



ELECTRICAL Permit Application

TOWN OF GILMANTON

For Office Use- Date Received:

Amount Paid \$ _____

Cash or Check # _____

JOB SITE INFORMATION AND LOCATION

Street Address:

Tax Map / Lot#

Zone:

Historic District:

DESCRIPTION OF WORK

Blank area for description of work

PROPERTY OWNER

Name:

Address:

City/State/Zip:

Phone: ()

Cell: ()

Email:

APPLICANT

CONTACT PERSON

Business Name:

Contact Name:

Address:

City/State/Zip:

Phone: ()

Cell: ()

Email:

ELECTRICIAN

Business Name:

Address:

City/State/Zip:

Phone: ()

Cell: ()

Email:

ICERTIFY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Authorized signature

Date:

TYPE OF WORK

- New Service
- Service Up-grade
- Temporary Service
- Generator
- Solar
- Other: _____

Valuation of work: \$ _____

CONSTRUCTION CATEGORY

- One & Two Family Dwelling
- Condominium
- Commercial/Industrial
- Multi-family Dwelling
- Accessory/Outbuilding
- ADU
- MH
- Foundation
- Other: _____

Additional Approvals or Permits

- Planning Board: _____
- Zoning Board: _____
- Historic District: _____
- Driveway: _____
- DES: _____
- Plumbing: _____