

# HOLLIS BUILDING DEPARTMENT

7 Monument Square, Hollis, NH 03049 (603) 465-2209 x501

## ELECTRICAL PERMIT

PERMIT # \_\_\_\_\_

Job Location: \_\_\_\_\_  
 Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Issued: \_\_\_\_\_

PSNH CRS # _____
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Applicant/Owner: _____	NH License #: _____
Address: _____ Email: _____	
Town: _____	State: _____ Zip: _____ Phone: _____

Property Owner: \_\_\_\_\_ Address: \_\_\_\_\_  
 Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Project: \_\_\_\_\_  
 New: \_\_\_ Alteration \_\_\_ Repair \_\_\_ Addition \_\_\_ Other \_\_\_

Item	Quantity	Load	Feeder Type	Fee
Ceiling Outlets				
Switches				
Plug Receptacles				
<b>Total Outlets</b>				<del>X</del>
Ranges				
Dryers				
Washers				
Water Heater				
Dish Washer				
Oven Units				
Other Circuits				
<b>Total Circuits</b>				<del>X</del>
Motors				
Pumps				
Generators				
A/C Units				
Electric Heat				
Panel Size				
Sub Panel Size				
<b>Application Fee</b>				
<b>Total Fee</b>				

Applicant certifies that ALL information given is correct and that ALL pertinent State and Town ordinances/codes will be complied with in performing the work for which this permit is issued.

**ALL INSPECTIONS CONDUCTED BY THE HOLLIS BUILDING DEPARTMENT (603) 465-2209 X 501  
 24 HOUR PRIOR NOTIFICATION REQUIRED ON ALL INSPECTIONS**

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Code Official

**APPLICANT MUST SIGN AND RETURN ORIGINAL FORM TO BUILDING DEPARTMENT  
 PRIOR TO CALLING FOR INSPECTION - FAXES WILL NOT BE ACCEPTED**