



TOWN OF STRAFFORD

INCORPORATED 1820

NEW HAMPSHIRE

OFFICE OF THE BUILDING INSPECTOR

12 Mountain View Drive Strafford, NH 03884

ELECTRICAL PERMIT APPLICATION

Please complete all applicable information listed below

ADDRESS/LOCATION: _____

INSTALLATION COMPANY: _____

INSTALLER LICENSE NO: _____ -MASTER ONLY

APPLICANT PHONE NUMBER: _____ EMAIL: _____

TYPE OF BUILDING/PROJECT: _____

PROPERTY OWNER NAME: _____ PHONE# _____

Permit Information

Proposed Type of Construction: (Check all that apply)	<input type="checkbox"/>	NEW HOUSE	
	<input type="checkbox"/>	REMODEL	
	<input type="checkbox"/>	ADDITION	
	<input type="checkbox"/>	SOLAR INSTALL	
	<input type="checkbox"/>	GENERATOR	
	<input type="checkbox"/>	SWIMMING POOL	
	<input type="checkbox"/>	HOT TUB	
	<input type="checkbox"/>	NEW ELECTRIC SERVICE	
	<input type="checkbox"/>	SUB PANEL	
<input type="checkbox"/>	OTHER:		
COST OF CONSTRUCTION:	\$ _____	Total Square Feet of Construction:	_____

Description of work to be performed:

As Applicant I swear to the best of my knowledge that all information above is accurate. This signed application constitutes consent on the applicant's part to allow for inspections at the property by Code Enforcement, Assessing Office, & Fire Department. The undersigned hereby agrees that the proposed work shall be done in accordance with all State and Town Building codes, Setbacks, & regulations. Applicant will notify the Building Inspector when ready for final inspection. Fire Department approval may be required. A dwelling may not be occupied without signed Certificate of Occupancy or Use.

Applicant Signature: _____ Date: _____

(Information Below Completed by Building Inspector)

Building Inspector Signature: _____ Date: _____

PERMIT APPROVED PERMIT # _____

Permit Cost

ELECTRICAL PERMIT- \$50 for 1ST 1500 SF/\$10 for each additional 500 SF | Paid: \$ _____

Notes: _____
