

Town of Kingston
163 Main Street
P. O. Box 716
Kingston, N. H. 03848
(603) 642-3342 Fax: (603) 642-4108



Map _____

Lot _____

Date _____

APPLICATION FOR
ELECTRICAL PERMIT

Site Location (street address): _____

Owner Name: _____ Phone: _____

Owner Address: _____

Contractor: _____ Phone: _____

Cell Phone: _____

Contractor Address: _____

NH License: _____ *(Please produce your license to be photostated)*

Residential Commercial Industrial Other _____

New Construction Alteration / Repair

Service: _____ Amps _____ Voltage _____ Phase Overhead
Underground

Work to be Done:

Ceiling Fixtures: _____ Switches: _____

Receptacles / Outlets: _____ Circuits: _____

Furnaces / Heaters: _____ Water Heater: _____

Signs: _____ Ranges: _____ Other: _____

Solar / Geothermal: _____

Describe Work to be Done:

When ready for inspection, call Joe Thompson at 642-5336.

The Applicant certifies that all information given is correct and that all pertinent electrical ordinances and codes will be complied with in performing the work for which this permit is issued.

Contractor

Permit Clerk

Tax Map _____ Lot _____ Fee _____