

## TOWN OF BRENTWOOD ELECTRICAL PERMIT

Site Location (street ad	ddress):					
Owner Name:				_ Phone		×
Owner Address;						
Contractor:						
Contractor Address:						[
Contractor Phone #:	-					
NH License:		(Please pr	oduce your licens	se to be phot	ostated)	
□ Residential	☐ Commercial	□ Indust	trial	□ Other		
	□ New Construction	1	☐ Alteration / Repair			
□ Service:	Amps	Voltage	-	_Phase	Overhead Underground	
Work to be Done: Ceiling Fixtures:	3		Switches:			T
Receptacles / Outlets:			Circuits:	***************************************		2
Furnaces / Heaters:			Water Heater:	-		
Signs:	Ranges:			Other:		
Describe Work to be D	Done:					
	Estimated Cost: \$					
Note: A check made fee is \$ 50 + 1.50 per b applicant.	e payable to the "Towr pox with a \$140 max. A	n of Brentwood ny balance du	d" must be subr e must be paid p	mited with to	he application. Appermit being releas	oplication sed to the
For Inspection call 642	2-6400-ext 18	kkaiser@b	rentwoodnh.gov			
The Applicant certifies t in performing the work f	hat all information given for which this permit is is	is correct and the	hat all pertinent or	rdinances ar	nd codes will be com	plied with
	Contractor Signature					
Permit Approved: Building		pector				
Date: Permit #			_	S	Selectmen	