

Town of East Kingston, N.H.

Electrical Permit

Owner Name						
Owner Address						Мар
Owner Phone		Cell Phone				ap
Site Address						
Contractor						Block
Contractor Address	s/Phone					
NH License#:			(attach copy	y of valid license)		Lot
□ Residential	□ Commercial	□ Industrial	□ Other			٦
	□ New Construction	☐ Alteration/Repai	r			
□ Service:	Amps	Voltage	Phase	Overhead		Permit Fee
				Underground		it Fee
Work to be done:						\\$
Ceiling Fixtures:		Switches:				
Receptacles/Outlet	s:					
Furnaces/Heathers:	:					
Signs:	Ranges:		Other:			
	describe in detail the work pro	-				
		Estimated	Cost: \$			
	payable to the "Town of East K um fee of \$140 Residential and nt.					31.50
	tifies that all information performing the work for w	0	-	ordinances and o	codes will be	
Contractor Signatu	re:					
For inspection call	603-642-8406 x3 or email t	he Building Inspector	at kkaiser@eastk	ingstonnh.gov		
Permit Approved:						
	Building Inspector					
Date:	Permit#					