

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**

**CONTACT INFORMATION**

Tuesday and Thursday 9am-4pm  
[building@newbostonnh.gov](mailto:building@newbostonnh.gov)

**APPLICATION FOR ELECTRICAL PERMIT**

Contractor's License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**\*\*\*\*\*PLEASE PROVIDE A PHOTOCOPY OF CONTRACTORS LICENSE\*\*\*\*\***

**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 \_\_\_\_\_ Phone \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Building Inspector or Designee's Signature:

\_\_\_\_\_ Date \_\_\_\_\_