

Town of Greenfield
7 Sawmill Road
PO Box 256
Greenfield, NH 03047
603-547-3442, Fax 603-547-3004
Building Inspector 603-547-0437
www.greenfield-nh.gov

ELECTRICAL PERMIT

Map & Lot #: _____

Permit #: _____ - _____ - ELECT

Please print in ink or type all information.

Fee: \$50.00 Paid

The undersigned applied for a permit to perform the electrical work described below:

Owner Name: _____

Owner Address: _____

Location (# & street): _____

Is this permit a conjunction with a building permit? Yes No

Purpose of building: _____

Permit must be obtained before work is started and notice given to Inspector when ready for inspection and again when finish work is completed.

Utility Authorization #: _____

Existing Service: _____ Amps _____ Volts Overhead Underground No. of Meters _____

New Service: _____ Amps _____ Volts Overhead Underground No. of Meters _____

Generator Hot Tub Pool Other

Describe work to be performed: _____

Electrician's License #: _____

Electrician's Name: _____

Company Name: _____

Address: _____

Phone: _____

Signature: _____ Date: _____

(Electrician)

Approval/Signature: _____ Date: _____

(Michael Borden, Building Inspector)