



**TOWN OF WAKEFIELD, NEW HAMPSHIRE  
CODE ENFORCEMENT OFFICE**

2 HIGH STREET  
SANBORNVILLE, NEW HAMPSHIRE 03872  
TELEPHONE (603) 522-6205x 308 FAX (603) 522-2295  
EMAIL: [CODEASST@WAKEFIELDNH.COM](mailto:CODEASST@WAKEFIELDNH.COM)

**Caution: Permit Required**  
**Valid only if covered by permit label!**

## ELECTRICAL PERMIT

OWNER \_\_\_\_\_ PHONE # \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
ADDRESS OF INSTALLATION \_\_\_\_\_  
NAME OF INSTALLER \_\_\_\_\_ PHONE # \_\_\_\_\_  
BUSINESS NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_  
BUILDING PERMIT # \_\_\_\_\_ MAP \_\_\_\_\_ LOT \_\_\_\_\_  
EVERSOURCE / N.H. co-op WORK ORDER # \_\_\_\_\_

### DESCRIPTION OF WORK TO BE PERFORMED:

- SINGLE FAMILY  MODULAR  MULTI FAMILY  OTHER  
 NEW SERVICE ( ) amp.  
 TEMPORARY SERVICE ( ) amp.  
 SERVICE UP-GRADE ( ) amp.  
 DISCONNECT ( ) amp.  
 GENERATOR ( ) amp.  
 OTHER \_\_\_\_\_

**ALL WORK IS TO BE IN COMPLIANCE WITH THE NATIONAL  
ELECTRICAL CODE AS ADOPTED BY THE STATE OF N.H.**

ESTIMATED COST OF CONSTRUCTION \$ \_\_\_\_\_  
SIGNATURE OF INSTALLER \_\_\_\_\_  
N.H. MASTERS LICENSE# \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

**Please bring a current photo I.D. and N.H. state  
electrical license to the Office before work begins.**