



**TOWN OF GOFFSTOWN
GOFFSTOWN
NEW HAMPSHIRE
03045
603-497-8990 X114**

ELECTRICAL PERMIT APPLICATION

DATE: _____

PERMIT NUMBER _____ Map _____ Lot _____

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 _____

No. of Lighting Outlets		No. of Transformers
No. of Lighting Fixtures	Swimming Pool Above _____ Ingrnd _____	Generators _____ KVA _____
No. of Receptacle Outlets		No. of Emergency Lighting
No. of Switch Outlets		Battery Units _____
No. of Ranges	No. of Air Cond. _____	Low Voltage Wiring _____
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) _____

CITY	STATE	ZIP CODE	TELEPHONE #
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SIGNATURE OF BUILDING INSPECTOR

WILL CONTACT BUILDING DEPARTMENT WHEN READY FOR INSPECTION