ELECTRICAL PERMIT

TOWN OF WEARE BUILDING DEPARTMENT
(603) 529-7586
24 HOUR NOTICE REQUIRED FOR INSPECTION

DATE_____

CONTRACTOR LICENSE NO. _____ PERMIT NUMBER_____
LOCATION_____
OWNER_____
KIND OF BUILDING_____ USED AS_____
TO BE COMPLETED ABOUT_____ ESTIMATED COST $_____

NEW - ALTERATION - REPAIR - ADDITION (CIRCLE ONE)

ITEM	QUANTITY	FEE
CEILING OUTLETS		
SWITCHES		
PLUG RECEPTACLES		
TOTAL OUTLETS		
AIR HEATERS		
RANGES		
SIGNS		
WATER HEATER		
LIGHTING CIRCUITS		
GENERATOR LPG ☐ ELECT. ☐ K.V.A. AMT.		
OTHER CIRCUITS		
TOTAL CIRCUITS		
MOTORS		
PANEL SIZE		
RANGE COND.		
SUB FEEDER SIZE		
OTHER		
	TOTAL FEE	

CONTRACTOR'S NAME AND ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER

READY FOR INSPECTION ON _____

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT ELECTRICAL ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

_____ _____

SIGNATURE OF CONTRACTOR OR AUTHORIZED REPRESENTATIVE MAKING APPLICATION

SIGNATURE OF PERMIT CLERK