



# ELECTRICAL PERMIT

Town of Jaffrey

Building Inspector

(603) 532-7445

Fax (603) 532-7862

rdeschenes@townofjaffrey.com

Permit #: \_\_\_\_\_

Property Address: \_\_\_\_\_ Unit # \_\_\_\_\_ Map/Lot# \_\_\_\_\_

## SERVICE INFORMATION

### BUILDING USE/OCCUPANCY CLASS:

Residential: Single/Two-family \_\_\_\_\_ Condo/Townhouse \_\_\_\_\_ Mobile Home \_\_\_\_\_ Multi-family \_\_\_\_\_

Commercial / Industrial: Business / Tenant Name: \_\_\_\_\_

DETAILED SCOPE OF WORK : \_\_\_\_\_

Estimated Value of Improvement Work \$ \_\_\_\_\_

Existing Wiring:  Repair  Renovation  Alteration  Miscellaneous \_\_\_\_\_  Annual Permit

New Construction over 5,000 SF (affected square footage \_\_\_\_\_ )

Type of Service:  New  Temp  Upgrade  Overhead  Underground Eversource # \_\_\_\_\_

Main Panel Size/Location(s) \_\_\_\_\_  Sub Panel Size/Location(s) \_\_\_\_\_

Additional Power Source:  Solar: \_\_\_\_\_  Generator: Size/Location \_\_\_\_\_  Diesel  LP

Event Dates: \_\_\_\_\_ Event Name: \_\_\_\_\_

## APPLICANT INFORMATION

Electrician: \_\_\_\_\_ License #: \_\_\_\_\_ Exp: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Electrician Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant must have Masters License. Declaration required for residing, single-family, property owners.**

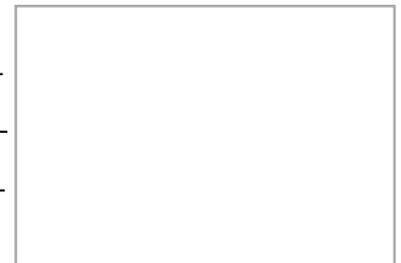
## OWNER INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_



Town Use Only

Fee: \$ \_\_\_\_\_ Payment Information:  Cash  Check # \_\_\_\_\_  Credit Card

Approval: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Town of Jaffrey Building Official

Permit #

Property Address: