

Town of New Castle, New Hampshire
49 Main Street, PO Box 367, New Castle, NH 03854-0367



Telephone (603) 431-6710 x 5 Fax (603) 433-6198 Email:
Buildinginspector@newcastlenh.org

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

Electrical Generator Permit

Owner: _____ Phone: _____

Address: _____

Address of Installation: _____

Name of Installer: _____ Phone: _____

Business Name: _____

N.H. Masters License #: _____ Exp Date: _____

DESCRIPTION OF WORK TO BE PERFORMED

() Generator () amp.

_____ Distance from combustibles

() Separately Derived System

() Non Separately Derived System

**All work is to be in compliance with the National Electrical Code as adopted
by the State of New Hampshire**

Estimated Cost of Construction: \$ _____

Signature of Installer: _____

(Permit Fee is based on a \$7.00 per \$1,000.00 of Construction Cost*Please round up to the nearest thousand*** plus a \$25.00 application fee, minimum of \$50.00)**

Please bring a current photo I.D. and your New Hampshire state electrical license to the office before work begins. No inspections will take place until the Gas Permit is completed.

_____	_____	_____	_____
Building Inspector	Date	Code Enforcement	Date

Rev 04/22