



# ELECTRICAL PERMIT

TOWN OF WEARE BUILDING DEPARTMENT

(603) 529-7586

24 HOUR NOTICE REQUIRED FOR INSPECTION

Office Use Only

Map: \_\_\_\_\_ Lot: \_\_\_\_\_

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

Permit #: \_\_\_\_\_

Cash/ Check# \_\_\_\_\_

CONTRACTOR LICENSE NO. \_\_\_\_\_

LOCATION \_\_\_\_\_

OWNER \_\_\_\_\_

KIND OF BUILDING \_\_\_\_\_ USED AS \_\_\_\_\_

TO BE COMPLETED ABOUT \_\_\_\_\_ ESTIMATED COST \$ \_\_\_\_\_

NEW - ALTERATION - REPAIR - ADDITION (CIRCLE ONE) **ITEM**

Item	Quantity
Ceiling Outlets	
Switches	
Plug Receptacles	
TOTAL OUTLETS	
Air Heaters	
Ranges	
Signs	
Water Heater	
Lighting Circuits	
Generator LPG <input type="checkbox"/> ELECT. <input type="checkbox"/> KVA AMT.	
Other Circuits	
Total Circuits	
Motors	
Panel Size	
Range Cond.	
Sub Feeder Size	
Other	

Contractors Information:

Name	Email
Address:	Phone Number
City: State: Zip:	

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