TOWN OF New Castle, NEW HAMPSHIRE **CODE ENFORCEMENT OFFICE**

49 Main Street, PO Box 367 New Castle, NEWHAMPSHIRE 03854-0367

TELEPHONE (603) 431-6710 x 5 FAX (603) 433-6198 EMAIL:

Buildinginspector@newcastlenh.org



Owner:

Caution: Permit Required Valid only if covered by permit

Phone #:_____

Issue Date:		
Permit#:		
Map:		
Lot:		
Zone:		

ELECTRICAL PERMIT

Address:				
Address of Installati	on:			
Name of Installer: Phone #:				
Business Name:				
License#:	ense#: Exp Date:			
Eversource/N.H. Co	op Work Order	#:		
DESCRIPTION (OF WORK TO	BE PERFORMED		
() Single Family () Modular () M	Multi-Family () Other		
() New Service	() am	p. () Temporary		
Service ()	amp. () Service	Upgrade () amp.		
() Disconnect	() am	p.		
() Generator	() am	p.		
() Other:				
ALL WORK IS TO	BE IN COMPI	LIANCE WITH THE NATIONAL		
ELECTRICAL CO	DDE AS ADOPT	TED BY THE STATE OF N.H.		
Estimated Cost of	Construction \$_			
Signature of Install	ler:			
N.H. Masters Licer	nse #:	Expiration Date:		
		00 of Construction Cost****Please round up to the cation fee, minimum \$50.00)		
Please bring a cu		and N.H. state electrical license to the Office ore work begins		
Building Inspector	Date	Rev 04/22		