



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: _____ 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:			

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: \$**



Town of Charlton

www.townofcharlton.net

Office of Building and
Inspectional Services

37 MAIN STREET
CHARLTON, MA 01507
508-248-2241
FAX: 508-248-2373

SCHEDULE OF WIRING FEES EFFECTIVE July 17, 2007

ESTABLISHED AND APPROVED BY THE CHARLTON BOARD OF SELECTMEN

NEW DWELLINGS

One family if work done by the same contractor	120.00
One family if service is underground	160.00
For each additional apartment or meter	40.00
Condominium each	80.00
Each additional contractor on the job must take out a permit	35.00

EXISTING DWELLINGS

Service change only and temporary services	40.00
Service change if underground	80.00
Additions without services	80.00
Additions with services or panels	80.00
Garages without services	80.00
Garages with services or panels	80.00
Wiring for water heaters, ranges, and appliances	40.00
Wiring for security alarms, oil burners, and sewer pumps	40.00
Miscellaneous (repairs, complaints, etc.)	40.00
Swimming pools	80.00
Traffic lights, signs, and billboards	40.00

WIRING IN BUILDINGS OTHER THAN DWELLINGS

100 to 400 amp. Services	240.00
401 to 800 amp. Services	360.00
801 to 1200 amp. Services	450.00
201 to 2000 amp. Services	540.00
2001 amp. Services and over	630.00
For each additional store or business in building	120.00
For each additional inspection required beyond the fee schedule	60.00
For additional inspections for work found defective	60.00
Additions, Renovations and Alterations	175.00

Failure to obtain a permit: applicants failing to obtain a permit as required will be subject to additional fees incurred by the department
If no inspection has been made within two years, a new permit will be required for inspection.

APPLICATIONS FOR PERMITS MAY BE OBTAINED FROM:

Town of Charlton, Office of Building & Inspectional Services or the Town Website at www.townofcharlton.net. Mail application with fee to Town of Charlton, Office of Building & Inspectional Services, 37 Main Street, Charlton MA 01507.

Please Remember:

- **Enclose copies of your licenses and liability insurance.**
- **Make out checks payable to the Town of Charlton**
- **Contact James Jones at 508-728-8811 for Inspections**

Curtis Meskus - Building Commissioner/Zoning Enforcement Officer
Michael Barch, Jr. - Local inspector
Peter Starkus - Plumbing & Gas Inspector
James Jones - Inspector of Wires
Nancy Shields-Swindell - Administrative Assistant