



Town of Pittsfield

Building Department

P.O. Box 98 ~ 85 Main Street, Pittsfield NH 03263

office (603) 435-6773x14 ~ cell (603) 715-6624 ~ fax (603) 435-7922 ~ email jpacheco@pittsfieldnh.gov

ELECTRICAL PERMIT APPLICATION

Date: _____ Map: _____ Lot _____
Owner's Name _____ Telephone #: _____

Location: _____

Check one of the following from each column to indicate proposed construction or use or property.

Type of Service	Type of Building
_____ Complete new service	_____ New residence
_____ Electrical upgrade	_____ New non-residential building
_____ Addition to present service	_____ Addition to residence
_____ Removal of outside service and service cable	_____ Existing residence
_____	_____ Garage
_____	_____ Shed
_____	_____ Remodeling or renovation of existing structure

Electrical Contractor's name: _____

Address: _____ Telephone #: _____

NH License Number: _____ Expiration Date: _____

Statement of proposed construction: _____

Signature: _____ Date: _____
Property Owner

Signature: _____ Date: _____
Electrician

All Electrical Installations Must be Inspected Call : 435-6773 ext 14

For Department Use Only:

Approved By: _____ Date: _____

Permit # _____ Permit Fee _____