



MERRIMACK FIRE DEPARTMENT
BUILDING DIVISION

ELECTRICAL PERMIT
BLDG - FRM - 002

Tax Map _____
 Parcel _____
 Permit Fee: _____
 Paid with Permit
 Cash
 Check # _____
 Official Use Only

Job Location: _____ Phone# _____
 Property Owner: _____ e-mail _____

Description of Work: Commercial Industrial Residential Job Work # _____

- See attached Documents/ Plans
- Service Upgrade
Existing _____(Amps) to _____(Amps)
- Subpanel _____ (Amps)
- Temporary Service _____ (Amps)
- Solar Energy System/ Panels - Installed in accordance to NFPA 70 Article 690
- Wiring

Specifications:

1. Wiring to current state of NH adopted NEC codes and Town Regulations.

Inspections:

1. Rough - wiring complete, in boxes with grounds connected
2. Final - upon work completion, panel CB labeled, all devices connected, before Final Inspection

Comments: _____

***** 24 HOUR NOTICE REQUIRED FOR INSPECTION *****
603-420-1730

Please be advised that the work described above may require other NH licensed professions, permits, and inspections. It is the applicant's responsibility to obtain any and all associated permits required for code compliance.

Fire Alarm Wiring Requires A Separate Permit

ITEM	# of	Amps
Range / Stove		
Dryer		
Refrigerator		
A/C Unit		
Heat Pump		
Water Heater		
Hot Tub		
Generator		

I Certify that I have the authority to sign for the owner of the dwelling listed above and will be installing the wiring in accordance to the state of NH adopted building codes and town regulations **and agree to call for all required Inspections.**

 Signature of Applicant

I Certify that I own and will occupy the dwelling, as defined in NH RSA 319-C.15.II. I will be installing all the wiring myself, in accordance to the state of NH adopted building codes and town regulations **and agree to call for all required Rough-in and Final inspections.**

 Signature of Owner

Electrician/ Applicant _____
 NH Master's Electrical License # _____
 Address _____
 Contact Phone #: _____
 Signature _____
 * Provide current NH Master's license with Photo ID

Approved By: _____ Date _____
Authorized Signature Date