

TOWN OF LANCASTER
ELECTRICAL PERMIT FEES
 Effective April 1, 2009
Alfred (Bud) Roberts, Wiring Inspector
P.O. Box 1032
South Lancaster, Ma. 01561

978-365-9706 (Home)
978-490-9053 (Cell)
978-3684009 (Fax)

RESIDENTIAL FEES:

Temporary Service	\$ 45.00
Permanent Service (used for temporary)	\$ 35.00
Underground Service (add)	\$ 25.00

NEW CONSTRUCTION

Single family house (complete) 100 amp service	\$ 170.00
Single family house (complete) over 100 amp service	\$ 200.00
Multiple occupancy residences (each 100 amp service or panel)	\$ 70.00
Multiple occupancy residences (electric heat, per occupancy)	\$ 70.00
Additions, garages, breezeways, barns, detached garage or buildings	
Etc, per room (electric heat charge below)	\$ 65.00
Swimming pools and Hot Tubs/Jacuzzis	\$ 60.00
Single family electric heat (not including regular wiring)	\$ 40.00
Alarm - security & fire	\$ 45.00
Air Conditioning	\$ 70.00

OLD WORK

1 to 10- 110volt outlets(complete)	\$ 40.00
Switches and outlets above a quantity of 10 (\$0.50 each up to \$20.00)	
220 volt outlets (each)	\$ 45.00
Grounding a service	\$ 35.00
Changing ballast and fluorescent light fixtures	\$ 40.00
Service change (per meter) or sub-panel per 100 amp	\$ 50.00
Water heater (per unit), oil burner (per unit) - cooking unit	\$ 45.00
Electric heat (per unit)	\$ 10.00
Alarm - security & fire	\$ 45.00
Heating Systems	\$ 45.00
Barns and Arenas	\$ 85.00

COMMERCIAL:

Fees based on estimated electrical cost (including all equipment and labor)	
\$2.50 per \$ 100 to \$10,000	
\$1.25 per \$ 1,000 thereafter	
Minimum fee	\$ 55.00

CARNIVALS, FAIRS, etc.:	\$ 55.00
SIGNS:	\$ 45.00
PUBLIC EVENTS:	\$ 45.00
YEARLY MAINTENANCE PERMITS:	\$ 350.00
RE-INSPECTIONS:	\$ 35.00

NOTE: THE FOLLOWING APPLIES TO EQUIPMENT WIRING (NEW AND CHANGES)

All fees are for four (4) inspection visits (service trench, service, rough and final). An additional fee of \$25.00 is required for each additional (required) inspection. Additional inspections for the correction of non-code or code violation work shall be \$25.00 to be borne by the Electrical Contractor (or the electrician) performing the work). All applications shall be issued to Massachusetts Licensed Electricians only.

**Commonwealth of Massachusetts
Department of Fire Services**

Official use only Permit Number _____ Occupancy and Fee Checked _____

**BOARD OF FIRE PREVENTION REGULATIONS
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:** _____

City or Town of: Lancaster To the inspector of Wires

By this Inspection the undersigned gives notice of their intention to perform the electrical work described below.

Location (Street & number) _____

Owner or Tenant _____ Telephone No. _____

Owners 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 ___ Underground ___ No. of meters ___

New service _____ Amps ___/___ Volts Overhead ___ Underground ___ 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 Luminaires Outlets	No. of Hot Tubs			Generators KVA		
No. of Luminaires	Swimming Pool above	<input type="checkbox"/>	below	<input type="checkbox"/>	No. of Emergency Lighting Battery units	
No. of Receptacle Outlets	No. of Oil Burners			Fire Alarms	Number 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	
No. of Dishwashers	Space / Area heating		KW		Local	Municipal / Other
No. of Dryers	Heating Appliances		KW		Security Systems: *	
No. of Water heaters KW	No. of signs	No. of Ballasts		No. of devices or Equivalent		
				Data Wiring:		
No. Hydro massage Bathtubs	No. of Motors	Total HP		No. of devices or Equivalent		
				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 electric work may issue unless the licensee provides proof of liability: insurance including "completed operation" coverage or its substantial equivalent. Their 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 pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME _____ LICENSE NUMBER _____

Licensee _____ Signature _____ LICENSE NUMBER _____

If applicable, enter "exempt" in the license number line Business Tel. No. _____

Address: _____ Alt. Tel. No. _____

* Security System Contractor License required for this work; if applicable, enter the license number here: _____

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 Owner ___ Owners agent ___

Owner/Agent Signature _____ Telephone Number _____ Permit fee: \$ _____