



Town of Winthrop, MA

08/15/2022

E-21-152

Electrical Permit

Status: Complete**Date Created:** Jun 18, 2021**Applicant**

Ronald Salvucci
ron@massbayelectric.com
125 Orleans Street
East Boston, MA 02128
617-590-7792

Primary Location

25 WOODSIDE AVE
Winthrop, MA 02152

Owner:

Town of Winthrop, MA
45 Pauline Street Winthrop, MA 02152

Project Info**Total Estimated Cost**

365,000

Utility Authorization #

30399374

Location

Near 25 Woodside Ave.

Brief Description of Proposed Work

Electrical service to street lighting controller

Occupancy Type

Commercial

Work to Start:

06/29/2021

Permit is in conjunction with a building permit**Estimated Cost of Work Associated with Building Permit (Do not include the dollar symbol [\$].)**

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Owner Information**Owner Name**

Town of Winthrop, MA

Owner Phone Number

617-846-1601

Primary Contractor

Electrician's Name

James Moulison Jr.

License #

17466A

License Type

Electrical

Type of Business

--

Mailing Address

125 Orleans Street

State

MA

Preferred Telephone #

857-256-2046

Email

ron@massbayelectric.com

Business Name

Mass Bay Electrical Corp.

License Expiration Date

07/31/2022

License Active**Corporation/Partnership/LLC License #**

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City

East Boston

Zip Code

02128

Alternative Phone #

--

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

**Service****New or Existing**

New

Amps

200

Volts

120/240

Overhead**Underground****Number of Meters**

1

Feeders**# of Feeders**

1

Ampacity

200

Fixtures**No. of Recessed Luminaires**

--

No. of Luminaire Outlets

--

No. of Luminaires

17

No. of Receptacle Outlets

--

No. of Switches

--

No. of Ranges

--

No. of Ranges

--

No. of Waste Disposers

--

No. of Dishwashers

--

No. of Dryers

--

No. of Water Heaters

--

Water Heater KW

--

No. of Hydromassage Bathtubs

--

No. of Ceil.-Susp. (Paddle) Fans

--

No. of Hot Tubs

--

No. Above Ground Swimming Pools

--

No. of In-Ground Swimming Pools

--

No. of Oil Burners

--

No. of Gas Burners

--

No. of Air Conditioners

--

AC Total Tons

--

No. of Heat Pumps

--

Heat Pump Tons

--

Heat Pump KW

--

Space/Area Heating KW

--

No. of Signs

--

No. of Ballasts

--

No. of Motors

--

Motors Total HP

--

No. of Transformers

--

Transformers Total KVA

--

No. of Generators

--

Generators KVA

--

No. of Emergency Lighting Battery Units

--

No. of Security Systems Devices or Equivalent

--

No. of Data Wiring Devices or Equivalent

--

No. of Telecommunications Wiring Devices or Equivalent

--

Fire Alarm Fixtures**No. of Zones**

--

No. of Detection and Initiating Devices

--

No. of Alerting Devices

--

No. of Self-Contained Detection/Alerting Devices

--

Alarm Type

--

Total Fixtures**Please enter the Total number of fixtures (calculated by adding all of the fixtures entered in the 2 sections above)**

--

General Wiring (Residential & Commercial)**Annual Maintenance**☐**Feeder & Panel Wiring**☐**General Outlet Wiring**☐**Machine & Motor Wiring**☐**Temporary Wiring (Temp Service)**☐**Gasoline Stations (complete)**☐**Gasoline Pumps**☐**Carnivals & Shows**☐**Laundromats**☐**Furnaces**☐**Well pump**☐**Sewer Ejector Pump**☐

Insurance

I have current liability insurance / workers' compensation policy or its substantial equivalent

Yes

Insurance is not required**Workers' Compensation Insurance Affidavit****Are you an employer? Select from the options below.**

I am an employer with full and/or part time employees.

Policy and Job Site Information**Insurance Company Name**

USI Insurance Services LLC

Policy # or Self-ins License #

WCCZ11257341071

Expiration Date

02/01/2022

Type of Insurance Coverage

Liability Policy

Workers' Compensation Affidavit Signature**I do hereby certify that under the pains and penalties of perjury that the information provided above is true and correct.****Attachments** Plans.pdf

Uploaded by Ronald Salvucci on Jun 18, 2021 at 2:47 pm

 Insurance Certificate.pdf

Uploaded by Ronald Salvucci on Jun 18, 2021 at 2:40 pm

 License A.pdf

Uploaded by Ronald Salvucci on Jun 18, 2021 at 2:40 pm

History

Date	Activity
Jun 18, 2021 at 2:20 pm	Ronald Salvucci started a draft of Record E-21-152
Jun 18, 2021 at 2:47 pm	Ronald Salvucci submitted Record E-21-152
Jun 18, 2021 at 2:47 pm	approval step Inspector Review was assigned to Danny Gray on Record E-21-152
Jun 20, 2021 at 5:57 pm	Danny Gray approved approval step Inspector Review on Record E-21-152
Aug 11, 2021 at 9:37 am	Sharon Sicurella waived payment step Permit Fee on Record E-21-152
Aug 11, 2021 at 9:37 am	inspection step Inspection was assigned to Danny Gray on Record E-21-152

Date	Activity
Nov 19, 2021 at 11:45 am	Danny Gray altered inspection step Inspection, changed status from Active to Complete on Record E-21-152
Nov 19, 2021 at 11:45 am	inspection step Final Inspection was assigned to Danny Gray on Record E-21-152
Nov 19, 2021 at 11:46 am	Danny Gray altered inspection step Final Inspection, changed status from Active to Complete on Record E-21-152
Nov 19, 2021 at 11:46 am	Danny Gray completed Record E-21-152

Timeline

Label	Status	Activated	Completed	Assignee	Due Date
 Inspector Review	Complete	Jun 18, 2021 at 2:47 pm	Jun 20, 2021 at 5:57 pm	Danny Gray	-
Permit Fee	Waived	Jun 20, 2021 at 5:57 pm	Aug 11, 2021 at 9:37 am	-	-
 Permit Issuance	Issued	Aug 11, 2021 at 9:37 am	Aug 11, 2021 at 9:37 am	-	-
 Inspection	Complete	Aug 11, 2021 at 9:37 am	Nov 19, 2021 at 11:45 am	Danny Gray	-
 Final Inspection	Complete	Nov 19, 2021 at 11:45 am	Nov 19, 2021 at 11:46 am	Danny Gray	-

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/06/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services LLC 12 Gill Street Suite 5500 Woburn, MA 01801 855 874-0123	CONTACT NAME: L Welch PHONE (A/C, No, Ext): 781-376-2681 FAX (A/C, No): 781-376-5035 E-MAIL ADDRESS: leslie.welch@usi.com														
INSURED Mass Bay Electrical Corp 125 Orleans St East Boston, MA 02128-126	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Liberty Mutual Fire Insurance Company</td> <td>23035</td> </tr> <tr> <td>INSURER B : Starr Indemnity & Liability Company</td> <td>38318</td> </tr> <tr> <td>INSURER C : Employers Insurance Company of Wausau</td> <td>21458</td> </tr> <tr> <td>INSURER D : Ironshore Specialty Insurance Co</td> <td>25445</td> </tr> <tr> <td>INSURER E : North River Insurance Company</td> <td>21105</td> </tr> <tr> <td>INSURER F : Navigators Insurance Company</td> <td>42307</td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Liberty Mutual Fire Insurance Company	23035	INSURER B : Starr Indemnity & Liability Company	38318	INSURER C : Employers Insurance Company of Wausau	21458	INSURER D : Ironshore Specialty Insurance Co	25445	INSURER E : North River Insurance Company	21105	INSURER F : Navigators Insurance Company	42307
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC OTHER:			TB2Z1125734111	05/01/2021	05/01/2022	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY			AS2Z11257341021	05/01/2021	05/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE			1000587055211	05/01/2021	05/01/2022	EACH OCCURRENCE \$25,000,000
E				5228092764	05/01/2021	05/01/2022	AGGREGATE \$25,000,000
F	☐ DED ☒ RETENTION \$0			IS21EXCZ0866TIV	05/01/2021	05/01/2022	\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCCZ11257341071	05/01/2021	05/01/2022	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
D	Pollution Liability			004045902	05/01/2021	05/01/2022	\$3,000,000 Per Occ \$6,000,000 Aggregate \$10,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Evidence of Insurance only.

CERTIFICATE HOLDER

CANCELLATION

Mass Bay Electrical Corp 125 Orleans St. Boston, MA 02128-2126	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Todd R</i>
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**COMMONWEALTH OF MASSACHUSETTS
DIVISION OF PROFESSIONAL LICENSURE**

**BOARD OF
ELECTRICIANS**

**ISSUES THE FOLLOWING LICENSE
REGISTERED MASTER ELECTRICIAN**

**JAMES D MOULISON JR
MASS BAY ELECTRIC CORP
125 ORLEANS ST
EAST BOSTON, MA 02128-2126**

17466 A 07/31/2022 666966

LICENSE NUMBER EXPIRATION DATE SERIAL NUMBER

**CONTROL # J12073514
IMPORTANT**

If your license is lost, damaged or destroyed; is inaccurate; or needs to be corrected, visit our web site at mass.gov/dpl for instructions to ensure the proper mailing of your Renewal Application and any other correspondence.

This license is subject to Massachusetts General Laws and regulations. Your license is a privilege, and cannot be lent or assigned to any person or entity under penalty of law. Keep this license on your person or posted as required by law and/or regulations.