

Town of Hubbardston  
Electrical Permit Fees Schedule Revised August 25, 2015

**Fee Residential**

- \$ 237 New houses price based on building permit square foot **less than 2000sqft**
- Calc New houses **greater than 2000sqft** .....\$0.12 per sqft plus 3% rounded to nearest dollar.  
See example 2540sqft. 2000sqft = \$230. 540sqft x \$0.12sqft = \$65 + \$230 =\$295 plus 3% round to nearest dollar
- \$ 118 Additions/Renovation price based on building permit square foot **less than 1000sqft**
- Calc Additions/Renovation **greater than 1000sqft**.....\$0.12 per sqft plus 3% round to nearest dollar
- \$ 103 Above ground
- \$ 134 Inground pool
- \$ 57 Spa / Hot Tubs
- \$ 57 Service change per 200 amps
- \$ 108 Garages / Barns
- \$ 57 Temporary Service or Reconnect
- \$ 57 Alarm, Security Systems including wireless
- \$ 134 Solar / Wind Turbine
- \$ 57 If not mentioned please call, minimum fee

**Commercial - Business - Industrial**

- Calc 1% of electrical construction cost including materials or minimum fee, which ever is greater, plus 3% round to nearest dollar  
**Proof of contract must be submitted with application no exceptions.**
- \$ 57 Per amp each meter based on larger disconnect
- \$ 57 Temporary Service
- Calc Phone / Data 1% of cost including materials or minimum fee, which ever is greater, plus 3% round to nearest dollar  
**Proof of contract must be submitted with application no exceptions.**
- Calc Solar / Wind Turbine \$0.015/ DC Watt plus 3% round to nearest dollar
- \$ 160 If not mentioned please call, minimum fee
- \$ 250 Annual Maintenance Permit

**CONDITIONS OF PERMIT**

All checks payable to Town of Hubbardston.  
All applications must be filled out completely with name and address and work to be done.  
Application must be signed by a Mass. Licensed Electrician including his/her name, address, phone number and licensed number with expiration date.  
Inspection of electrical installations is not possible prior to obtaining an electrical permit.  
All permits will expire one year from date of issue, or if electrical contractor is changed. An extension may be granted by Inspector of Wires.  
When a rough inspection is requested, all mechanical grounds shall be made up in all the boxes.  
Blanket permits are available for industrial facilities who employ a full-time, part-time independent electrical staff. Electrical contractors other than those names on the permit, must file a separate application for permit when working in that facility.

**Failure to apply for a permit as per MGL**

Must comply with Masachusetts Dig Safe Laws number must be submitted with application  
Dig safe number is 811.

**Not meeting code \$65 reinspection fee this will be strictly enforced.**

All fees accumulative. No refunds on a permit will be given.

Darrell Sweeney Electrical Inspector 978-939-5440



Commonwealth of Massachusetts  
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only	
Permit No. _____	
Occupancy and Fee Checked _____	
[Rev. 1/07]	(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: Hubbardston

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 <input type="checkbox"/> In- <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 Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	Local <input type="checkbox"/> Municipal Connection <input type="checkbox"/> 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:			

Estimated Value of Electrical Work: \_\_\_\_\_ Attach additional detail if desired, or as required by the Inspector of Wires. (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: \$ \_\_\_\_\_