1/27/2021 Application Form

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

This document is not the "official" B.F.P.R. application. This on-line application is identical to the B.F.P.R. application minus the state seal. An applicant may apply for a permit with either the "on-line" application or the state application.

		(PLEASE PRINT IN	INK OR TYPE ALL INFORMATION	ON)	
APPLICATION	DETAILS				
Application #:	E-21-11922	Date Issued: ———	Permit #:		Date Paid: ————
Fee Payable: (\$)	0.00	Fee 0.00 Paid: (\$)	Receipt # : —		
SECTION 1 - SI	TE INFORMATION				
Street Name	OLD COURTHOUSE	RD	Map Block Lot	22-7-0	
Street Number	66		Zone	RU	
Unit Number					
	WNER INFORMATION				
Owner Name	FLANDERS DAVID N	1			
Street Number	0	Street Name	PO BOX 59		
City	CHILMARK	State	MA	Zip	02535
Telephone		Email			
SESTION 2 AD	ADI ICANIT INICODIAATI				
Applicant Name	Steven Volkert	UN			
Street Number	2586	Street Name	Industry Lane, Ste. 100		
City	Norristown	State	Pennsylvania	Zip	19403
Telephone	318-642-6190	Email	Steven.Volkert@gdit.com		

SECTION 4 - MAILING ADDRESS					
Street Number	2586	Street Name	Industry Lane, Ste. 100		
City	Norristown	State	Pennsylvania	Zip	19403

SECTION 5 - WOR	(DETAILS					
Is this permit in cor permit?	njunction with a building	O Yes () No			
Purpose of Building	COMMERCIAL Uti		lity Authorization		/	Not Applicable
Existing Service	Amps	Volts	Over	head Undgrd	No. of Meters	
New Service	Amps	Volts	Over	head Undgrd	No. of Meters	
Number of Feeders	and Ampacity					
Location and Natur Electrical Work	an			vithin existing compoun equipment area. No cha		
Completion of the f	following table may be waiv	ed by the Inspector	r of Wires.			
No. of Recessed Fixtures		No. of CeilSusរុ Fans	p. (Paddle) —	No. of Transforr	ners	Total KVA
No. of Lighting Outlets		No. of Hot Tubs		Generato 	rs <u>1</u>	Total KVA
No. of Lighting Fixtures		Swimming Pool	Above grn	d. In-grnd.	No. of Oil Burners	
No. of Emergency L Units	ighting Battery		No. of Re Outlets	ceptacle 		
Fire Alarms	No. Zones		No. of Switches	1 ATS	No. of Gas Burners	
No. of Detection ar Devices	d Initiating		No. of Ranges		No. of Air Cond.	
Total Tons		No. of Alerting Devices		No. of Wa		
Heat Pump Totals :	Number	Tons	KW	No. of Dishwash	ners	
No. of Self-Contain Devices	ed Detection/Alerting		Space/Are KW	ea Heating		
Local Muncip	oal Connection Ot	ther	No. of Dryers		Heating Appliances	
Security Systems: N Equivalent	lo. of Devices or its		No. of Signs		No. of Ballasts	
No. of Water Heaters	KW	No. of Motors		No. of Hydromassage Bathtubs		

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Data Wiring: No. of Devices or its Equivalent					Total HP		
Telecommunications Wiring: No. of Devices or its Equivalent 200 A Generator & AT				& AT	Other		
Work to Start	7/01/21	Inspections to be recompletion.	equested in acco	ordance with MEC R	ule 10, and upon		
SECTION 6 - CON	NTRACTOR INFORI	MATION					
Name	Brian Clifford	WATION		Туре	Journeyman Electrician		
LIC No.	51762 E		NA NA	Expiration Date	07/31/22		
Business Name	SUPERIOR WIREL	ESS SERVICES LLC		Туре			
LIC No.	51762 E			Expiration Date			
Street Number	208 Main Street			Street Name			
City	Sturbridge	State	MA		^{Zip} <i>01566</i>		
Telephone No.	413-281-3303			Alternate Tel. No.			
Email	ssnyder@superio	orwirelessservices.co	om				
Per M.G.L.c. 147, s. 57-61, security work requires Department of public Safety "S" Lic. License No.							
SECTION 7 - EST	IMATED COST						
Estimated Value of Work \$ 18000.00							
INSURANCE COV	/ERAGE :	:/AUTHORIZATION	l equivalent whi	ch meets the requir	rements of MGL Ch. 142.		
Please indicate the type coverage by checking the appropriate box.							
A liability insurance policy Other type of indemnity Bond							
	he licensee does n	ot have the insurance waives this requirem		red by Chapter 142	of the Massachusetts General Laws, and that my		
Owner	Agent						
Owner Email			OR	Copy of Sig application	ned Contract to be attached after submitting		

above is true and corre	901.	
SECTION 9 - DECLARATION		
I, Steven Volkert	as Owner/Authorized Agent hereby declare that the stateme	nts and information on the foregoing
application are true and accur	ate, to the best of my knowledge and belief. Signed under the pains and	penalties of perjury.
I do hereby certify und provided above is true	er the pains & penalties of perjury that the information and correct.	Date 01/27/21