

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: _____

Email: _____ 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 Tom Soterakopoulos at (603) 793-5252

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 _____