



ELECTRICAL PERMIT Application

DATE: _____

Code Enforcement Department

Phone: (603) 527-1293 Email: CodeEnforcement@laconianh.gov

OWNER: _____

BUILDING
ADDRESS: _____

OWNER'S
MAILING ADDRESS: _____

OWNER'S
PHONE #: _____

ELECTRICIAN: _____

EMAIL ADDRESS: _____

MAILING
ADDRESS: _____

ELECTRICIAN'S
PHONE #: _____

ELECTRICIAN'S
LICENSE #: _____

ESTIMATED
JOB COST: \$ _____

FEE: _____

CHECK #: _____

CASH: _____

TYPE OF BUILDING:

ONE/TWO FAMILY

MULTI-FAMILY

COMMERCIAL

OTHER

NATURE OF WORK:

ADDITION

ALTERATION

REPAIR

OTHER

IS THE WORK CREATING ANY ADDITIONAL LIVING UNITS? YES

NO

DESCRIBE THE TYPE OF INSTALLATION PROPOSED:

SERVICE SIZE SERVICE VOLTAGE SINGLE PHASE THREE PHASE

SIGNATURE OF ELECTRICIAN: _____

CODE OFFICIAL'S APPROVAL: _____ DATE: _____