



**Town of Dublin**  
1120 Main Street  
Dublin, NH 03444

## ELECTRICIAL PERMIT

Date Received: \_\_\_\_\_

Map & Lot #: \_\_\_\_\_

Permit #: \_\_\_\_\_

Fee: \$50.00      Paid: ☐

***Please note that Fees are Nonrefundable***

***Please print in ink or type all information***

Owner's Name and Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Property 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\*\*\*\****

Utility Authorization # : \_\_\_\_\_

Existing Service: \_\_\_\_\_ Amps \_\_\_\_\_ Volts    ☐ Overhead    ☐ Underground    # of Meters \_\_\_\_\_

New Service: : \_\_\_\_\_ Amps \_\_\_\_\_ Volts    ☐ Overhead    ☐ Underground    # of Meters \_\_\_\_\_

☐ Generator      ☐ Hot Tub      ☐ Pool      ☐ Other

Describe work to be performed: \_\_\_\_\_

\_\_\_\_\_

Electrician's Name: \_\_\_\_\_

Electrician's License #: \_\_\_\_\_

Company Name and Address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Electrician)

Approval/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Michael Borden, Building Inspector)  
Office: 603-563-8544    Cell: 603-547-0437