

ELECTRICAL PERMIT Application



DATE:

Code Enforcement Department

Phone: (603) 527-1293 / FAX: (603) 527-1266

OWNER:
BUILDING ADDRESS:
OWNER'S MAILING ADDRESS:
OWNER'S TEL. NO:

ELECTRICIAN:	
BUSINESS ADDRESS:	
ELECTRICIAN'S TELEPHONE NO:	CELL NO:
ELECTRICIAN'S LICENSE NO:	ESTIMATED JOB COST: \$

FEE: **CHECK NO:** **CASH:**

TYPE OF BUILDING:
ONE/TWO FAMILY MULTI-FAMILY COMMERCIAL OTHER

NATURE OF WORK:
ADDITION ALTERATION REPAIR OTHER

IS THE WORK CREATING ANY ADDITIONAL LIVING UNITS? YES NO

DESCRIBE THE TYPE OF INSTALLATION PROPOSED:

SERVICE SIZE SERVICE VOLTAGE SINGLE PHASE THREE PHASE

SIGNATURE OF ELECTRICIAN: _____

CODE OFFICIAL'S APPROVAL: _____ **DATE:** _____