ELECTRICAL PERMIT APPLICATION

Location (Street # & Street Name): ____________________________________________

Owner: __________________________________________________ Address: ____________________________

City: __________________ State: ___ Zip: ___________ Telephone: ______________

Contractor: ____________________________________________________________________

Address: ____________________________

City: __________________ State: ___ Zip: ___________ Telephone: ______________

Master’s Name: ___________________________ Cell #: ________________

N.H. Master Electrician License Number: _____________________________________________

Email: ____________________________

Preferred Contact Method: ☐ Telephone ☐ Cell ☐ Email

☐ Residential. ☐ Commercial

<table>
<thead>
<tr>
<th>Services, Panels, Disconnects</th>
<th>Quantity</th>
<th>Devices</th>
<th>Quantity</th>
<th>Luminaires</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>100</td>
<td>Receptacles</td>
<td>Incandescent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100 Temp Perm</td>
<td>200</td>
<td>Switches</td>
<td>Fluorescent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>200 Temp Perm</td>
<td>400</td>
<td>Motion Sensor</td>
<td>Neon</td>
<td></td>
<td></td>
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<tr>
<td>400 Carbon Monoxide</td>
<td>600</td>
<td>Smoke Detectors</td>
<td>L.E.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>600</td>
<td>800</td>
<td>Other</td>
<td>Exit/Emergency Lts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>800</td>
<td>1000</td>
<td>Other</td>
<td>Exh/Paddle Fan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1200</td>
<td></td>
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</tbody>
</table>

Equipment

| 1600 | Range | Washer |
| 2000 | Oven  | Dryer  |
| Other Ams | Microwave | Boiler Gas Oil |
| Meters | Dishwasher | Furnace Gas Oil |
| Motors | Disposal | A/C Unit |
| Air Comp/Cond. | HW Heater | Door openers |
| Electric Heat | Refrigerator/Freezer | Sump Pump |
| Heat Pump | Other |
| Manufactured Structure | Transformers |
| Modular Structure | Up to 25 KVA |
| Fire Pump | 25 KVA & over |
| Standard Temp Service | |
| Illuminated Sign | Generators and Transfer Switches |
| Above ground pool | Up to 10 KVA |
| In Ground pool | 10KVA- 75 KVA |

DESCRIPTION OF WORK ON REVERSE SIDE
Description of Work:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Diagram: If Applicable

________________________________________   ________________________

Applicant Signature       Date
Requirements for Permit Applications:
1. All information must be printed legibly.
2. Owner name, address and phone number.
3. Location and address of work site.
4. Complete description of work to be done.
5. Number of fixtures, appliances and equipment to be installed.
6. Plans must be submitted on all new buildings and major renovations.

Notes:
The property owner of record may exercise their right to perform their own electrical work on their residence if he or she lives at the residence and the residence is a Single Family Dwelling occupied by the owner of record.

It is the responsibility of all contractors, electricians and plumbers to obtain the necessary permits from the Rindge Building Department Office at Rindge Town Office before ANY work has begun. Work must begin within six (6) months of the issuance of any permit.

If this is an “After the Fact” permit, it will be subject to a fee described in the Official Building / Fire Fee Schedule

Electricians must have a valid license from the State of New Hampshire to obtain a permit. Permits are not transferable.

It is the responsibility of the contractor to obtain all inspections required. A rough-in inspection is required before any work is covered, and a final inspection is required when all work is complete. Twenty-four (24) hour notice is required for any inspection. This signed application constitutes consent on the Applicant’s part to allow for all inspections at the property location listed.

No permit will be issued until all of the above information is furnished, and all the above conditions met.
It is the responsibility of the property owner and/or the contractor to contact PSNH after Town approval to schedule for connection.

INSPECTIONS REQUIRED: (24 hour notice required)
1. Underground conduit installations.
2. When service is installed and a work order number has been obtained from PSNH.
3. When rough-in is complete and visible (Rough).
4. When job is complete, but before occupancy (Final).

Rindge Building Department Approval certifies that the Applicant may proceed with installing Electrical fixtures in accordance with specifications submitted. Any deviation from the specifications submitted will require an amendment to this permit or additional permits.

If you have any questions, feel free to contact the Building Department Office at (603) 899-5181 Ex 109.

Statement of Compliance:
I have read and understand the statement and hereby agree to all of the terms stated therein. I agree to abide by any and all codes relating to my field of work, including all national, state and local codes. I also realize that any false statement made in the application for permit may be grounds for revocation of said permit.

*** When Applicable – Plans must be submitted to Rindge Building Department for Approval***

____________________________________________________________________________________________________________

Applicant Signature       Date

Permit Fee:   ______________________________________
Paid:  □ Cash $____________________________________ □ Check #________________________________________
Approved By
Building Inspector: ___________________________________ Date: ________________________

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(DO NOT WRITE IN THIS SPACE) ****************************