



TOWN OF GOFFSTOWN
GOFFSTOWN
NEW HAMPSHIRE 03045

MAP LOT

603-497-8990 X112

ELECTRICAL PERMIT APPLICATION

DATE:
FEE:

The undersigned acknowledges that it is the responsibility of said signer to request timely inspections by any authority having jurisdiction. The administrative agency responsible for performing inspections has, to the best of it's ability, verified governing code compliance for this project. Issuance of a Certificate of Occupancy or Completion does not relieve the contractor of any obligations as outlined under NH RSA 155-A:2 VII for governing code compliance issues that may be discovered after the issuance date of this document.

ENFORCING 2014 NEC

Permit Number

CONTRACTOR'S LICENSE NO.

Bldg. Permit No.

Utility 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 in conjunction with a building permit: YES NO

RESIDENCE COMMERCIAL INDUSTRIAL AGRICULTURE

Existing Service AMPS VOLTS Overhead Undgrd No. of Meters

New Service AMPS VOLTS Overhead Undgrd No. of Meters

Number of Feeders and Ampacity

Location and Nature of Proposed Electrical Work

Table with 4 columns: No. of Lighting Outlets, Swimming Pool Above Ingrnd, No. of Transformers, Generators KVA, No. of Receptacle Outlets, No. of Emergency Lighting Battery Units, No. of Switch Outlets, Low Voltage Wiring, No. of Ranges, No. of Air Cond., No. of Disposals, No. of Pumps, No. of Dishwashers, Space/Area Heating KW, No. of Dryers, Heating Devices KW, No. of Water Heaters KW, No. of Signs, No. of Ballasts, No. of Hydro Massage Tubs, No. of Motors, Total HP, OTHER:

ELECTRICAL CONTRACTOR'S NAME AND ADDRESS (PRINT)

Table with 4 columns: CITY, STATE, ZIP CODE, TELEPHONE #

EMAIL ADDRESS:

SIGNATURE OF MASTER ELECTRICIAN

SIGNATURE OF BUILDING INSPECTOR

PRINT MASTER ELECTRICIAN'S NAME

CONTACT BUILDING DEPARTMENT WHEN READY FOR INSPECTION