



ELECTRICAL PERMIT APPLICATION

Town of Gilford ~ Department of Planning and Land Use
47 Cherry Valley Rd ~ Gilford, NH 03249
Phone: 603-527-4727 ~ Fax: 603-527-4731 E-mail: planning@gilfordnh.org

Application Data

Application Date: ____ - ____ - ____

Application Type: **Electrical**

Is the owner of property the applicant?

Yes No

Property Information

Street number: _____

Street Name: _____

Unit/Apt: _____ Parcel type: Residential

Commercial Industrial

Owner Information

First/Business name: _____

Last name: _____

Telephone: (day) _____ (eve) _____

Street number: _____ Street name: _____

City/Town: _____ State: _____ Zip: _____

Applicant (complete only if applicant is not the property owner)

First/Business name: _____

Last name: _____

Telephone: (day) _____ (eve) _____

Street number: _____ Street name: _____

City/Town: _____ State: _____ Zip: _____

Professions, Licensed Trades, Contractors

Electrical
First/Business name: _____

Last name: _____

Telephone: _____ License # _____

Estimated start date: ____ - ____ - ____ Estimated finish date: ____ - ____ - ____

Estimated cost of all materials and labor for proposed construction: \$ _____

Improvement Type (check only one improvement type listed)

- New construction
- Add to existing structure
- Alter structure
- Other
- Demolition of structure
- Reiocate structure
- Repair/replace existing structure

Proposed Principal Use Group

- Assembly, Theater
- Assembly, Club
- Assembly, Restaurant
- Assembly, Church
- Assembly, Other
- Business, Offices
- Educational, G1-12
- Educational, Daycare
- Factory, Moderate Hazard
- Factory, Low Hazard
- Institutional, Hospital
- Institutional, Jail
- Mercantile
- Residential, Hotel
- Residential, Multi-Family
- Residential, 2-Family
- Residential, 1 Family
- Storage, Moderate Hazard
- Storage, Low Hazard
- High Hazard Uses

Electrical Installation

Total electrical service capacity: _____AMPS

Electrical Power Devices

List all electrical power devices to be installed in this application:

No.	Device Description	Rated Load/Output
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Total number of motors required in this application: _____

Describe revisions to be made to the existing electrical service:

Signature: _____ Date: ____-____-____

Total Fees: _____ Rec By: _____ Date: _____

_____ Date: _____
Building Official Signature: