telephone (978) 534-7555  
Fax (978) 537-4066

## Electrical Permit Fees

Minimum fee		\$45.00
Temporary Service		\$45.00
Alarms Systems	1-5 Units	\$45.00
	6 Units and above...each add	\$15.00
Service Change	100 and 200 amp	\$45.00
	Over 200 amp	\$80.00
Maintenance Permit		\$155.00
Re-inspection Fee, Second one Free, Three or More		\$65.00

Fees for work done in conjunction with a building permit shall be included with the building permit. Such fee shall be 35% of the building fee, or \$45.00, which ever is the greater.

**New prices effective July 13, 2009**

Thank you,

Joseph P. Poirier, Sr.  
Wire Inspector

Office Hours: 8:00 – 9:30 a.m. Monday, Tuesday, Thursday and Friday