



The Commonwealth of Massachusetts

Department of Public Safety

BOARD OF FIRE PREVENTION REGULATIONS 527 CMR 12:00

Office Use Only	
Permit No. EP-2000-0234	
Fee \$ 75	Check No. 514

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code, 527 CMR 12:00

RECEIVED

MAR 17 2000

Date 3-17-2000

Town of BURLINGTON

To the Inspector of Wires:

The undersigned applies for a permit to perform the electrical work described below.

Location (Street & Number) 10 New England Exec. Park 1st + 2nd fl

Owner or Tenant Exodus Comm.

Owner's Address same

Is this permit in conjunction with a building permit: Yes [X] 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 wire 8 offices, office partitions and relocate - re-switch lights.

No. of Lighting Outlets	No. of Hot Tubs	No. of Transformers	Total KVA
No. of Lighting Fixtures 10	Swimming Pool Above grnd. [] In-grnd. []	Generators	KVA
No. of Receptacle Outlets 30	No. of Oil Burners	No. of Emergency Lighting Battery Units	
No. of Switch Outlets	No. of Gas Burners	FIRE ALARMS No. of Zones	
No. of Ranges	No. of Air Cond. Total tons	No. of Detection and Initiating Devices	1
No. of Disposals	No. of Heat Pumps Total Tons Total KW	No. of Sounding Devices	
No. of Dishwashers	Space/Area Heating KW	No. of Self Contained Detection/Sounding Devices	
No. of Dryers	Heating Devices KW	Local [] Municipal Connection [] Other [X]	
No. of Water Heaters KW	No. of Signs No. of Ballasts	Low Voltage Wiring	
No. Hydro Massage Tubs	No. of Motors Total HP		

TO SCHEDULE ROUGH & FINAL INSPECTIONS CONTRACTORS SHOULD CALL THE DAY BEFORE NEEDED INSPECTION

3/20/00 WEF

INSURANCE COVERAGE: Pursuant to the requirements of Massachusetts General Laws I have a current Liability Insurance Policy including Completed Operations Coverage or its substantial equivalent. YES [X] NO [] I have submitted valid proof of same to this office. YES [] NO [] If you have checked YES, please indicate the type of coverage by checking the appropriate box.

INSURANCE [X] BOND [] OTHER [] (Please Specify)

Estimated Value of Electrical Work \$ 15,000

Work to Start 3-17-2000

Signed under the penalties of perjury:

FIRM NAME J. Stadelmann Elec. Cont.

Licensee Joe Stadelmann

Signature

LIC. NO. A11684

LIC. NO. E26498

Address PO Box 850 Brockton MA 02303

Bus. Tel. No. 1508 586 5000

Alt. Tel. No. 1508 586 7000

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the insurance coverage or its substantial equivalent as required by Massachusetts General Laws, and that my signature on this permit application waives this requirement. Owner Agent (Please check one)

Telephone No.

PERMIT FEE \$ 75

(Signature of Owner or Agent)

UNDERGROUND SERVICE INVOLVING TOWN RIGHT OF WAY, APPLICATION HAS TO BE MADE TO DEPARTMENT OF PUBLIC WORKS. COPY OF APPLICATION TO BE ATTACHED TO THIS PERMIT.

**TOWN OF BURLINGTON
FEE SCHEDULE**

ELECTRICAL PERMITS

New Construction - \$5.00 per \$1,000 Minimum Fee \$25.00

INCLUDES

Wiring additions, new tenant space, burglar alarm or security systems, temporary service, low voltage, antennas, temporary trailer, reinspection

Existing Buildings - \$5.00 per \$1,000 Minimum Fee \$20.00

INCLUDES

Additional wiring such as but not limited to installing electrical boxes, hot water heaters, boilers, dryers, signs, pools, service change

Maintenance Permit - \$200.00 Annual Fee

Required for any business having a licensed electrician in their employ.

THIS PERMIT DOES NOT INCLUDE ADDITIONAL WIRING AS NOTED ABOVE.



The Commonwealth of Massachusetts
Department of Public Safety

BOARD OF FIRE PREVENTION REGULATIONS 527 CMR 12:00

Office Use Only
Permit No. 102
Occupancy & Fee Checked _____
3/90 (leave blank)

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK
All work to be performed in accordance with the Massachusetts Electrical Code, 527 CMR 12:00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

City or Town of BURLINGTON

Date 3-8-93

The undersigned applies for a permit to perform the electrical work described below.

Location (Street & Number) NEEP Bldgs - 1-3-6-8-10-12-15-16-17-24

Owner or Tenant Spaulding Investment Company

Owner's Address 6 NEEP Burlington

Is this permit in conjunction with a building permit: Yes No (Check Appropriate Box)

Purpose of Building _____ Utility Authorization NO. _____

Existing Service _____ Amps 1 Volts Overhead Undgrd No. of Meters _____

New Service _____ Amps 1 Volts Overhead Undgrd No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work MAINTENANCE PERMIT

No. of Lighting Outlets	No. of Hot Tubs	No. of Transformers	Total KVA
No. of Lighting Fixtures	Swimming Pool Above grnd. <input type="checkbox"/> In-grnd. <input type="checkbox"/>	Generators	KVA
No. of Receptacle Outlets	No. of Oil Burners	No. of Emergency Lighting Battery Units	
No. of Switch Outlets	No. of Gas Burners	FIRE ALARMS	No. of Zones
No. of Ranges	No. of Air Cond. Total tons	No. of Detection and Initiating Devices	
No. of Disposals	No. of Heat Pumps Total Tons	No. of Sounding Devices	
No. of Dishwashers	Space/Area Heating KW	No. of Self Contained Detection/Sounding Devices	
No. of Dryers	Heating Devices KW	Local <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/>	
No. of Water Heaters KW	No. of Signs	Low Voltage Wiring	
No. of Hydro Massage Tubs	No. of Ballasts		
	No. of Motors	Total HP	

OTHER:

INSURANCE COVERAGE: Pursuant to the requirements of Massachusetts General Laws I have a current Liability Insurance Policy including Completed Operations Coverage or its substantial equivalent. YES NO I have submitted valid proof of same to this office. YES NO If you have checked YES, please indicate the type of coverage by checking the appropriate box.

INSURANCE BOND OTHER (Please Specify) ACTVA 9/93 (Expiration Date)

Estimated Value of Electrical Work \$ _____ Inspection Date Requested: Rough _____ Final _____

Signed under the penalties of perjury:
FIRM NAME NOLL Electric LIC. NO. A12869

Licensee DONALD NOLL Signature [Signature] LIC. NO. _____
Address 33 Bunsley rd N. Weymouth MA 02194 Bus. Tel. No. 471-5792

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the insurance coverage or its substantial equivalent as required by Massachusetts General Laws, and that my signature on this permit application waives this requirement. Owner _____ Agent _____ (Please check one)

(Signature of Owner or Agent) _____ Telephone No. _____ PERMIT FEE \$ 2000.

RECEIVED
MAR 8 1993
BUILDING DEPT.

FOR TEN (10)

PAID



The Commonwealth of Massachusetts

Department of Public Safety

BOARD OF FIRE PREVENTION REGULATIONS 527 CMR 12:00

PAID FEB. 25 1991

Permit No. 66
Occupancy & Fee Checked
3/90 (leave blank)

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code, 527 CMR 12:00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date 1/11/91

City or Town of BURLINGTON

To the Inspector of Wires:

The undersigned applies for a permit to perform the electrical work described below.

Location (Street & Number) New England Executive Park - Bldg # 10

Owner or Tenant Spaulding Investment Co. Inc.

Owner's Address 6 N.E. Executive Park - Burlington, MA

Is this permit in conjunction with a building permit: Yes [] No [X] (Check Appropriate Box)

Purpose of Building Office Utility Authorization NO.

Existing Service 1000 Amps 277/480 Volts Overhead [] Undgrd [X] No. of Meters

New Service Amps / Volts Overhead [] Undgrd [] No. of Meters

Number of Feeders and Ampacity

Location and Nature of Proposed Electrical Work General Maintenance Permit

Table with columns for No. of Lighting Outlets, No. of Hot Tubs, No. of Transformers, etc.

OTHER:

INSURANCE COVERAGE: Pursuant to the requirements of Massachusetts General Laws I have a current Liability Insurance Policy including Completed Operations Coverage or its substantial equivalent. YES [X] NO [] I have submitted valid proof of same to this office. YES [X] NO [] Cert. of Ins. being sent by our agent

INSURANCE [X] BOND [] OTHER [] (Please Specify) (Expiration Date)

Estimated Value of Electrical Work \$ Work to Start when called Inspection Date Required: Rough will call Final will call

Signed under the penalties of perjury:

FIRM NAME City & Suburban Electric, Inc. LIC. NO. A13498

Licensee Jim Mamonto Signature [Signature] LIC. NO. B23327

Address 251 Ferry St. Lawrence, MA 01841 Bus. Tel. No. (508) 683-6104 Alt. Tel. No.

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the insurance coverage or its substantial equivalent as required by Massachusetts General Laws, and that my signature on this permit application waives this requirement. Owner Agent (Please check one)

Telephone No. PERMIT FEE \$ 100.00

(Signature of Owner or Agent)

ELECTRICAL FEES - TOWN OF BURLINGTON

New Dwellings -----	\$10.00
New Dwellings (All Electric) -----	\$15.00
Electric Range -----	\$ 5.00
Electric Water Heater -----	\$ 5.00
Service Increase or Relocate -----	\$ 5.00
Oil Burner -----	\$ 5.00
Clothes Dryer -----	\$ 5.00
Air Conditioner -----	\$ 5.00
Swimming Pool -----	\$ 5.00
Additional Wiring -----	\$ 5.00

Heating Devices

Each device not over 2,000 Watts	\$ 1.00
Each device over 2,000 Watts but not over 8,000 Watts	\$ 3.00
Each 1,000 Watts above 8,000	\$.25

All Temporary Services -----	\$ 5.00
Grounding Aluminum Siding -----	\$ 5.00

APARTMENT BUILDINGS

Each apartment electrically metered -----	\$10.00 per meter
Apartments not individually metered -----	\$10.00 per apartment
PLUS \$10.00 for house meter	
Additional Wiring -----	\$ 5.00 per apartment

INDUSTRIAL AND COMMERCIAL BUILDINGS

\$20.00 per 100 Amps of Service
\$20.00 Additional Wiring per Floor
\$10.00 Fire Alarm System
\$10.00 Signs

An additional charge of \$5.00 will be made by this Department and must be paid by the Contractor or other person doing the work for each additional inspection resulting, in the opinion of this Department, from defective work caused in whole, or in part, by the use of improper or unworkmanlike installations or where the job is incomplete.

No electrical work shall be started until permit is issued.

Electrical permit fee will be doubled if work is started before permit is issued.

Any work not begun on a permit will be void after sixty (60) days. (No fee reimbursed)

Maintenance Permits Issued Only On Authorization.



The Commonwealth of Massachusetts

Department of Public Safety

BOARD OF FIRE PREVENTION REGULATIONS 527 CMR 1200

Permit No. 428 10/20
 Occupancy & Fee Checked 20-
 3/90 (leave blank)

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

PAID

All work to be performed in accordance with the Massachusetts Electrical Code, 527 CMR 12:00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date 9/20/90 SEP 24 1990

City or Town of Burlington

To the Inspector of Wires:

The undersigned applies for a permit to perform the electrical work described below.

Location (Street & Number) Bldg #10 New England Executive Park

Owner or Tenant Spalding Investment Co INC

Owner's Address 6 New England Executive Park

Is this permit in conjunction with a building permit: Yes No (Check Appropriate Box)

Purpose of Building Office space Utility Authorization NO. BE CO

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 Switch Board Inspection and cleaning maintenance

No. of Lighting Outlets	No. of Hot Tubs	No. of Transformers	Total KVA
No. of Lighting Fixtures	Swimming Pool Above grnd. <input type="checkbox"/> In-grnd. <input type="checkbox"/>	Generators	KVA
No. of Receptacle Outlets	No. of Oil Burners	No. of Emergency Lighting Battery Units	
No. of Switch Outlets	No. of Gas Burners	FIRE ALARMS	No. of Zones
No. of Ranges	No. of Air Cond. Total tons	No. of Detection and Initiating Devices	
No. of Disposals	No. of Heat Pumps Total Tons	No. of Sounding Devices	
No. of Dishwashers	Space/Area Heating KW	No. of Self Contained Detection/Sounding Devices	
No. of Dryers	Heating Devices KW	Local <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/>	
No. of Water Heaters KW	No. of Signs	No. of Ballasts	Low Voltage Wiring
No. Hydro Massage Tubs	No. of Motors	Total HP	

OTHER: NOTE the Boston Edison contact for park is Mr Donald Homes 424-3786

INSURANCE COVERAGE: Pursuant to the requirements of Massachusetts General Laws I have a current Liability Insurance Policy including Completed Operations Coverage or its substantial equivalent. YES NO I have submitted valid proof of same to this office. YES NO If you have checked YES, please indicate the type of coverage by checking the appropriate box.

INSURANCE BOND OTHER (Please Specify) See attached. (Expiration Date)

Estimated Value of Electrical Work \$ 1000.00
Work to Start 10/20/90 Inspection Date Requested: Rough _____ Final 10/20/90

Signed under the penalties of perjury:

FIRM NAME Interstate Electrical Services Corp. LIC. NO. _____

Licensee Roberto A. Alibrandi Signature William A. Galli LIC. NO. 15217

Address 70 TREBUCK COVE Road W Billerica MA 01821 Bus. Tel. No. _____ Alt. Tel. No. 508 667 5200 at 258

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the insurance coverage or its substantial equivalent as required by Massachusetts General Laws, and that by signature on this permit application waives this requirement. Owner _____ Agent _____ (Please check one)

Telephone No. _____ PERMIT FEE \$ 20-
(Signature of Owner or Agent)

COMPLETED

