

MUNICIPALITY



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

3/27/98
98-057

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 205 Lot 26
Work Site Location 15 Jefferson St. Riverside

Owner in Fee Richard Hoffman
Address 15 Jefferson St. Riverside

Tele. (608) 464-2668

Contractor SELF

Address _____

Tele. () _____
Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other SERVICE
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)
	Type:	Failure Failure Approval Initial
[] No Plans Required	Rough	
[] Bldg. [] Plumb.	Temporary	
[] Fire [] Elevator	Constr. Serv.	
[] Elec. Plans Approved	TCO	
Date: <u>3-23-98</u>	Other	
Approved by: <u>[Signature]</u>	Service	
	Final	
SUBCODE APPROVAL	Temp. Cut-in-Card Date Issued	
[] CO [] CCO [] CA	Final Cut-in-Card Date Issued	
Date: _____		
Approved By: _____		

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
		Fixtures (1)
		Receptacles (2)
		Switches (3)
		Total 1 + 2 + 3
		Kw Range
		Kw Oven(s)
		Kw Surface Unit
		hp Dishwasher
		hp Garbage Disposal
		Kw Dryer
		Kw A/C Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
		hp Whirlpool/Spa
		Pool Bonding
		hp Pool Filler Motor
		Pool Lights
		Kw Water Heater(s)
		Kw Central Heat:
		oil, gas or elec.
		Kw Baseboard Heat Units
		Thermostats
		hp Heat Pump
		hp Pump(s)
		Amp Motor Control Center/Sub Panels
		Signs
		Light Standards
		hp Motors—Fractional H.P.
		hp Motors—All Others
		Kw Transformers
		Kw Generators
		150 Amp Service Entrance
		Other

FEE (Office Use Only)

Paid [] Check # <u>9807</u>	Administrative Surcharge	\$ <u>5</u>
Collected by: <u>[Signature]</u>	Minimum Fee	\$ <u>32</u>
	DCA Training Fee	\$ <u>37.50</u>
	TOTAL FEE	\$ <u>32</u>

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

[Signature]
Signature—Contractor Seal

05-157



CONSTRUCTION PERMIT APPLICATION

4. Fire Protection

4. Fire Protection

1. Proposed Work-site at: 130 Jefferson St. Kuerste
2. Name of Owner in Fee: Richard L. Hoffman Tel. (602) 461-3668
- Address 15 Jefferson St. Kuerste 07425
street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Self Tel. (602) 461-3668
- Address 15 Jefferson St. Kuerste
- License No. OR, if new home, Builder Reg. No. NA Exp. Date _____
- Federal Emp. No. _____ Social Security No. _____
5. Architect. or Engineer _____ Tel. (____) _____
- Address _____
6. Responsible Person Richard Hoffman Tel. (602) 461-3668
in Charge of Work

the main occupational load

[illegible]

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

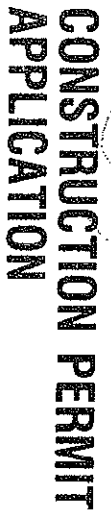
VII. DESCRIPTION OF BUILDING USE

- A. RESIDENTIAL
- ☐ Hotels (R-1)
 - ☐ Multi-Family (R-2)
 - ☐ Two-Family (R-3) BOCA
 - ☐ Two-Family (R-4) CABO
 - ☐ One-Family (R-3) BOCA
 - ☐ One-Family (R-4) CABO
- No of dwelling units: _____
- Before Construction _____
- After Construction _____
- Net gain or loss _____
- B. NON-RESIDENTIAL
- State Specific Use:
 - Use Group:
 - Change in Use Group, Indicate Former:

VI. BUILDING/SITE CHARACTERISTICS

- | | Update | Update |
|--------------------------------------|--------|--------|
| 1. Building | | |
| 2. Electrical | | |
| 3. Plumbing | | |
| 4. Fire Protection | | |
| 5. Elevator Devices | | |
| 6. Subtotal | | |
| 7. Less 20% for
State Plan Review | | |
| 8. Subtotal | | |
| 9. DCA Training Fee | | |
| 10. Subtotal | | |
| 11. Cert. of Occupancy | | |
| 12. Other | | |
| 13. TOTAL | | |

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V. FEE SUMMARY (for office use only)

	Update	Update
1. Building		
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	\$	
7. Less 20% for State Plan Review		
8. Subtotal	\$	
9. DCA Training Fee		
10. Subtotal	\$	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$	

1. Proposed Work-site at: 130 Jefferson St. Riverside
2. Name of Owner in Fee: Richard L. Hoffman Tel. (603) 546-1368
- Address 15 Jefferson St. Keene MA 03435
street municipality zip code
3. Ownership in Fee: Public Private ✓
4. Principal Contractor: Self Tel. (603) 546-1368
- Address 15 Jefferson St. Keene
- License No. OR, if new home, Builder Reg. No. NA Exp. Date _____
- Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
- Address _____
6. Responsible Person _____
in Charge of Work Richard L. Hoffman Tel. (603) 546-1368

1000

1. ☒ minor work
(single trade)
2. ☐ Small Job (\$5,000
and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☐ Plumbing
8. ☒ Electrical
9. ☐ Elevator Devices
10. ☐ Asbestos Abatement:
11. ☐ Demolition
- TOTAL COSTS

[illegible]

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow
Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF

BUILDING USE

- A. RESIDENTIAL
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2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
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- No. of dwelling units: _____
- Before Construction _____
- After Construction _____
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B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former: