



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: \_\_\_\_\_

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 Cell-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-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 _____ Number _____ Tons _____ KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW _____	Local <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/>	
No. of Dryers	Heating Appliances _____ KW	Security Systems:*	No. of Devices or Equivalent
No. of Water Heaters	No. of Signs _____ No. of Ballasts _____	Data Wiring:	
No. Hydromassage Bathtubs	No. of Motors _____ Total HP _____	No. of Devices or Equivalent Telecommunications Wiring:	
OTHER:		No. of Devices or Equivalent	

Estimated Value of Electrical Work: \_\_\_\_\_ Attach additional detail if desired, or as required by the Inspector of Wires.  
Work to Start: \_\_\_\_\_ (When required by municipal policy.)

**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

Signature \_\_\_\_\_ Telephone No. \_\_\_\_\_

PERMIT FEE: \$ \_\_\_\_\_



# Town of Charlton

[www.townofcharlton.net](http://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

### WIRING IN BUILDINGS OTHER THAN DWELLINGS

Minimum Commercial Permit	90.00
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](http://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 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

Peter Starkus - Plumbing & Gas Inspector  
James Jones - Inspector of Wires  
Nancy Shields - Administrative Assistant