

TOWN OF BROOKFIELD ELECTRICAL PERMIT FEE SCHEDULE

Mail to: INSPECTOR of WIRES

TOWN OF BROOKFIELD

6 Central Street

Brookfield, MA. 01506

Tel: 508-867-2930 x 20

Scot Mansfield

Fax: 508-867-5091

(Rates Effective July 1, 2008)

RESIDENTIAL WORK:

New single family dwelling with overhead service	\$ 90.00
New single family dwelling with underground service	\$120.00
Multi-family dwelling per apartment/meter socket	\$90.00/\$45.00
Service upgrades up to 200 amps	\$ 45.00
Temporary service	\$ 60.00
Temporary wiring	\$ 30.00
Additions with service equipment	\$ 90.00
Additions, remodel, rewire	\$ 60.00
Garage with service equipment	\$ 90.00
Garage	\$ 60.00
Miscellaneous wiring (single circuits)	\$ 35.00
Generators - Permanent	\$ 60.00
Mobile Homes	\$ 90.00
Swimming pools:	
In ground	\$ 70.00
Above ground	\$ 45.00
Pool house	\$ 45.00
Shed	\$ 45.00
Telephone, Television, Network, and Satellite systems adds or repairs/new installs	\$30.00/TBD
Fire Alarm Systems:	
Single family	\$ 45.00
Multi-family per unit	\$ 30.00
Security Alarms:	
Single family	\$ 45.00
Multi-family per unit	\$ 30.00
Re-inspections fees for work found not in compliance with local and national codes	\$ 30.00

NEW OR EXISTING COMMERCIAL WORK:

Commercial Buildings =

\$100 minimum fee + (sq. ft. x 0.08 cents) + fee for the service size in amps see below.

100 to 400 amps	\$100.00
401 to 800 amps	\$200.00
801 to 1100 amps	\$300.00
Signs, Traffic Lights, or Street Lights each	\$ 50.00
Telephone, Television, Network, and Satellite systems adds or repairs/new installs	\$45.00/TBD
Temporary wiring: Carnivals and Flea Markets	TBD
All other services to be reviewed by Inspector of Wires	TBD
Re-inspections fees for work found not in compliance with local and national codes	\$ 30.00

- All Electrical Permit Applications must be legible with the correct dates, information and appropriate boxes completed.
- Any fees marked "TBD" must be reviewed by the Inspector of Wires prior to getting a permit.
- Any person or firm doing Electrical work shall within 5 days notify the Inspector of Wires of such work being performed. Failure to comply will result in a double permit fee and possible judicial review.
- A Certificate of Insurance must be submitted with all applications, unless a waiver disclosure is signed by the property owner per M.G.L. Chapter 141 Section 8.
- Mail applications, fees and certificate to the above address.
- Make fees payable to "TOWN OF BROOKFIELD".
- INSPECTIONS: Call 508-867-2930 x 20 and leave a message with the following information:
Name, Address, Type of inspection, Utility number and Telephone number where you can be reached.



Commonwealth of Massachusetts

Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only

Permit No. _____

Occupancy and Fee Checked _____
[Rev. 11/99] (leave blank)

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: _____ 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 Fixtures	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Lighting Outlets	No. of Hot Tubs	Generators	KVA
No. of Lighting Fixtures	Swimming Pool Above grnd. <input type="checkbox"/> In-grnd. <input type="checkbox"/>	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 <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/>	
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

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: _____) (Expiration Date) _____

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.

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.: _____

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: \$ _____