



**TOWN OF NEW BOSTON
BUILDING DEPARTMENT
PO BOX 250
NEW BOSTON, NH 03070
PH. 603-487-2500 Ext 150
FAX 603-487-2975
s.fournier@newbostonnh.gov
Tuesday, Wednesday, Thursday 9am-4pm**

APPLICATION FOR ELECTRICAL PERMIT

Date: _____ Permit#: _____ Map/Lot: _____

INSTALLER SHALL CONTACT THE INSPECTOR FOR THE DAY THEY WISH TO HAVE THE INSPECTION BASED ON THE ABOVE SCHEDULE ABOVE

Contractor's License No. _____ Expiration Date: _____
MBE License No. _____ Expiration Date: _____

*******PLEASE PROVIDE A PHOTOCOPY OF CONTRACTORS LICENSE & PHOTO ID*******

Please print in ink or type all information

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

Job Site Location: _____

Owner or Tenant _____ Phone _____ Email: _____

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 ☐ Underground ☐ No. of Meters _____

New Service _____ Amps _____ Volts Overhead ☐ Underground ☐ No. of Meters _____

Describe work to be performed:

NEW – ALTERATION – REPLACE – ADDITION (Circle One)

Contractor's Signature: _____ Date: _____

Contractor's Name: _____

Address _____

Phone _____ Cell Phone _____

Email _____

Building Inspector or Designee's Signature: _____ Date _____