ELECTRICAL PERMIT DATE _____ DANVILLE, NH PERMIT NUMBER Owner Name:

Owner Address:

Contractor's License Number:_____

Type of Building: residential □ duplex □ multi-family □ commercial □

Date ready for inspection: _____ Estimated cost: \$_____

Work to be done: NEW□ ALTERATION□ REPAIR□ ADDITION□

ITEM	NUMBER	TOWN USE ONLY
CEILING OUTLETS		
SWITCHES		
PLUG RECEPTACLES		
TOTAL OUTLETS		
AIR HEATERS		
RANGES		
SIGNS		
WATER HEATER		
LIGHTING CIRC.		
OTHER CIRC.		
TOTAL CIRCUITS		
MOTORS		
PANEL SIZE		
RANGE COND.		
SUB FEEDER SIZE		
SMOKE/CARBON DET.		
SERVICE		
GENERATOR		
Misc.		
		Call Pete Doucet to
		schedule inspection:
		603-231-3634
	TOTAL FEE:	\$

CONTRACTOR'S NAME		
CONTRACTOR 5 NAME		
ADDREGG		
ADDRESS		
		THE GODE
CITY	STATE	ZIP CODE
PHONE NUMBER		
PHONE NUMBER		

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 Electrician