



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: _____