



Commercial ELECTRICAL Application / Permit

Rough _____ Date _____
 Service _____ Date _____
 Ceiling Grid _____ Date _____
 Final _____ Date _____

Received by _____
 Date _____

Address _____

Permit # _____

Owner _____

Date Issued _____

Type of commercial _____ New Addition/Renovation

Property Acct # _____

Item	Fee	Quantity	Total
1 ELECTRICAL SERVICE ENTRANCE (per amp)			
2 SERVICE CHANGE (per amp)			
3 TEMPORARY SERVICE (each)			
4 PANELS and SUB-PANELS (each)			
OUTLETS SWITCHES, RECEPTACLES, FIRE and SMOKE DETECTORS (each)			
5 LIGHTING and LIGHTING FIXTURES (Except as otherwise provided) Each 4 feet of continuous florescent lighting shall be deemed as a separate lighting fixture (each)			
RANGES, DRYERS and SIMILAR HEATING DEVICES (each)			
HIGH INTENSITY LIGHTING and FIXTURES - 250 watt and above (each)			
6 FIXED MULTI-OUTLET RECEPTACLE ASSEMBLIES (for each 6 feet)			
7 TRACK LIGHTING (each 10 feet)			
8 MOTOR CONTROL CENTERS (each) AUTOMATIC TRANSFER SWITCHES (each) WIRING OF HVAC UNITS (per unit)			
9 WATER HEATERS (each)			
10 ELECTRIC BASEBOARD HEAT (per unit)			
11 BUSS DUCTS (each section)			
12 TRANSFORMERS GENERATORS MOTORS X-RAY MACHINES (each)			
13 PAGING and SOUND SYSTEMS Speaker (each) Console (each)			
14 OTHER Miscellaneous work not covered above (each) Describe:			
15 ANNUAL PERMIT FEE A detailed record of alterations shall be accessible to or filed with the building official			
16 REINSPECTION for same work due to failure to pass initial inspection or unavailability of premises at time of initial inspection			
Subtotal			
17 APPLICATION FEE (non-refundable)	30.00		
MINIMUM TOTAL FEE		Receipt # _____	TOTAL
18 SURCHARGE for permits issued after construction started without a permit * 100% of applicable fee, but not to exceed \$500. Such violations also subject to criminal penalties under NH law.		* 500.00	

Contractor _____ License # _____

Address _____ City _____ State _____ ZIP _____

I attest all statements made on this application are true to the best of my knowledge. Applicants are advised that the making of a false statement on this form is a criminal offense.

Signature of contractor or person making application _____

Telephone number _____

Building Official or Designee _____

CALL 589-3080 ONE DAY IN ADVANCE FOR AN INSPECTION

ELEC Com June 2018

Please have your permit number, address, and type of inspection ready so we may expedite your inspection request

POST THIS CARD SO IT IS VISIBLE FROM THE STREET

~ PLEASE SEE OTHER SIDE ~

