

Date _____
Permit No _____
Map/Lot _____

**TOWN OF NEW BOSTON
BUILDING DEPARTMENT
PO BOX 250
NEW BOSTON, NH 03070
PH. 603-487-5504 ext150
FAX 603-487-2975**

APPLICATION FOR ELECTRICAL PERMIT

Contractor's License No. _____

Please print in ink or type all information

The undersigned applies for a permit to perform the electrical work described below.

Property Location _____

Owner or Tenant _____

Owner's Address _____

Is this permit a conjunction with a building permit? Yes No

Purpose of Building _____

Utility Authorization No. _____

Existing Service _____ Amps _____ Volts Overhead Undgrd No. of Meters _____

New Service _____ Amps _____ Volts Overhead Undgrd No. of Meters _____

DESCRIBE WORK TO BE PERFORMED

Contractor's Signature: _____

Contractor's Name _____

Address _____

Phone _____

Building Inspector or Designee's Signature:

_____ Date _____