

**TOWN OF NEW BOSTON
BUILDING DEPARTMENT
PO BOX 250
NEW BOSTON, NH 03070**

ELECTRICAL PERMIT

Date _____
Permit No. _____
Map/Lot _____

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.

Location (street & number) _____

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 Ungrd No. of Meters _____

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

DESCRIBE WORK TO BE PERFORMED

Contractor's Signature: _____

Contractor's Name _____

Address _____

Phone _____

Building Inspector Signature: _____ Date _____