Welcome to Salisbury On-Line Permits

This Application is to be filled out online, printed, and brought to the Building Department for a Permit.

1. **Application** - This is a **Fillable PDF form** and works on most websites.

   - If you have trouble, upload and use **Adobe Reader;** it is a free program.

2. **Entering Information** –

   - You must type it in (no handwritten permits).
   - You must fill in all required boxes

3. **Submission via Email *and* Paper** - Once you have completed the Application form,

   - Please scroll to the **last** page and **MOUSE/CLICK** on the EMAIL and PRINT button. This will do 2 things;

     - A copy is required to be **emailed** to us for our computer records.
     - A copy must be **printed** on *your* printer to bring to the Building Department.

   - If you have troubles with the emailing, save a copy and email it through your regular email, as an attachment to permits@salisburyma.gov. *Please add the Address and Permit type in the subject heading*.

4. **To Close the Application** - Once you have printed and emailed the necessary copies, please

   MOUSE/CLICK the CLOSE button to end your session.

5. **Payment** – You may pay at the Department with credit card, cash (*exact amount, please*) or check.

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Warning – The Applicant must bring the paper copy, with attachments and signatures, to our office in order to START the review process to get a Permit.

It may take up to 30 days after we get the application to issue a permit.

Building Dept., Town Hall, 5 Beach Rd, Salisbury MA 01952 www.salisburyma.gov

Commonwealth of Massachusetts

Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only
Permit No. _____
Occupancy and Fee Checked _____ (leave blank)

[Rev. 1/07]

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:** 05/25/2016

City or Town of: Salisbury, MA *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. ☐ In-grnd. ☐		**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** ☐ **Municipal Connection** ☐ **Other** ☐	
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:*** $ 0

Required → **Email :** _____

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Applicant must fill in

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual):

Address:

City/State/Zip:_____ Phone #:

Are you an employer? Check the appropriate box:

Check off one each

1. ☐ I am a employer with ____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
6. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ Other Solar

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
‡Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name:

Policy # or Self-ins. Lic. #:_____ Expiration Date:

Job Site Address:_____ City/State/Zip: Salisbury, MA 01952

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Date:

Phone #:

Applicant must sign the hard copy

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: Salisbury, MA 01952 **Permit/License #**_____

Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: Scott Vandewalle, B.I. **Phone #:** 978-462-7839

Electrical Fee Calculation

SALISBURY eff. 9/8/2015

Electrical Only (work not under/requiring a Building Permit)		*Check One*	**Fee**
Residential (1 & 2 Family, 3 Townhouse Only)	*$65 min.*		
Commercial (Multi-Family & Commercial)	*$75 min.*		$ 0

OR

Electrical w/New Construction (working under a Building Permit)		*Check One*		
Residential (does not include the Service, checkoff below)				
New	*$375 ea.*			
Addition	*$225 ea*		# Rooms	
Alteration	*$75/Room*			$ 0
Commercial (cost/electric job cost)		*Enter Job Cost*		
New	*$25/$1K*			$ 0
Addition	*$25/$1K*			$ 0
Alteration	*$25/$1K*			$ 0

Service (only)		*# of Amps*	
Residential	*$50/100 amp*		$ 0
Commercial	*$75/100 amp*		$ 0

Pool		*Check One*	
Res. Above-Ground	*$75 ea.*		
Res. In-Ground	*$125 ea.*		
Comm/Public In-Ground	*$150 ea.*		$ 0

Solar		*Check One*		
Residential	*$10/panel*	# of Panels		$ 0
Commercial	*$10/$1k*	Cost of Job		$ 0

TOTAL FEE $ 0 **FEE RESET**

CLICK on each in Order

1. EMAIL **2. PRINT** **3. CLOSE**

RESET