Town of New Durham, New Hampshire

Application for ELECTRICAL

#603-520-3715 - Buildinginspector@newdurhamnh.gov

Reserved for Office Use Only

Location: _____

Map & Lot # _____ Zone: _____

Owner: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Contractor: _____
Business Name

Address: _____

Electrician's Name: _____

Email: (Required) _____

Phone: _____ Estimated Inspection Date: _____

License No. _____ Expiration Date: _____ Estimated Job Cost: _____

DESCRIPTION OF WORK:

Use Type: (Circle One) Residential Multi-Family Commercial Modular
Accessory/ Outbuilding ADU Other:

Item	Qty
Ceiling Outlets	
Switches	
Plug Receptacles	
TOTAL OUTLETS	
Panel Size	
New Service	
Temp Service	

Item	Qty
Air Heaters	
Ranges	
Signs	
Water Heater	
Lighting Circ.	
Other Circ.	
TOTAL CIRCUITS	

Item	Qty
Motors	
Range Cond.	
Sub Feeder Sz.	
Solar	
Generator	
Other	

Copy of License REQUIRED upon submission

I hereby certify that I am the owner, prime contractor, or agent thereof and am the applicant for an Electrical Permit requested to be issued by the Town of New Durham, New Hampshire, and hereby adknowledge that the approval I receive for said permit is based on the information provided in the application, and in attached plans and specifications, submitted to the Building Official.

Signauture of Applicant _____ Date _____