



Town of BROOKLINE, NEW HAMPSHIRE Building Department P. O. Box 360

[] Residential [] Commercial/ Industrial

Brookline, NH 03033 Phone (603) 673-8855 Ext. 212 Fax (603) 673-8136

Fee: _____

Buildinginspector@brookline.nh.us

Electrical Permit

Permit No. _____

Date: _____ Lot #: _____ Job Location: _____

Owner and / or Tenant _____

Street: _____ City/Town: _____ State: _____ Zip: _____ Tel: _____

[] New NHPS WO # _____ [] Addition [] Service [] Other _____

[] Service: _____ Amps _____ Voltage _____ Phase [] Overhead [] Underground [] Other _____

- Main Disconnect, Branch Circuits, Electric Heat Total KW, Washer, Dedicated Circuits, Telephone Stations, 15 Amp Receptacles, 20 Amp Receptacles, Furnace, Dryer, GFCI, Computer Stations, Range, A/C, Low Voltage Circuits, Motors, Arc Fault, Other

Description of work: _____

The undersigned hereby states that all work shall be done in accordance with the plans and specifications submitted and shall conform to the International Building Code as amended, National Electric Code as amended and must conform to NEC Art. 250 Grounding and Bonding, all zoning and building codes of the Town of Brookline, NH as amended. Please note a trench inspection for electrical underground feeders is required.

Signature: _____ Date: _____ Fee _____ Fee _____ [] Cash [] Check # _____

Place payment below this line and copy for receipt

Contractor: _____ Tel _____ Alt _____

Address: _____ Other: _____

City/Town: _____ State _____ Zip _____ Lic # _____

When signed below by the Inspection Services Department or Designee, this application is the PERMIT authorizing the project herein

Inspection Services Approval _____ Date _____

[] PSNH WO # _____ [] Temp. Power: _____ [] Perm. Power: _____ [] Rough Elec.: _____

[] Final Electrical Inspection: _____

No work shall be concealed and / or continued until inspected by Inspection services Town of Brookline, New Hampshire. Be sure you know and understand the Zoning, Building Codes and Electrical of the State of New Hampshire and the Town of Brookline. Permits [] Date: _____ Paid [] Collect [] _____

Original Yellow/Job Site -- Applicants Copy/Receipt Salmon -- File Copy Blue